

Archers Healthcare Limited

Lower Farm Care Home with Nursing

Inspection report

126 Grimston Road
South Wootton
Kings Lynn
Norfolk
PE30 3PB

Tel: 01553671027

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lower Farm Care Home with Nursing is a 'care home' for up to 49 people. At the time of our inspection the service was providing nursing and/or personal care to 34 people.

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

People did not always have access to their medicines as their prescriber intended. Medicines were not always being managed in line with best practice.

People were still not always fully protected from risk, particularly the risks posed by poor practice when tube feeding and significant weight loss for people. Previously identified risks to the environment had been satisfactorily addressed.

Systems and governance arrangements did not highlight the issues we found in relation to medicines management and risk.

During the inspection visit people were supported by sufficient staff. People and their relatives gave us mixed feedback about the staffing levels and whether these were adequate or not.

We have made a recommendation about the providers continuing to closely monitor staffing levels to ensure there are consistently enough to meet people's needs.

Despite finding areas of concern the service had been making progress and feedback from a variety of sources was that improved practice was being implemented. This needs to be sustained and fully embedded into the culture of the service.

People were positive about the care staff and told us that their privacy and dignity was promoted.

People were supported and encouraged to participate in activities they enjoyed.

Staff were motivated and enjoyed working at the service. They received training, supervision and were supported in their roles by the manager and provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had to access to healthcare services they needed to maintain good health.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last inspection for this service was a 'focussed' inspection looking at the questions of safe and well led only. Following this inspection, the rating for this service was Inadequate (published 29 April 2019). Prior to that, the most recent comprehensive inspection looking at all questions we ask was in August 2018 where the service was also rated Inadequate (published 19 November 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since August 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

However, we also found that at this inspection not enough improvement had been made or sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see all sections of this full report.

Enforcement:

At this inspection we have identified continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Regulations 12 around safe management of medicines and risk and Regulation 17 around leadership and governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lower Farm Care Home with Nursing

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by an inspector, an inspection manager, a specialist adviser with a background in nursing and dementia care 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.

Service and service type

Lower Farm Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission however they were in the process of submitting an application. Registered manager/s and the provider of the service are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 11 people who used the service and eight people's relatives. We spoke with five care staff as well as a chef, an administrator, the manager and the two providers, one of whom is the nominated individual. A nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional. We reviewed a number of records including six people's care records, medicines records and records related to the management of the service. Details are in the key questions below.

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate and we found several breaches of the Regulations. This was because medicines management was not always safe and risks to people's safety were not well-managed. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At our last inspection some medicines were administered up to two hours later than scheduled by the prescriber. At that inspection we also found that some medicines were not always in stock for people to take.
- At this inspection we found that whilst some improvements had been made and medicines were now in stock, further work was required to ensure safe and effective practice in medicines management and administration.
- Several people's medicine administration record (MAR) charts had gaps in recording the administration of medicines. For example, one person's MAR chart had four signature gaps in recording over two days.
- Medicines were not always administered in accordance to the prescriber's instructions. For example, one person who was receiving end of life care was prescribed a strong pain relief medicine to help with any pain and keep them comfortable. This medicine was prescribed to be administered half an hour before the person was moved. The person was to be moved every four hours to help with their skin integrity and prevent ulcers developing, however in the 16 days prior to our inspection visit this medicine had only been administered to the person on five occasions.
- Another person told us they were in pain during our inspection visit. We saw from the person's MAR chart that they were prescribed a regular four hourly strong pain relief medicine which should have been administered in this way since 31 May 2019. The medicine however was only being administered on a 'when required' basis. There were 32 occasions where this person had not received their pain relief medicine as the prescriber intended.
- Prescribed topical creams and ointments were not always labelled or stored within the locked cabinets in line with recommended safe practice. This meant that there was a risk they would be used inappropriately or by people they were not prescribed for.

Assessing risk, safety monitoring and management

- We continued to have some concerns about how risks were managed, and further work was needed to ensure that people were protected against risks associated with their care and support.
- People who were receiving a specialist kind of tube feeding were seen by members of the inspection team lying flat in their bed whilst receiving their feed. Lying flat places the person at risk of aspiration of the feed and increases the risk of a type of pneumonia occurring. Guidance in place directed staff to ensure that the person receiving the feed was supported at an appropriate angle in their bed however this practice was not consistently followed by staff. Syringes used to administer water via the specialist peg tubes were seen to be

in use however these were not dated to ensure that staff were clear when they should be disposed of and new ones put in place. We also saw that syringes in use were not stored in line with guidance. This was important to reduce the risk of infection.

- We looked at the electronic system the provider had in place that was designed to monitor care needs and consider risks such as weight loss. However, we could not be certain that appropriate actions were being taken as records did not always include the actions taken by staff. For example, for one person who had lost 14.3kg since January 2019 they had a care plan which stated they should be offered a high calorie diet with frequent snacks. Records did not show that if they refused their meal an alternative was offered later.
- We observed three people who were being cared for in bed had bed rails in place however there was no protective 'bumper' in place to protect the person from injury from the bed rails and to reduce the risk of entrapment.
- We saw several people did not have access to the call bell in their bedroom. This meant they were unable to request staff assistance should they have needed it.
- The providers used agency staff to fill staffing vacancies and whilst recruitment to the permanent post took place. Some of the agency staff were living at the home in bedrooms alongside people being cared for and sharing bathroom facilities with them. Any potential risk to people of having agency staff living permanently on site at the service had not been fully considered and references and checks on those staff had not been verified by the manager or providers.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 12.

The provider responded immediately during and after the inspection. Medicines practices were reviewed further along with care practices around tube feeding and bed rails. The providers confirmed that no staff would be living on site.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Lower Farm Care Home with Nursing. One person said, "I feel safe as [everyone] here is very nice." Another person commented, "I like it here; I feel safe and get on well with the staff."
- Most staff understood their responsibilities to protect people from abuse, however more work was needed to ensure all staff understood whistleblowing and their role in this should they have ever have had any concerns about people's safety. We raised with the manager and directors the need to cover this in more depth during training. Whistleblowing is the term used when a staff member passes on information concerning wrongdoing within a service or care home to help ensure people's safety.

Staffing and recruitment

- We received mixed feedback and differing views about the staffing levels at the home and whether there were sufficient staff available to meet people's needs in a timely manner. One person told us, "There are not enough staff and the call bell doesn't get answered very quickly." Another person said, "If I need to call staff they do come when they can, but others just shout, and others need more help than me." A third person however commented, "There is enough staff, they come quite quickly when I have to use my call bell." A person's relative said, "When [family member] first came there was a shortage of staff but that's improved. Staff are always around. It's quieter in the afternoon but there are enough staff. We can always find a staff somewhere, when we are here with [family member] the staff are always popping in out and out."
- However, some relatives told us there were occasions when staffing levels impacted on their family member's care. One relative said, "My family member] has a pressure mat so that if they get up the staff are alerted. Staff are supposed to respond to the call bell within 10 minutes but that doesn't always happen as

they have to be with others who have higher needs." Another relative told us, "The care is good but there is no follow up with social interaction, they deliver the care then have to move on to the next person."

- The manager and providers used a dependency tool to help determine the numbers of staff required to meet people's needs and rotas showed the number of staff identified as being required were deployed.
- Staff we spoke with told us there were sufficient staff to meet people's needs in a timely manner and according to their preferences.
- On the day of our inspection visit we observed there were adequate numbers of staff to meet people's needs. Staff were busy but had time to spend with people and interact with them. The only exception being lunch time where some people experienced a delay in having both courses of their meal served to them. We discussed this with the manager and providers.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through communication with people using the service and staff to ensure people's needs continue to be met in a timely manner.

Preventing and controlling infection

- Staff had received training in infection control and mostly followed good infection control practices to help prevent the spread of healthcare related infections.
- Improvements were needed to ensure when supporting people with tube feeding, infection control practices were consistently followed.
- Personal protective equipment (PPE) was readily available and used appropriately by staff.
- The environment was visibly clean and tidy. We saw housekeeping staff working throughout the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and monitored by the manager and providers to try to prevent similar incidents being repeated.

Is the service effective?

Our findings

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

At the last comprehensive inspection this key question was rated as Required Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Nationally recognised assessment tools were used to assess people's risks of developing pressure ulcers and for malnutrition such as Waterlow (a tool to assess the risk of skin breakdown) and Malnutrition Universal Screening Tool (MUST- a tool used to determine the risk of malnutrition). However, follow up record keeping wasn't always consistent to ensure an adequate overview of people's care.

Staff support: induction, training, skills and experience

- People received care from staff who had been provided with training and support to meet their needs effectively however this was not consistently applied into practice.
- Despite receiving training in safe medicines administration and infection control, practice in these areas required improvement to ensure people received their medicine as needed and prescribed. For example, when using feeding tubes.
- People and their relatives mostly spoke positively about how staff delivered their care and felt they had the training and knowledge to meet their needs effectively. One person told us, "The staff all seem to know what they are doing and I am happy with the care."
- The providers had developed a training room on site at the home and there were plans to introduce face to face training with staff as opposed to online learning that had been in place.

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

- We received mostly positive feedback about the food on offer. One person said, "The food is quite good, we choose the night before. I choose to eat in my room as I don't like to be with the other residents." Another person commented, "The choice isn't bad, but I prefer to eat more fish than meat, but they do have plenty of veg."
- A relative commented, "Food is one of the good things here but [family member] doesn't like having to choose the night before." Another relative said, "Food is absolutely amazing and well presented. There is a brilliant cook who is very dedicated. [Family member] had lost of weight before they came here and they are now putting it on again."
- Improvements were needed to the dining experience. Several people could not sit level to a dining table as the table to eat their meal was too low to accommodate their wheelchair or other specialist seating. This meant that they were sat at an angle to the table and could not use it fully. There was also significant delay for some people between their main course and dessert. We spoke with the manager and providers about our findings who agreed they would begin carrying out their own mealtime observations to highlight where

improvements could be made.

- People's nutritional preferences were included as part of their care plans and for those people who required it, regular checks were undertaken of any weight loss.
- Evidence in people's care plans where they had lost weight showed that appropriate referrals to other healthcare professionals such as the GP and dietician had been made. This was confirmed by a visiting healthcare professional we spoke with. However, follow up record keeping of nutritional intake was not always completed to ensure staff could retain an overview and offer people food and drinks accordingly.
- We spoke with the chef on duty who told us how any specific diets, allergies or preferences were recorded when people were admitted into the home and any changes made appropriately on a regular basis. This information was displayed in the kitchen to guide catering staff.
- The chef was knowledgeable about people's nutritional support needs such as specialist diets or those people who needed a soft diet and where people were at risk of choking.
- Alternative food options were available to people who did not want the choice of meal on offer.

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

- People received support to keep them healthy. People's care plans included a record of visits that they had received from healthcare professionals, and their outcomes.

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

- The design and décor of the building met people's needs.
 - There were communal areas where people could socialise if they chose to. This included a dining area joined to a lounge. There was also a smaller lounge space, with an adjoining conservatory type room which, a relative told us, had been cleared out of junk and old furniture. This was now an additional space and was light and airy.
 - The garden continued to be a secure and pleasant space and the previous concerns about the unfenced lake had been resolved with the addition of secure fencing.

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

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

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

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

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Staff had received training in MCA and DoLS and understood their responsibilities under the act. We saw staff explain to people what they needed to do and sought people's consent before supporting them.
- Where people were deprived of their liberty, the manager and providers worked with the local authority to seek authorisation for this to ensure it was lawful

- A relative told us, "My [family members] privacy and dignity is respected, they ask [family member's] consent before they give any care."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The majority of people that we spoke "Staff are kind, they always call in to see me when they are passing [bedroom]."
- Most relatives commented on the caring nature of the staff. One relative said, "The care is okay, I get phone calls if my [family member] has fallen, here [family member] is getting looked after as there is always someone here." However, another relative commented, "The staff don't always communicate well when helping [family member] with personal care however a lot of the staff are very kind."
- On most occasions staff treated people with kindness, offered reassurance and support if people were worried or feeling unwell. For example, taking extra time with one person whilst administering their medicines, asking them how they felt and if they were warm enough. However, we found two incidents of people who were unwell and experiencing pain not receiving their pain relief medicine as prescribed. This potentially left them in pain and discomfort and was neither caring or treating people well.

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

- When we spoke with staff individually they had a genuine regard for the people living at the home and they were able to tell us about the people in their care, including their likes, dislikes and care needs.
- Staff supported people to make choices where they had variable capacity due to living with dementia, for example about what to wear or whether to join in an event or not.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. They took care to make sure toilet and bathroom doors were closed when they were in use. One person commented, "The carers who wash me are very good and they remind me to close my door when I go to the toilet. They are very respectful." A relative told us, "My [family members] privacy and dignity is respected."
- Staff described practical steps they took to protect people's privacy when delivering personal care including the use of a 'do not disturb' sign on the person's closed bedroom door.
- Staff encouraged people to retain independence, for example providing encouragement and guidance to retain independence with eating the use of cutlery.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as Requires Improvement and we found a breach of regulation 9, person centred care. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

- At our last comprehensive inspection, we found that care plans did not always accurately reflect people's needs or give staff adequate guidance about how to meet people's individual needs.
- At our last focussed inspection, a transition was being made between paper based care planning and records and a new computer system. At that time, we found records were stored in two different places which had resulted in a lack of clear care information.
- Improvements had been noted at this inspection with the computer based care planning system fully in use and records in one place. Care records were detailed and described the support people needed to meet their individual needs.
- People told us that staff were responsive to their needs. One person said, "Staff are very responsive to my needs and I can choose what time to go to bed and get up." Another person commented, "I don't ever feel rushed, the staff give me the support I need."

Meeting people's communication needs

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

- Information was provided in alternative formats such as pictorial format and large print to ensure that this was available to people in a way they could understand and access.

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

- Since our last inspection further work had taken place to ensure people were supported and encouraged to have active lifestyles and access a range of activities both within the home and in the community.
- Most people were positive about the range of activities on offer. One person said, "I enjoy having a good sing-a-long here." A person's relative told us, "The other day when we got here, [family member] was outside potting plants. Its brilliant people can do what they want."

The manager and providers told us they had plans to further develop activities and social opportunities. A 'breakfast club' had been introduced to encourage people to get up earlier in the morning, eat a good breakfast whilst also engaging and meeting other people.

During our visit a planned game of bingo was lively with lots of laughter and well received banter. During the afternoon one of the providers played a musical instrument to entertain people.

A staff member told us, "There is always something going on. There are pamper and nail sessions, a dancing group to get limbs moving. There are quizzes, painting, bingo, we do baking, have a residents committee and the hairdresser comes in. We've even had the mini donkeys in to visit. There is a big BBQ soon."

Improving care quality in response to complaints or concerns

- A complaints procedure continued to be in place to ensure any concerns could be reported, listened to and addressed. However, during this inspection we identified information within the procedure that needed updating to ensure it was accurate. We made the providers aware and they made the necessary changes.

End of life care and support

- People's wishes for any end of life care were included in their care plans; this included discussion about people's preferred place of care at the end of their life.
- The manager shared with us a recent letter of praise from a relative who wished to thank the home for the care of their family member at the end of their life. The letter stated that staff went the 'extra mile' for their family member.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate and we found a breach of Regulation 17, good governance and a breach of Regulation 20A, requirement as to display of performance assessments. At this inspection this key question has now improved to requires improvement. This meant that whilst there had been some improvements the service management and governance was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A range of audits and analysis tools were used by the management team to monitor the quality of the service. These included, analysis of infections, infection control and people's feedback.
- However, these governance systems were not robust and did not provide the leadership team with effective oversight of the service. We found shortfalls with the management of medicines and the dining experience for people that the existing quality monitoring systems had not independently identified. The day to day oversight had failed to identify failure to act on identified risks and to follow care plans.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection by taking action to address concerns we found.
- A number of developments and improvements had been made by the manager and directors since our last inspection and the learning used to improve the service. and there was shared goal amongst the staff team to make and sustain the necessary improvements.
- The improvements included increased social events for people and increased consultation with people and their relatives. The changes made needed to be embedded and sustained to fully assess their effectiveness.

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

- The providers had employed a new manager who had been in post for a short time. They were implementing improvements to systems and processes, which was a work in progress. This manager had applied to register with CQC as a 'registered manager'.
- Staff were positive about the management of the home and told us improvements had been made. Staff felt supported and listened to and told us the management team consisting of the providers and manager were approachable.
- Despite some relatives still having concerns about elements of the home, everyone we spoke with told us they could recognise the developments being made with many describing the changes as a 'journey' the

home was on. One relative said, "Things have definitely improved but they still need improving further. It's not yet consistent."

- The directors were now displaying the previous inspection rating on their website inline with the regulations.
- The manager and providers had been working to make the necessary improvements that had been identified at our previous inspections and were open and transparent in their discussions with us about what had already been achieved and what was still needed.

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.
- The manager and providers understood the requirement and were open and honest about the care and support people received.

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

- The providers continued to consult people who lived at the home and their relatives about the running of the home and any changes needed. There continued to be monthly 'resident' committee meetings as well as relatives' meetings. An annual survey continued to be used to gather views and opinions. These gave people the chance to raise concerns and share issues.

- People told us that, as part of 'residents' meetings 'they discussed any concerns about the home between them taking issues to the staff for resolution. One person commented, "I have a chat with other residents about any issues and we manage the group ourselves. We take our concerns to a carer and they are responsive to our issues. We have had a lot of niggles about call bells not being answered quickly and we have passed this on."

Continuous learning and improving care

- The manager and providers actively worked to try new ideas, make improvements and develop the service further. New initiatives were in the process of being piloted and rolled out in the service. This included an interactive piece of equipment to improve engagement and cognitive stimulation for people. Also, a new call bell system and improvements to communication with people through the installation of individual letter boxes to share information and events/newsletters have been implemented.

Working in partnership with others

- The providers had worked with the local authority and local Clinical Commissioning Group (CCG), to make some improvements to the home. We received some positive comments about the changes being made.
- Staff confirmed people were referred to other health professionals when needed and records. Records demonstrated staff made contact with external healthcare professionals when people became unwell.

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 |
| Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's care and treatment were not always planned and managed in a way that promoted the health, safety and wellbeing of people. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. |