

Brooklands Care Home Ltd

Brooklands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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

Brooklands Nursing Home is a residential care home and was accommodating 41 people aged 65 and over in one adapted building. The service can accommodate up to 45 people on two floors.

Not all risks to people were mitigated at the earliest opportunity for their safety and wellbeing. There was a lack of understanding of the risks and the impact on people using the service. Staff response times to answer people's call alarm facilities were not as responsive as they should be. Though this was identified by the registered provider and manager, actions to address this had not been implemented. Improvements were required to the provider's recruitment practices to ensure this was robust. People were safeguarded from abuse and staff received safeguarding training. People received their medicines as prescribed and appropriate arrangements were in place to ensure the proper and safe use of medicines. People were protected by the service's prevention and control of infection procedures.

People's comments about the meals provided were positive. However, people were brought into the dining room to early and some people became distressed. Most interactions at meal times were not person-centred and primarily focused on tasks. Improvements were required for staff to effectively communicate with the people they supported. Staff were appropriately trained and received a robust induction. Staff told us they were supported and valued by the organisation. 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 access to healthcare services and the organisation worked collaboratively with other organisations.

People's comments about the quality of care they received was variable, with both positive and less favourable comments. People were not always treated with dignity or respect. Most staff were focused on tasks and not all support provided was consistent.

Information recorded within people's care plans required reviewing to ensure these were sufficiently detailed and provided guidance for staff to follow. Suitable arrangements were required to ensure full compliance with the Accessible Information Standard. Suitable arrangements were in place to enable and support people to participate in social activities. People's concerns and complaints were listened and responded to. People were supported at the end of their life to have a comfortable death.

Governance arrangements at the service were not always effective to achieve positive outcomes for people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk. The last rating for this service was good (published July 2017). This was a planned inspection based on the previous rating.

We have made recommendations about recruitment practices, staff interactions with the people they support and care planning and record keeping arrangements.

We will request an action plan for 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 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 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 ●

Brooklands Nursing Home

Detailed findings

Background to this 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.

The inspection team consisted of one inspector 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.

Brooklands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

The registered 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 took this into account when we inspected the service and made the judgements in this report.

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 11 people who used the service and six relatives about their experience of the care provided. We spoke with four members of staff, the registered provider, registered manager, and the activity coordinator. 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 reviewed a range of records. This included four people's care records and multiple medication

administration records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 'Good'. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- The registered provider and registered manager did not ensure all environmental risks to people were mitigated for their safety and wellbeing. One week prior to our inspection a serious incident occurred, whereby a freestanding wardrobe which was not secured to the wall, fell and injured one person using the service. This resulted in the person using the service sustaining extensive bruising and skin tears to both arms. This incident could have been avoided if immediate action had been taken to address the identified risks at the earliest opportunity.
- The registered provider and registered manager were aware in April and May 2019 that freestanding wardrobes within the service needed to be made secure to safeguard people's safety. The registered provider and registered manager confirmed they had read information on the Care Quality Commission's website relating to the potential risks posed relating to freestanding wardrobes and the actions to be taken to keep people safe. Although brackets to secure the wardrobes had been sourced and bought, these were not suitable and meant there was a significant delay to make these safe for people using the service.
- The registered provider and registered manager failed to take other appropriate action sooner and at the time of our inspection on 10 June 2019, 12 wardrobes were still not secured to the wall. This lack of immediate action placed people at risk of continued harm and did not protect them. Following a discussion with the registered provider and manager, immediate action was taken by them to make people's wardrobe safe.
- Fire safety arrangements at the service were generally sound. However, no information was available to evidence fire doors were routinely inspected and checked to ensure their integrity remained appropriate and safe. This was discussed with the registered manager and they provided an assurance this would be monitored in the future.
- The service's fire risk assessment was completed in February 2019. This assessment cited 60 elements as 'high risk' and four elements as 'medium risk', with reference to the service's fire doors not complying with fire regulations, additional smoke detectors required and not all emergency lighting working. We discussed this with the registered provider and registered manager and they confirmed that these areas had not been picked up following a visit by Essex County Fire and Rescue Service. Therefore no immediate actions had been taken by the registered provider or manager to address the above. However, the registered provider confirmed they were in the process of acquiring quotes for the works to be completed. Following the inspection the registered provider confirmed all works to the service's emergency lighting system were completed.

Effective arrangements were not in place to mitigate risks for people using the service. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us they felt safe because staff always placed their call alarm facility within reach. Another person told us, "I do feel very safe living here."
- Three safeguarding concerns had been raised within the last 12 months. The registered manager was aware of their role and responsibility to notify us and the Local Authority of any allegations or incidents of abuse.
- Staff confirmed they would escalate concerns to a senior member of staff, the registered manager or external agencies, such as the Local Authority or Care Quality Commission. Staff had attained up-to-date safeguarding training.

Staffing and recruitment

- Minor improvements were required to the service's staff recruitment practices. Not all gaps in employment were explored and the reason for leaving employment was not routinely recorded. No proof of ID was sought for one member of staff.

We recommend that the registered provider familiarise themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

- People's comments about staffing levels and staff's response time in answering people's call alarm facility, particularly in the morning and in the evening, were variable. One person told us, "Sometimes you have to wait a long time between 9.00am to 10.00am and between 7.00pm to 8.00pm. They're [staff] always busy." Another person told us, "You can wait for quite a while during the night. The other night a carer came in with a blanket wrapped round their shoulder, it suggested they were sleeping whilst on duty." Relatives told us they did not always feel there were enough staff on duty.
- Although there were enough numbers of staff on duty, there were occasions whereby staff were slow to respond to people's call alarm facility [between six and eight minutes]. Following a review of the service's call alarm facility for the month of May 2019, this showed 47 occasions where it took staff between six and 29 minutes to respond and help people using the service. Whilst this had been identified by the registered manager, no information was available to demonstrate actions taken by them to address this.

Staff's response times to ensure they could meet people's care and support needs required improvement. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Suitable arrangements were in place to ensure the proper and safe use of medicines at Brooklands Nursing Home. Staff demonstrated good practice when administering people's medicines in line with relevant national guidance. Medicines were stored correctly, people received their medicines as prescribed and accurate records were maintained.
- Staff who administered people's medicines were appropriately trained and had their competency assessed at regular intervals.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staff followed the service's procedures to maintain a reasonable standard of cleanliness and

hygiene within the service.

- The service was clean and odour free. People told us the service was kept clean and that they valued the domestic staff who were very friendly towards them. Staff had access to personal protective equipment to help prevent the spread of infection.
- Staff had received appropriate infection control training.

Learning lessons when things go wrong

- When things go wrong, lessons are not always learned to support improvement. Improvements made at our previous inspections to the service in 2016 and 2017 had not been sustained and maintained.

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 inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated 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

- People's comments about the food were positive. One person told us, "The food's okay here really, I had beef casserole today, it was nice." A second person stated, "The food is good and there is plenty of it, you never go hungry."
- People had access to enough food and drink throughout the day and meals were nicely presented. People confirmed they never felt hungry or thirsty.
- People were able to choose where they had their meal, such as in the communal lounge, in the dining room or in the comfort of their bedroom and at a time of their choosing. For example, one person did not want to eat their meal at lunchtime on the second day of inspection and this was provided to them later in the afternoon.
- However, people were brought into the dining room up to 20 to 25 minutes prior to the lunchtime meal being served. On the first day of inspection three people became distressed, with two people frequently leaving the dining table and having to be brought back by staff and another person becoming verbally challenging by shouting, "Come on, bring the food out, where's the food?" and, "Get on with it."
- Most interactions at meal times between staff and people using the service were not person-centred and primarily focused on the task. Staff were often seen to solely interact with one another. One member of staff whilst providing support to one person over a 15-minute period did not speak to the person they supported. The person's meal was pureed separately but the member of staff mixed all of the food items together. Halfway through the meal the staff member got up and left the person they supported without providing an explanation. When they returned the staff member continued to assist the person to eat without providing any verbal interaction.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

We recommend that the provider refers to current best practice for supporting people living with dementia at meal times.

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

- People's needs were assessed by the service prior to admission to ensure the service could meet these. The assessment was reviewed and included people's physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and

ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff completed workbooks, online and 'face-to-face' mandatory training at one, two and three yearly intervals. Staff told us, and records confirmed their mandatory training was up-to-date. Additionally, some staff had attained relevant training relating to people who could be anxious, distressed or behaved inappropriately towards others, pressure ulcer care, catheter care and dementia care.
- Where staff had attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited experience in a care setting, staff had completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. Staff also completed an 'in-house' and orientation induction when first employed.
- Staff told us they felt supported and valued by the registered provider and registered manager; and received regular formal supervision. Records confirmed what staff told us, but these were poorly completed and provided little detail of the topics discussed. Where areas for improvement were recorded, there was little or no evidence to show these had been monitored and actions followed up.
- Staff employed longer than 12 months had received an appraisal of their overall performance. However, aims and objectives were not always set for the next 12 months.

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

- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. A GP visited the service twice weekly [Wednesday and Fridays] for a regular surgery. One person told us, "They'd [staff] know if I wasn't well. The doctor comes to see me twice a week anyway. I had a blister come up, and they got the doctor to check it out very quickly." One relative told us, "You can't fault the nurses in here, they're on the ball." The relative continued and explained that their member of family had suffered a recent potential life threatening illness. Throughout, communication with staff was very good and they were kept informed of their family member's condition. Referrals were also made to source an Occupational Therapist and for their eyes to be tested.
- One healthcare professional told us, "I find communication to be good at Brooklands, they [staff] always contact us if they have any concerns." They confirmed guidance provided by them was always followed.
- The service was part of the 'Red Bag Care Home Scheme'. This is a new national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

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

- The environment lacked appropriate signage for people living with dementia and did not comply with the Accessible Information Standard.
- There were enough communal areas for people to use and access. These consisted of a large lounge and dining room, a small quiet lounge and a conservatory. People had personalised rooms which supported their individual needs and preferences.

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 demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.
- People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.

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 'Good'. At this inspection this key question has now deteriorated 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

- People's comments about the quality of care were variable. Positive comments included, "The staff are kind and caring", "The staff are mainly good, but some of them could be more caring, more understanding" and, one person described the staff as, "First class, we're more like friends."
- Where comments were less positive, comments included, "Most of the staff are good, but the agency staff are often not interested, and can't get out of the room quick enough." They further stated that they often felt the care provided was rushed and this was not a pleasant experience. "I get the impression they [agency staff] want to get their money and go." Another person told us, "They're [staff] usually kind, I'd give them four out of 10."
- The care provided for people by staff was variable. Some staff interventions were very good, and we observed many examples whereby people were treated with kindness and compassion; and had a good rapport with the people they supported. Other interactions were task orientated and not person-centred, with little effective verbal communication provided.
- As already stated within the report, the registered provider and registered manager had failed to keep people safe from avoidable harm at the earliest opportunity.

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

- People were supported to express their views and to make decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through the completion of a questionnaire in September 2018. Most comments recorded were favourable and included, "Overall this is the best place to be if you need to be in care," "The carers are amazing, more like family than carers" and, "It is the staff that make Brooklands such a good place to be." Issues requiring corrective action related to the service's laundry arrangements and these had been addressed.

Respecting and promoting people's privacy, dignity and independence

- Improvements were required to ensure people living at Brooklands Nursing Home were treated respectfully. For example, the dining experience did not show people were always treated with respect.
- People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery.
- People were supported to maintain and develop relationships with those close to them. Relatives

confirmed there were no restrictions when they visited, except at mealtimes, and they were always made to feel welcome. One relative told us, "I like the fact there's no visiting times here, I can come anytime, I'm always made to feel welcomed."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated 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

- Since our last inspection to the service in June 2017, an electronic care planning system had been introduced.
- Though people had a care plan in place detailing their care and support needs, some information recorded was contradictory and not always accurate. For example, the care plan for one person dated May 2019 had not been updated to reflect that the person's skin integrity was no longer intact following injuries sustained in June 2019. Though the above is cited there was nothing to suggest the person was not receiving appropriate care and support. Another person's care plan referred to them having no preference for male or female staff, but then stated they preferred a female member of staff.
- Where people could be anxious and distressed and exhibit inappropriate behaviours towards others, information relating to known triggers and specific guidance for staff on how best to support individual's required improvement. Where information was recorded relating to specific incidents, evidence of staff interventions to demonstrate the support provided and outcomes was not always recorded.
- Though people knew there was information written about them, people confirmed they had not seen their care plan. One person told us, "They've [staff] asked me loads of questions, so many about my dog, cat, where I lived but I've never seen a care plan though."

We recommend the registered provider familiarise themselves with nationally recognised guidance relating to person-centred care planning and record keeping.

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.

- We did not see enough evidence of how the Accessible Information Standard has been applied. For example, the activity programme and menu were not in an easy read or large print format to enable people with a disability, living with dementia or sensory loss to understand the 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

- A member of staff responsible for facilitating social activities was employed for three days a week. This member of staff demonstrated enthusiasm for their role and showed an understanding and awareness of

people's social care needs. They were able to explain and provide examples of how their role made differences to people's lives.

- People's comments about social activities were positive. One person told us, "[Name of activity coordinator] brings me quizzes and word searches in, it passes the time." Another person told us, "She [activity coordinator] comes in and plays the talking newspaper to me, I like that." The person's relative confirmed that efforts were being made to provide a befriender for their family member. One relative told us, "I'm very impressed that the television isn't overly used here, it's more often music playing."
- Although there was no set programme of activities, people enjoyed participating with activities during both days of the inspection. People were supported to access the local community via a minibus from the local church and external entertainers regularly visited Brooklands Nursing Home.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues with the service. Relatives told us they would not hesitate to discuss any concerns or worries with staff or the management team.
- The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. There was a low incidence of complaints and complaints logged were investigated and responded to in an open, transparent and timely manner.
- Compliments to capture the service's achievements were recorded both at the service and within a well-known external website. Comments included, "I visited frequently and only observed kindness and compassion to all residents by carers. Nothing was ever too much trouble for them [staff]" and, "The team on the whole looked after my relative well and always communicated with us."

End of life care and support

- Staff told us there were people using the service that were assessed as requiring end of life and palliative care. Although there was no evidence to suggest people were not receiving appropriate care, little information was recorded relating to their pain management arrangements and how the person's end of life care symptoms were to be managed to maintain the person's quality of life as much as possible.
- The GP held a surgery at the service twice weekly and all people assessed as requiring end of life and palliative care were reviewed every 14 days.
- Most staff had received end of life care training in 2018 and 2019.

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 'Good'. At this inspection this key question has now deteriorated to '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.

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

- Governance arrangements at the service were not always effective and had not picked up the risks and concerns we found at inspection. Where quality assurance processes had identified concerns the service failed to address these concerns and mitigate and minimise the risks and impact on people using the service.
- The registered manager had not identified concerns detailed above regarding staffing levels, task orientated interactions that lacked respect and compliance with the Accessible Information Standard. Where they had identified concerns such as poor responses to people using call alarms, and the need to ensure wardrobes were secure to walls to prevent injury, they had failed to take swift action.

Effective robust arrangements were not in place to monitor the service and identify and address shortfalls. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- No changes had been made to the management team since our last inspection to the service in June 2017 and a registered manager remained in post.
- People were generally complimentary about the registered manager but commented they rarely saw them. One relative told us, "[Registered Manager's Name] is always very pleasant, but I don't see much of him." Another relative stated, "I would recommend [Name of registered manager] as a manager, though we don't see a lot of him, to be honest."
- The registered manager was aware of their roles and responsibilities and aware of regulatory requirements.

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

- Arrangements were in place for gathering people's views of the service. This was completed in September 2018, with many positive comments.

- Meetings were held for people living at Brooklands Nursing Home, their relatives or representatives. This was to enable them to have a voice, to feel involved and to provide on-going support and information.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss any topics, including areas for improvement or concern. Where staff were unable to attend, a copy of the meeting minutes was displayed on the staff noticeboard.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support care provision.
- The service was part of the PROSPER [Promoting Safer Provision of Care for Elderly Residents] project. This is an initiative run by Essex County Council to reduce preventable harm from falls, urinary tract infections and pressure ulcers for people in care homes. The incidence of falls, urinary tract infections and pressure ulcers was low given people's complex care needs, the numbers of people who were assessed as end of life and palliative care. This showed the service was working hard to keep admissions to hospital as low as possible.

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 registered provider and manager did not do all that is reasonably practicable to mitigate risks at the earliest opportunity and improvements were required.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Improvements must be made to the service's governance arrangements to assess and monitor the quality of the service provided and to enable them to identify and assess risks to people's health and safety.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Improvements must be made to ensure staff response times are appropriate to meet people's needs.