

## Comberton Care Home Limited

# Comberton Nursing Home

### Inspection report

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Tel: 01384262027

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13 December 2023

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Comberton nursing home provides personal and nursing care for up to 38 people. The service provides support to older people and people who live with dementia. At the time of our inspection there were 30 people using the service.

Comberton Nursing home is split across 2 floors, on both floors nursing care is provided to meet a variety of people needs. The home has accessible parking and a maintained garden outside.

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

Medication management was not effective in identifying concerns. Medication was not always stored correctly.

People's weights were not effectively monitored. Systems were not in place to closely oversee people's weight related to their health needs.

Guidance for staff to support people with specific health needs was not always sufficient. There was not always enough staff to care for and monitor people. This left people at risk of unsafe care.

We observed interaction with people. There was a lack of activities and no planned activities were scheduled. This meant we found people were sat in the same position for periods of time.

Mealtimes in the home were not always served in a way that met all people's needs and preferences. People were not offered choices to where they would like to have meals and who they had their meals with.

The environment lacked person centred detail. People's characteristics were not captured.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported best practice.

The provider was asked during our inspection to provide an immediate action plan due to the high risk concerns we found during our inspection visit. The provider sent an action plan that identified timescales to improve high risk areas.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection-

The last rating for this service with the previous provider was good. (published 9 November 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was prompted in part due to concerns received about staffing, response times to providing care to people and medicines management.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Comberton Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to regulation 9 (Person centred care), regulation 12 (Safe care and treatment) and regulation 17 (good 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 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 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

**Requires Improvement** ●

# Comberton Nursing Home

## 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.

#### Inspection team

Inspection team consisted of 2 inspector, 1 specialist adviser who was a nurse and 1 Expert by Experience who completed an onsite visit and relative calls remotely. 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

Comberton Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Comberton Nursing home is a care home with 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 sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 7 people who used the service and 13 relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 5 members of staff, including care staff, nursing staff, the registered manager. We reviewed a range of records. This included 7 people's care records and all medicine records in the home. We also reviewed the process used for staff recruitment, records in relation to training and supervision, records relating to the management of the home and a range of policies and procedures.

# 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 with a previous provider, we rated this key question good. 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

- Management of medicines were not effective in identifying concerns and meant medicines was not always managed or stored correctly.
- NICE guidance for storing topical creams in care homes was not followed. Topical creams were not stored safely, which posed a risk of inappropriate use from people living within the home.
- Topical creams did not have recorded open dates and some creams were dated back to 2021 without knowing when the cream was first opened. This posed a risk of out-of-date creams been used on people.
- Medicine stock counts completed in the home did not identify shortages of medicines stock. During the inspection we identified a medication for diabetes control had not been in stock for 2 weeks. This put people at risk if they needed treatment for their diabetes.
- Medication administration records (MAR) had numerous signature gaps where staff should sign after administration. For example, 1-person prescribed cream had not been signed for a period of 1 month. This meant it was not clear if the person had received their prescription cream or if this had been missed.
- 'As required' (PRN) medicines used in the home did not always have protocols in place for staff to follow and clearly know the guidance for administration and the expected outcome.

### Assessing risk, safety monitoring and management

- People did not have assessments or care plan guidance in place to safely manage aspects of their individual care.
- People who require skin pressure management did not have appropriate risk assessments in place.
- Risk assessments in place were not detailed enough to provide identify the risks identified and the control measures in place to keep people safe. Some risk assessments had generic detail and this did not match the care required for individual risks.
- People with eating and drinking needs did not have assessments in place for staff to follow to ensure people were safe whilst eating and drinking. During our visit we observed 1 person in a laying down position to eat. This put the person at high risk of harm.
- People who required weight management, did not have a Malnutrition Universal screening tool (MUST) in place. This meant risks to people who had the health need of nutritional monitoring did not have an effective system to ensure their nutritional needs have been met.
- People who used oxygen, did not have clear guidance for staff to follow or risk assessments in place. Some staff we spoke with had lack of skills and knowledge in providing oxygen support.

We found no evidence people had been harmed; however, the provider had failed to assess, monitor, and

mitigate risks to people's health, safety and welfare. This was a breach of regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- At the time of this inspection the home did not have sufficient staffing to maintain a safe day to day running of the service provided. For example, during our visit we observed times where 1 staff member was present where 11 people were eating their lunch. This was high risk due to 3 people requiring support with eating and drinking.
- The registered manager did not have in place a staffing dependency tool. This is a tool that is used to assess the number of staff required in the home at different times of the day to ensure the home meets people's needs. Therefore, they could not assure us there were enough staff available.
- The registered manager informed us that agency staff are working in the home to cover the shortfall of staffing. The registered manager showed us a plan to recruit new staff and fulfil the current vacancies.
- People raised concerns about staffing levels, 1 person told us, "We need more staff here" a further person told us, "There doesn't seem to be enough staff".

Systems and processes to safeguard people from the risk of abuse, learning lessons when things go wrong

- People were not always safeguarded from abuse. Policies and procedures were in place to protect people, however, due to the lack of staffing and risks identified during the inspection we were not assured people were always safeguarded. For example, people were observed during the day requesting personal care, however, due to low staff presence their needs were not always met in a timely manner and caused people distress.
  - Staff we spoke with had a good understanding of identifying abuse and who to appropriately report to.
  - At the time of this inspection not all staff had completed safeguarding training. The registered manager told us they were working on ensuring all staff were compliant. ●
- Accident and incident forms were embedded in the home. place. The manager completed a monthly review to identify any trends and themes, we saw from this that the managers action or a review on peoples took place, this led onto referrals to an appropriate health professional.
- Some staff we spoke with told us how they are involved in improvements to the home and when an incident has taken place a meeting would be completed with the whole team.

### 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 not always 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.

#### Visiting in care homes

- The home had no restrictions in place at the time of this inspection.
- We saw measures were in place to protect people and a plan was in place if at any time the home was required to go into restricted measures.

# 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 our last inspection with the last provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Meal's people had eaten were not always recorded in daily records. Where people had declined food, no reason was provided, or action shown on if the person was offered an alternative or asked again.
- People all had the same plastic beaker with a spout, no assessments were in place to identify that each person required to use this style of cup. During our inspection we observed drinks would be lined up on the tables in front of people. We raised this to the registered manager during the inspection visit, and they informed us since the inspection more supervision and staffing has been implemented in the communal area during mealtimes. No change was identified during the inspection around people using the same cups.
- People we spoke with told us they enjoyed the food in the home and did not have concerns with the standard of food provided.

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

- Pre assessments to assess people's needs prior to moving into the home were completed, capturing likes and dislikes and how they would like their care to be. However, the assessments provided basic detail of a person's care. This has the potential risk of people not having all their needs met.
- Some staff told us they did not always get the time to read peoples care plans and risk assessments. However, staff told us the guidance and risk assessments in place did provide them with basic guidance.
- People we spoke with did feel they had the correct care provided.

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

- The environment was not person centred.
- Peoples bedrooms were not personalised. People's characteristics were not captured. 1 person told us "It's like been in hospital here".
- Old furniture that was no longer in use was still present in the communal areas of the home. Furniture such as the dining table was not big enough for the capacity of the home to offer people choice of sitting together.
- The registered manager told us that the home was having renovations. During this inspection we saw 2 bathrooms had been completed and a further 2 bathrooms were awaiting decoration and flooring. No formal action plan was in place to identify timescales as to when all work would be completed by.

Staff support: induction, training, skills and experience

- Staff had gaps in essential training meaning they were not trained in all areas to providing people's care.

- The registered manager had a training matrix in place to monitor staffs training. This identified gaps in training for the staff team, including courses such as, safeguarding, pressure care and fire safety training. We raised this with the registered manager at the time of inspection and they showed action that was been taken.
- Staff inducted into the service did not have formal induction records. This did not provide us with assurances that staff were safely inducted into the service.
- During this inspection we identified the service was providing care to 1 person with learning disabilities and autism. A large volume of staff had not completed learning disability and autism training, furthermore the registered manager was not aware that Oliver McGowan training was mandatory.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us how they work with the local authority quality team to help improve the service provided, this was very early days in the partnership working and improvements identified had not been embedded into the home.
- Where people required specialist care, health professionals came into the home such as district nurses and GP's. However, we identified that referrals were not always made in a timely manner, for example, where a person was identified as high risk to choking, any changes noticed by the staff had not always had a referral implemented.
- Where the need for agency staff became present, the manager would ensure that the agency used are regular staff. The manager would obtain a profile of the agency staff member and their skills and qualifications.

Supporting people to live healthier lives, access healthcare services and support

- Staff we spoke to were aware of people's needs and how to meet these.
- We saw referrals from the registered manager would be made where a concern or input was felt required for a person.
- The home received regular visits from health professionals. The quality team from the local authority also completes visits on the home to check compliance.

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 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 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- DoLS were not always considered to assess restrictions on people that have the potential to cause impact.
- Where mental capacity assessments had taken place by a social worker, a copy had not been obtained in peoples records to show how a best interest was completed. The home had not completed individual best interest decisions, however, during the inspection we saw people were not supported without their best

interests considered.

- The registered manager told us they are currently reviewing DoLS for people. The registered manager did lack knowledge and understanding of current DoLS legislation.
- At the time of this inspection, no people living at the home had a DoLS in place with any conditions.

# 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 our last inspection with the previous provider, we rated this key question good. At this inspection the rating has changed to 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

- Staff did not always show respect to people living in the home. For example, at times when people were speaking with staff members, this was completed in an open room and around personal needs. During our inspection visit we witnessed staff not understanding people's communication needs and making comment on the way the person was communicating.
- Staff we spoke with told us that they include people in aspects of their care, this includes peoples cultural and religious beliefs.
- We observed regular staff had built relationships with some people which was positive. However, people told us the shortfall of staff and the use of temporally agency staff, can make it difficult to form and build relationships.

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

- Surveys had not yet been sent out to gather peoples, relatives, and health professional's feedback. The registered manager told us this was something that would be improved and surveys would be sent out soon.
- Peoples care plans did not show how they were involved in the writing of or the reviewing of the care plan records. People told us they had a care plan in place and were involved in the writing of this.
- We spoke with some staff, we were not assured that staff were aware of people's capacity to make decisions, and this impacted on the way staff asked questions to people.
- We saw people were encouraged to speak out and be involved in the care they receive. However, this was not evidenced in records.

Respecting and promoting people's privacy, dignity and independence

- Staffs attitudes and behaviours were at times witnessed to be presented in a negative way that caused impact to the atmosphere within the home. At the time of the inspection, we did raise this to the registered manager who told us they would speak with staff.
- Staff ensured peoples dignity was protected when providing care.
- We observed during this inspection people were not encouraged to build or maintain independence. Where people could do things for themselves there was missed opportunities of them completing a task.
- Staff we observed would knock on bedroom doors and seek permission to enter people's rooms. Where people wished to speak about personal or sensitive information, this would be conducted in a private space to protect people from been overheard.

# Is the service responsive?

## Our findings

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

At our last inspection with the last provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care plans and risk assessments were not always person centred. Detail for specific health needs for example, where a person required pressure care, generic guidance would be in place with some of the information not matching the persons care needs. The registered manager explained that they are currently in the middle of transferring care plans onto a new system. The registered manager told us this will mean that care plans will be electronic and can be viewed and updated more frequently.
- Staff were able to describe peoples likes and dislikes. We observed some staff interacting well with people and spoke about subjects of interest to each person.
- The home lacked people's personality and character, it was hard to see that the home had input from the people living there. We saw no evidence where people were involved in any changes to the home. For example, people were not aware why certain changes such as the downstairs bathroom have been changed, 1 person told us, "I am not sure what's going on".
- The registered manager and staff spoke highly of the provider and told us how it was positive the amount of support they received and could always be open and honest with them.

We found no evidence people had been harmed; however, the provider had failed to have in place person centred documentation and to make the environment more person centred to meet each person's interests. This was a breach of regulation 9 (1) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Care plans lacked detail around communication and no person-centred guidance was in place for each person. Basic detail was captured, for example, verbal communication, objects of reference.
- We observed how staff communicated with a person who would respond with loud noises to gain the attention of staff, we were not assured staff had the skills to identify this communication and respond in an appropriate way to meet the person's needs.
- Staff communicated with people well and adapted to meet specific needs, for example, changing tone for a person who was hard of hearing and ensuring they were eye level with the person.

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

- The home did not provide activities for people. Interaction and inclusion was lacking within the home.
  - Activities did not take place during the day or night. When we asked the registered manager around the concern of no activities or social events happening in the home, they told us that the activities coordinator had recently left, and this had caused activities to stop. ●
- People we spoke with told us that activities do not take place. 1 person told us when asking what their plan was for the day, "not sure, nothing much happens here".
- However, during the inspection the registered manager and staff were organising a Christmas party for all residents living at Comberton nursing home. This was to bring everyone together including relatives and friends. People were involved in the planning of the event and had put forward ideas for the day.
  - We saw the home does encourage family visits and do support people to maintain contact with relatives and friends.

Improving care quality in response to complaints or concerns

- The provider had a complaints and concerns policy and procedure.
- The registered manager kept an oversight of complaints and concerns received. The registered manager had responded in a timely manner and outcomes and actions of complaints were shared with the team. Some staff we spoke with told us how if any policy was amended or changed then this would be sent directly to staff on an application on their phones.

End of life care and support

- At the time of this inspection 1 person was assessed as receiving end of life care.
- End of life plans in place were basic. End of life plans did not show the frequency or how often a review of the plan had taken place to ensure the information was relevant.
- All people had a section completed in their care plans to state their end of life wishes and preferences.
- Staff had completed end of life training.

# 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 with the previous provider, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership 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

- Systems were in place to monitor the day to day running of the service, however, the systems and processes in place did not identify all the concerns found during the inspection.
- Medicines audits were in place. However, audits did not identify all the concerns found during the inspection. For example, we found shortfalls in medication where prescribed medication for diabetes had run out and no stock was present in the home. Medication audits had also not identified that old medication was being mixed with new medication, this meaning people were at risk of receiving out of date medication.
- The provider had a fire risk assessment in place, this had outstanding actions that were not completed. Peeps in place did not hold sufficient detail to guide staff to safely evacuate people, for example, Peeps did not describe the equipment you would use to evacuate each person. As part of our inspection, we referred our concerns to West Midlands fire service.
- No clear delegation of oversight in the home was embedded within the home. The registered manager had taken responsibility for completing all audits, management of staff, recruitment and managing concerns raised with the service. When we raised with the registered manager about the lack of delegation in the home, they told us that they had a plan to recruit to a deputy manager and a clinical lead, this would then reduce the delegations on the registered manager and will allow more quality checks to take place.
- The registered manager shared an improvement plan they wished to implement to the service. The service plan did not always have completion dates or evidenced that the registered manager was following the plan to effectively implement changes.
- We identified during our inspection that the home was providing care for a person who has a diagnosis of learning disability and autism. However, the home does not have a registered service user band with CQC to provide this care. We raised this at the time of inspection to the provider and registered manager, they told us they would apply to CQC for this service user band to be added.

We found no evidence people had been harmed. However, more effective governance processes were required to monitor the safety of the service. For example, to maintain audit processes and health safety are in place to monitor people's day to day care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did have a system in place to monitor staff supervisions. However, due to the concerns we found during our inspection this was not effectively seen to monitoring and ensuring staff



provided quality care.

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 registered manager was aware of the duty of candour and the process to complete.
- People and relatives, we spoke to were aware of how to raise a complaint and felt that if they were to complain then this would be listened to. However, 1 person told us, 'We can raise a concern, but not always sure this would be listened to'.
- The registered manager had folders in place where they monitored the safeguarding alerts been sent in and CQC notifications.

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

- Staff we spoke with we identified that there is a split with the staff teams working in the home. All staff did not work together, and this meant people were not providing care in a consistent way.
- People did not have individual outcomes to work towards. No outcomes were found recorded or records to show how people are working to achieve outcomes. .
- There was no formal on call protocol or system. When we asked the registered manager around on call, they told us they were on call and contactable 7 days a week.
- The registered manager was present daily in the home, people and staff told us they felt the registered manager was approachable and could speak with them at any time.
- The registered manager and staff told us this the provider was very supportive.

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

- Staff were involved in the development of the service and worked with professionals, relatives and friends of people.
- Team meetings took place. The registered manager would have separate meetings for the different areas in the home. For example, RGN nurses would have a separate team meeting to discuss clinical tasks. 1 staff member did raise that communications such as team meeting notes are not always visible, and staff are not directed to where the notes are recorded.
- Staff have regular supervisions with the registered manager. In supervision meetings staff we spoke with told us they felt listened to and knew what is expected of them. 1 staff member said, 'The manager always takes on our views'.
- The manager was visible to people during the day, and we observed the manager speaking to people on a 1:1 basis. 1 person told us, 'Person, is always available if I need to speak to them, we are aware they are the manager and their role.

Continuous learning and improving care

- During the inspection we provided feedback to the registered manager. They took our feedback positively. The provider and registered manager took action on improvements straight away during the inspection.
- The registered manager had improvement plans in place and following a request from CQC during the inspection an action plan was created, this identified areas that were requiring immediate improvement and timescales these would be achieved in.

Working in partnership with others

- The registered manager was working with the local authority to build up actions to improve the service provided in the home. The manager shared plans to improve medication audits, and this had been created

with the provider to make the audit a more robust process.

- District nurses attended the home regularly and where required GPs would attend or complete remote assessment.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to have in place person centred documentation and to make the environment more person centred to meet each persons interests

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We found no evidence people had been harmed; however, the provider had failed to assess, monitor and mitigate risks to people's health, safety and welfare

### The enforcement action we took:

Warning notice

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	more effective governance processes were required to monitor the safety of the service. For example, to maintain audit processes and health safety are in place to monitor people's day to day care

### The enforcement action we took:

Warning Notice