

Ealing Eventide Homes Limited

Ealing Eventide Homes Limited - Downhurst

Inspection report

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Date of inspection visit:
06 June 2023

Date of publication:
10 October 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Ealing Eventide Homes Limited – Downhurst is a care home for up to 26 older people. At the time of our inspection, 21 people were living at the service. Some people were living with the experience of dementia. The service is managed by Ealing Eventide Homes Limited, a charitable organisation. This is their only registered care home.

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

Medicines were not always administered as prescribed and records did not always reflect the medicines received by people. Incidents and accidents were recorded but lessons learned were not always recorded to reduce future risks. The provider did not ensure their safeguarding procedure was always followed. Quality assurance procedures were not robust enough to enable the provider to identify where action may be required to make improvements.

The provider had made improvements in relation to the management of risk and information was now provided for staff on how they could reduce the possible risks to the person's health and wellbeing. The provider had also made improvements to the care plans to ensure they were person centred and identified people's current support needs. Improvements had been made to the range of activities provided for people living at the home.

Relatives felt their family members received care in a safe and appropriate manner. There was a robust recruitment process in place. The provider followed an infection prevention and control procedure and staff had access to personal protective equipment (PPE).

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Relatives were aware of how they could raise any concerns about the care provided. The provider had a process for responding to complaints. The provider worked in partnership with a number of organisations. Relatives were happy with the care provided to their family member. Relatives felt the registered manager was accessible, listened and responded to any questions they might have.

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 rating for this service was requires improvement (published 16 December 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider seek and implement national guidance on the provision of social and recreational activities for older people in care settings. At this inspection we found

the provider had made improvements to the activities provided.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 and 18 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm if they now met legal requirements. We have found evidence that the provider still needs to make improvements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ealing Eventide Homes Limited - Downhurst on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment and good governance at this inspection.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 responsive.

Details are in our responsive 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.

Inadequate ●

Ealing Eventide Homes Limited - Downhurst

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors, and a medicines specialist advisor. An Expert by Experience supported the inspection by contacting the relatives (and friends) of people who used the service after our visit. 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

Ealing Eventide Homes Limited – Downhurst is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ealing Eventide Homes Limited – Downhurst is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 7 relatives. We also spoke with 7 staff members which included the registered manager (who is also the nominated individual), 5 care workers and the activities coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records which included 6 people's care plans, various medicines records and the recruitment records for 4 new care workers and supervision records for 7 staff members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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 the provider had not ensured that people were always protected against the risks associated with medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff were not always following the directions on the medicines administration record (MAR) to ensure medicines were administered as prescribed. The MAR for 1 person indicated a medicated cream should be twice a day and after each bowel movement. The time of 9.30pm had been highlighted on the MAR chart by the pharmacy to indicate when the cream should be used, but this did not reflect the directions from the prescriber. This had not been identified by the checks carried out at the home when the medicines were received from the pharmacy. This meant the cream had only been applied once a day from the start of the medicines cycle on 29 May 2023 and not as prescribed.
- Medicines which had been prescribed to be administered as and when required (PRN) for a specific medical issue had been administered outside of the directions. For example, we found 1 person who had been prescribed PRN paracetamol for knee pain, but it had also been administered for an eye infection. The registered manager confirmed no checks had been carried out with the GP or other healthcare professional to indicate that this medicine was suitable to be administered for an eye infection.
- Records indicated that staff were regularly monitoring 1 person's blood pressure and a second person's blood sugars if they become unwell. The registered manager could not demonstrate that the staff carrying out basic observations had received training to ensure this was done correctly.
- The pharmacy which supplied the home ordered the monthly medicines instead of the provider. This did not follow best practice indicated in the managing medicines in care homes guidance produced by the National Institute for Health and Care Excellence. This meant there were times when the provider did not have medicines they needed to administer in stock. We found 1 person did not have a prescribed nicotine patch for three days and a second person, who was prescribed an emollient cream, did not have any available at the home. This meant people did not always receive medicines as prescribed. The provider did not monitor the stock levels of medicines to ensure there was appropriate levels available.
- Medicines which were handwritten when added to the printed MAR chart were not always accurately transcribed and did not always include guidance and the initials of the staff members making the amendment. For example, 1 person had PRN paracetamol added to their MAR but there was no guidance on the wait time required between the medicine being given and the maximum dosage within 24 hours.

We found no evidence that people had been harmed. However, the provider had not ensured that people were always protected against the risks associated with medicines. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A sample of the medicines dispensed from original packaging and from the monitored dosage system were checked and the tablets matched the expected totals as the provider carried out stock counts after every medicine round.
- The MAR indicated that several people required their medicines which were dispensed in tablet form to be crushed. We saw that appropriate guidance for staff, best interests decisions if required, and confirmation that the supplying pharmacist and the GP had been involved in the decision had been recorded.
- The temperature of the medicines room and the medicines fridge were regularly checked and were within acceptable levels to ensure medicine were stored at the correct temperature.
- Medicines reviews were organised with the GP's practice pharmacist to ensure people were being prescribed the appropriate medicines.

Systems and processes to safeguard people from the risk of abuse

- The provider had a process for the reporting and investigation of safeguarding concerns, but this was not always followed. We identified that an incident had occurred between 2 people who were living at the home and an incident and accident form had been completed.
- This incident had not been identified as a possible safeguarding and had not been reported to the local authority safeguarding to be investigated.
- This meant the provider had not followed their procedures to ensure the people involved were protected from possible abuse by informing the relevant authority so they could carry out an investigation.

The provider did not always follow their safeguarding procedures to ensure people were protected from possible abuse. This placed people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above information, we saw that the provider had made 12 other referrals of possible safeguarding concerns to the local authority since the last inspection in October 2022.
- People we spoke with said they felt safe living at the home. Relatives also confirmed they thought their family member was safe when they received care. Their comments included, "I do feel [family member] is safe and really well looked after" and "They are safe. The manager made me feel that this was the home for them. The staff make me feel comfortable they are safe."

Learning lessons when things go wrong

- The provider had a process for the recording of incidents and identifying where lessons could be learned so that possible risk could be reduced but this was not always followed. We found that incident and accident forms had been completed when a fall or other incident had occurred, but the lessons learned had not always been identified.
- The registered manager confirmed that a lesson's learned document, which staff used to review what had happened and identify possible actions which could reduce future risks, was not always completed.
- We found people's care plans and risk assessment had been updated to reflect when they experienced a fall but following an incident between 2 people a lessons learned document had not been completed to indicate what action staff could take to reduce risk of reoccurrence.
- This meant the provider could not always ensure possible actions were identified so appropriate action could be to reduce risks.

The provider did not always ensure lessons learned were identified to reduce possible risks following an

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

Assessing risk, safety monitoring and management

At our last inspection the provider did not ensure that risks were identified, monitored and mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to the assessment, monitoring and management of risk.

- The provider had made improvements to ensure they identified, assessed and mitigated risks in relation to people's care and support needs.
- Where a person had been identified as living with a medical condition their care plan included information for staff on the condition, the symptoms and how it could impact the person and their care. The information on medical conditions included chronic obstructive pulmonary disease (COPD), diabetes, dementia, and high cholesterol.
- There was also a range of other risk assessments completed covering falls, use of the stairs and lifts, moving and handling and mobility.
- Care plans included risk management information for staff if a person had been identified as being at an increased risk of developing a pressure ulcer if they were unable to reposition themselves in bed or a chair. The care plan for 1 person indicated that they required support to be repositioned every 4 hours and we saw that this was reflected in the records of the care completed by staff which showed the person was repositioned in line with the care plan.
- The care plan for 1 person stated they were at increased risk of choking and there was guidance provided for staff on how to reduce possible risks including being on a pureed diet. A nutritional guidance document was also included with the care plan for additional information.
- A personal emergency evacuation plan (PEEP) had been developed for each person. The PEEP provided information on the supported needed by each person if they had to be evacuated from the home in case of an emergency.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider had a clear recruitment procedure which enabled them to check that new staff had the required skills for their new role.
- We reviewed the recruitment records for 4 new staff members who started working at the home since the last inspection in October 2022. The provider carried out a number of checks as part of the recruitment

process including evidence of the staff member's right to work in the UK, two references from previous employers and a Disclosure and Barring check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People told us there were enough staff to help them. Relatives we spoke with also confirmed that they felt there were enough staff on duty to support their family member. Their comments included "There are always more staff than you would expect", "There are always people around. If I need someone to speak to, I always find someone" and "I do feel there are enough staff. My [family member] can walk around on their own but there are people to help if needed."
- Staffing levels were based upon people's level of need which was assessed using a dependency tool. The registered manager confirmed that during the day there was 1 senior care worker and 4 care workers on duty with 1 senior care worker and 2 care workers on the rota at night. There were also senior staff and an activities coordinator working during the day to provide additional support when required.
- Staff we spoke with told us they felt there were enough staff with a staff member commenting, "Now there is enough staff. New staff are a change for better."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had a process to ensure people could be visited by relatives and people who were important to them if an infection was identified at the home. The registered manager explained that there were no restrictions on visitors to the home at the time of the inspection. If a person was identified as having COVID-19 best practice would be followed to reduce the risk of spreading any infection whilst limiting any impact of other people living at the home.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 inspection the provider had not always ensured care plans included information which recorded the person's current care needs and the preferences of the person and that these were appropriately implemented. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans reflected their support needs and identified how they wished their care needs to be provided. Staff were provided with detailed information on how they could support the person to ensure their care needs were met.
- The care plan for 1 person indicated they had been admitted to hospital and we found their care plan and risk assessments had been updated to reflect information in their discharge summary. The care plan had also been updated to include information following assessments from healthcare professionals for example changes in mobility support needs and nutritional requirements.
- Oral health care plans had been developed for people and where a person no longer had teeth or used dentures there was guidance for staff on how to monitor the person's mouth for any issues.
- Care plans identified the person's preferred gender of the staff member who provided them with support with personal care. This meant appropriate staff could be allocated when providing personal care to ensure the person wishes were met and they felt comfortable.
- Staff could access the care plans and risk assessment using handheld electronic devices to ensure they had up to date information.

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

At our last inspection we made a recommendation for the provider to seek and implement national guidance on the provision of social and recreations activities for older people in care settings. The provider had made improvements.

- The provider was making improvements in relation to the range of activities available for people to take part in. An existing staff member took on the role of activities coordinator for the home in October 2022 and

had completed training to develop their understanding of how to identify and organise activities which would be of interest to people. Relatives provided positive feedback on the activity coordinator which included, "The activities co-ordinator is fantastic. All of the care staff are so lovely, and I am very happy with them."

- We saw the activities coordinator spending time with people in the lounge singing, supporting people with chair-based exercises, hand massages and completing puzzles. We saw 1 person was supported to use an interactive touchscreen table to complete word puzzles.
- Relatives we spoke with told us that their family members were given a choice if they wanted to be involved in an activity. Some of the relatives confirmed their family members took part in activities and enjoyed them and they said, "[Family member] joins in all the activities, he really enjoys them", "[Family member] watches the activities. They try and get her involved, she does occasionally" and "[Family member] enjoyed a gardening one recently."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans identified their communication support needs. Each person's care plan included a section providing staff with information on any communication needs and how they could support the person.
- The information included if the person could communicate their wishes verbally if they required more time to respond as they could find it difficult to find their words or if they communicated using non-verbal methods.
- Care plans also including guidance for staff on how to support and reassure people if they became upset or frustrated.

Improving care quality in response to complaints or concerns

- The provider had a process for reviewing, investigating, and responding to complaints. No complaints had been received since the previous inspection in October 2022.
- Relatives told us that they knew how to raise any concerns. Their comments included, "I haven't needed to raise any issues. I would speak to the manager, and I feel they would deal with it correctly", "They haven't been there very long and we haven't had any issues" and "I haven't had to raise a concern but there is a pathway to raise concerns"

End of life care and support

- People's end of life care preferences were included in their care plan.
- There was a section in each person's care plan which included information if they wanted to go to a hospital or hospice if their health deteriorated, if they had a funeral plan arranged and if they wished to be visited by a representative of their preferred faith community.
- The information provided in the care plan enabled staff to meet the person's needs and care preferences if they required end of life support.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection there were a range of ongoing issues identified which meant the provider still needed to ensure the quality assurance processes they had introduced were robust and effective enough to assess, monitor and improve the quality of the service to ensure people always receive high quality and safe care. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had not made and sustained improvements to the service to change the rating of the location following inspections. The location was first rated requires improvement with Well Led rated as inadequate in April 2021. The location was rated inadequate following inspection in August 2021 and April 2022. The rating changed to requires improvement with safe rated as inadequate following an in section in October 2022. The breaches of regulation 12 (safe care and treatment) and regulation 17 (good governance) have been in place since the April 2021 inspection and the changes put in place by the provider were not robust enough to demonstrate sustained improvements to meet the regulatory requirements.
- The registered manager confirmed they were receiving guidance from an improvement consultant to implement and sustain the improvement action plan, but this had not led to the sustained improvements required.
- The provider had developed a range of quality assurance audits, but these were not robust enough to enable the provider to identify possible issues which required action for improvement.
- The provider had a weekly and monthly medicines audit in place to monitor the administration and management of medicines. This audit was not robust enough as issues with the administration, ordering and recording of medicines which were found at this inspection were not identified.
- The registered manager completed an audit of the incident and accidents records, but this did not always provide enough information to ensure processes were followed. A section of the audit covered if lessons learned were recorded in sufficient detail which stated they had been completed, but we found that the lessons learned were not always completed.
- In addition, the incident and accident audit did not identify that a possible safeguarding issue had not been reported to the local authority so an investigation could be completed to reduce possible risks.
- We reviewed other audits which were being used and we saw that some of the audits did not provide

information to enable the provider to identify issues. For example, the falls audit only considered the information about a fall experienced by 1 person whereas 3 falls had occurred that month. A staff member was then asked to name 5 people who were at risk of falls and other competency questions. Also checks were recorded on the general environment for example if areas were free from clutter and if wet floor signs were in use. One question related to if pressure sensor equipment was working correctly, which had been answered yes but then stated there were none in use at the time of the audit. There was no analysis of the circumstances of each fall, review of any trends or confirmation that all care plans and risk assessments had been updated with appropriate action taken. This meant the provider did not have access to information to enable them to identify any trends or issues which required a response when an audit was completed

The provider had not implemented a robust process to monitor the quality of the care being provided. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

- Staff had job descriptions for their role and responsibilities were clearly identified.

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

- People received care which was person centred and met their support needs. People we spoke with told us they were happy with the care they received. A person commented, "I am very impressed with the care of the staff here with the care of people in old age with so many needs. It's like being in a family."
- Relatives also confirmed they were happy with care their family members received. They said, "The home is very homely, and the staff are caring", "I am happy, the home is a happy place" and "I am happy with the care they are all pleasant and friendly, some exceptionally so."
- Relatives told us they felt welcomed when they visited the home with comments including "Always made to feel welcome. They know who I am. They find me a chair, always offered tea" and "There has never been an issue with visiting and I always feel welcome. I am always offered food and drink when I visit."

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

- The provider ensured the home had an open and honest environment. The registered manager demonstrated a good understanding of the duty of candour and their responsibilities as a registered manager. They told us, "Being open and honest and responding to things in a timely manner and not covering things up. Having an open-door policy."
- Relatives explained they were able to raise any issues with the registered manager and this was acted upon. They said, "I have a monthly meeting with the manager, and she acts on anything raised" and "I really like the manager. She is easy to speak to and is easily accessible."
- The policies and procedures put in place by the provider were regularly reviewed to make sure they reflected up to date best practice and legislation.

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

- The provider supported people, their relatives, and staff to provide feedback on the care being provided.
- The registered manager told us an annual survey was carried out with people living at the home, relatives, and staff. The survey with people living in the home was carried out at the beginning of June 2023 and we saw the completed forms which were due to be analysed following the inspection. The registered manager confirmed surveys of relatives and staff would be carried out shortly.
- Relatives confirmed they had been involved in the development and review of their family member's care plan. Their comments included, "Before they moved in, we went through a list of what they like and dislike, their medication and what their routines are", "When he moved in, we had 1:1 with the manager to go

through his wants and needs. If we want to change anything we talk to her, and she changes it" and "We have had an annual review of her care plan but if there are any changes during the year, they speak to me."

- People's cultural background and religious preferences were identified in their care plan. The registered manager told us they ensured national and religious holidays were celebrated to reflect the nationalities and religious beliefs of both people living at the home and staff.
- The activities coordinator showed us the monthly newsletter which was sent to relatives. The newsletter included information on events and activities which had taken place with photographs. There were photographs of larger events such as a coronation party as well as activities including baking muffins and singing sessions.
- Staff told us they felt supported by the registered manager and the senior staff. A staff member told us they thought the registered manager did their best and they could speak with them if they had any concerns. There were regular meeting with staff to discuss the running of the home and the care being provided.

Working in partnership with others

- The provider worked in partnership with a range of organisations. The registered manager told us they worked closely with the GP, practice nurse and the local authority. There were also links with a local church and a school that arranged for their pupils to provide entertainment at the home.

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 did not ensure medicines were always managed appropriately and administered as prescribed. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not always ensure service users were protected from abuse as their process for reporting and investigating safeguarding concerns was not effective. Regulation 13 (1)(2)(3)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The provider did not always ensure learning took place following an incident or safeguarding concern so that preventative measures could be put in place.</p> <p>Regulation 17 (1)(2)</p>

The enforcement action we took:

We issued Warning Notices to the provider and registered manager to comply with the regulation by the 29 September 2023.