

HC-One Beamish Limited

Park House

Inspection report

150 Park Lane
Guisborough
Cleveland
TS14 6EP

Tel: 01287630034
Website: www.hc-one.co.uk

Date of inspection visit:
17 October 2018
23 October 2018
14 November 2018

Date of publication:
20 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 17, 23 October 2018 and 14 November. This meant the service did not know we would be visiting.

Park House care home is an established care home, however was newly registered under HC one This is the first rating of the service since registering with us on 25 January 2017.

Park House Care 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 home accommodates up to 56 people in one adapted building across three floors. At the time of inspection, there were 54 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager at the home had been in post since May 2018 and had extensive experience of working in the social care sector.

A programme of audits were carried out by the registered manager. However, these were not always effective as we found issues with medicines that were not identified in audits.

Medicines were not always, stored or managed safely we found issues with the cleanliness of the medicine treatment rooms and administration equipment. Records were not in place for all topical medicines (creams) and there were some stock control issues.

Dietary requirements for people were not always clear and communication between care staff and kitchen staff was not always consistent. Menus on display didn't reflect the food on offer for people.

People were supported to have a positive dining experience. However, we received mixed feedback about the range of food on offer and we found little or no choice for people who needed their food prepared differently for dietary needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, this wasn't always observed at meal times.

Communication systems were in place for staff. Staff used handover notes to pass on important information between shifts and held regular meetings. However, messages between kitchen staff and carers was not

always consistent.

People's nutrition and hydration needs were met and they were supported to maintain a healthy diet. Where needed, records to support this were detailed.

Partnership working was in place with other professionals, including health care professionals and community nurses. Specialist consultants were involved in people's care as and when this was needed and staff supported people with any appointments. Feedback from the community team was excellent.

Accidents and incidents including falls were managed and recorded robustly they were analysed and lessons were learned.

People's personal risks had been identified and more detailed risk assessments had been written to give staff the necessary guidance on how to keep people safe.

Staff training was up to date and reflected people's needs. Staff gave us positive feedback about their training.

People were now supported by sufficient numbers of staff to meet their needs. Rotas' showed there were consistent numbers of staff on duty each day to meet people's needs.

People were supported to access information in a variety of formats to suit their needs and adaptations could be made to suit individual needs.

During our inspection lots of valued activities took place with people and feedback from people and their relatives about the activities was extremely positive.

The home was clean, tidy, well presented and infection control was carried out to a good standard. However, we found cleanliness issues in the treatment rooms that were addressed.

People were supported by kind and caring staff. We observed positive interactions between people and staff. The feedback from people and their relatives was positive about the staff attitude and their caring nature.

Staff were employed safely and pre-employment checks were carried out on staff before they began working in the service. Staff were supported through an induction period. They received training and supervision from the registered manager together with an annual appraisal.

People were supported to maintain their independence by staff who understood and valued the importance of this.

Care plans were person centred regarding people's preferences and were personalised. Person centred means that a person's preferences are respected and valued when planning and delivering their care and support.

People were supported by person centred approaches and the service had a three wishes project that supported people to achieve personal goals.

People could complain if they wished to and procedures were in place to support this.

No-one was receiving end of life care at the time of our inspection however, arrangements were in place for people.

Notifications of significant events were submitted to us in a timely manner by the registered manager.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These relate to safe care and treatment and the management of medicines and good governance. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always stored, administered, recorded, audited and managed safely.

People were supported by sufficient staffing levels to meet their needs safely.

Effective risk assessments were in place for people to enable them to take risks safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's dining experience was mixed and feedback reflected. Peoples fluid and nutrition needs were met however, communication with kitchen staff didn't always reflect this.

Peoples care plans didn't always reflect their dietary needs regarding food preparation. Peoples healthcare needs were met.

Staff were trained and knowledgeable of people's needs

Is the service caring?

Good ●

The service was caring.

People were encouraged by staff to maintain their independence.

People's rights to dignity and privacy were respected by staff. Staff had kind and caring attitudes and were patient.

People could access advocacy services if needed.

Is the service responsive?

Good ●

The service was responsive.

A wide range of valued activities were provided in the home to meet people's needs.

People and their relatives knew how to complain if they needed to and this was supported and well managed. People were provided with accessible information where required.

Staff understood people's individual needs and respected people's preferences. People's care was person centred and tailored to their needs.

Is the service well-led?

The service was not always well led

Systems used to assess and monitor the quality of the service were in place but didn't always identify areas for improvement.

The registered manager submitted notifications to the CQC of serious events in a timely manner.

People were confident to approach the registered manager to raise any concerns. Staff told us they felt supported by the registered manager and valued their commitment to improving the service.

Requires Improvement 

Park House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced. Inspection site visit activity started on 17 October then an announced return visit on 23 October. It included speaking to people and their relatives, speaking to other professionals, reading people's care plans and other documents held in the home to demonstrate compliance with the regulated activity. Following this a further desk top inspection of evidence submitted to us took place 14 November 2018.

The inspection team consisted of one adult social care inspector, a pharmacist 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.

Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in supporting people who used the service, including commissioners and care managers. Information provided by these professionals was used to inform the inspection.

During the inspection we spoke with eleven people who used the service and seven of their relatives, four care staff, three senior care staff, the activities co-ordinator, the deputy manager, the registered manager, area manager and kitchen staff. We also spoke with three visiting community nurses. We looked at 13 people's medicines records, four people's care records in detail, three staff recruitment files and three staff training records.

Is the service safe?

Our findings

We looked at the systems in place for medicines management. We looked at medicines administration records (MARs) and medicines storage, handling and stock requirements. We found that the arrangements for managing medicines was not always safe.

Medicines were stored securely however, the treatment room, trolley and cupboards in one treatment room required cleaning. In addition, in all treatment rooms administration aids such as spacer devices used with inhalers a tablet cutter and tubs used to store medicines pots were visibly dirty we brought this to the attention of staff during the inspection. Room and medicines fridge temperatures were recorded daily however, the fridge temperatures were recorded as outside the recommended range of between 2-8 degrees and no actions had been taken. Oxygen was stored on one floor in the home however storage did not meet guidance requirements as the cylinders were not chained and so were at risk of falling over.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely and checked regularly. The register however, was not always clear and this was brought to the attention of the registered manager during the inspection.

We checked the processes in place for maintaining stock balances and ordering of medicines. Medicines were ordered monthly however, we found that the home had excessive stock levels of creams and for two peoples controlled medicines. This meant that the service was not always checking stock levels and application records before ordering to ensure people were receiving medicines as prescribed and to only order what was needed.

We reviewed administration records and found that carried forward balances were correct for tablets and capsules. We found, however, that balances for inhalers were not always accurate we brought this to the attention of the registered manager on the day of inspection and they acted to rectify this issue.

The use of creams was not consistent. For some people the creams didn't have an administration record, a body map or a care plan. Dates of opening were not recorded on the creams so staff could not confirm when creams had been carried forward making it difficult to determine if the creams were fit for use. For example, one person's cream which was in use had been dispensed in August 2017 however, no record of date opening was recorded so we could not be assured it was fit for use. The application records were completed however the signatures and quantities in stock did not match and therefore it was not clear if the creams had been applied or not. For example, one persons cream had been received on the 9 October 2018 and records showed this had been signed as applied four times daily however both tubes at the home were full and the manufacturers seal was still intact.

A system of competency assessments was in place, However, it was not clear what dates were used for the assessments and if staff were due a review or not. In addition, the calculations section was not changed annually and therefore staff were not challenged by the competencies.

We looked at medicines audits carried out by the home. Audits were completed monthly. The audit template was very detailed, however, where concerns were identified the actions area lacked detail which resulted in two consecutive months audits showing the same problem. In addition, the concerns we raised had not been identified by the audits. The home described how they used a centralised action plan however with the audit lacking detail it was not clear how this process was driving improvements.

This is a Breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe living at Park House and comments included; "I feel safe and had fallen whilst living on my own so the safety here is important to me."

People were supported by enough staff to meet their needs safely and the service did not use agency for staff absence cover. When we spoke with people, relatives and staff they consistently told us that they felt the staff levels were right for the home. People told us, "The staff always have time to speak with us."

Risk assessments were in place and covered issues such as trips and falls, incidents, moving and handling and fire risk. Personalised risk assessments were documented in people's care files and actions put in place. People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. For example, risk of falls or side effects of medicines such as blood thinners.

Accidents and incidents including falls were managed and recorded robustly and a falls procedure was in place for staff to follow. Falls were analysed by the registered manager and then also by the area manager for further scrutiny so lessons could be learned from them.

The registered manager had investigated all the safeguarding incidents we reviewed. Actions taken included sharing lessons learned through staff meetings. Staff had received training in abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse.

We looked at staff files and saw all relevant information was obtained and stored, therefore a safe and effective recruitment system was in place. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Staff were trained in infection control and had regular access to supplies of personal protective equipment for carrying out personal care, medicines and preparing food. The home was well presented and maintained.

We looked at maintenance of the building and saw that the appropriate checks had been made to ensure the building was safe including, fire systems, emergency lighting, electrical testing, gas safety checks and water temperatures. Safety checks were also carried out on safety equipment such as falls sensor mats and moving and handling equipment. Arrangements were in place to carry out regular checks on the building and its contents to keep people safe.

Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. They were accessible to emergency personnel who may need to evacuate people from the building.

The service had contingency plans in place to give staff guidance of what to do in emergency situations such as extreme weather conditions.

Is the service effective?

Our findings

Dietary requirements for some people were not always clear. Some people required their food prepared differently to aid swallowing difficulties. We looked at one person's care plan who had swallowing difficulties and it was unclear as to what actions should be taken to prepare their food. The person had a risk assessment in place for a potential risk of choking. However, the care plan didn't instruct staff exactly how their food was to be prepared and no Speech and Language Therapy Team assessment with guidance was available. When we spoke with staff they were not clear of the requirements around preparing this person's food and we observed some unsafe practice.

When we spoke with kitchen staff they too were unclear of this person's requirements and we saw they had listed different information for them. This was brought to the attention of the registered manager who immediately requested a new assessment for this person from the speech and language therapy team. They assured us that the care plan and risk assessments would reflect their requirements to aid care and kitchen staff to prepare food correctly. These would be submitted to us following the inspection.

During both days of our inspection we found the menu on display in the dining areas were not correct and care staff were genuinely surprised when they opened the food trolleys to serve people their lunch. There was no communication from the kitchen to let staff know the menu had changed. The format of the menu was also unclear as to which meal would be served at what meal time. One staff member told us, "The menus really need to be clearer for us to let people know." Despite the menu errors staff did their best to support people to have a positive dining experience.

When we spoke with the kitchen staff and the registered manager it became apparent that there had been a lack of communication as some kitchen staff had been on annual leave and an error in ordering the correct ingredients for the planned menu had arisen. The alternatives provided were also very basic. For example; on day one the lunch choice was salmon and broccoli fish cakes, or assorted sandwiched with sweet potato and red current soup and people were provided with sausages and beans or vegetable soup that was very watery with chunks and unsuitable for some people. On Day two one week later, the menu stated it was ham salad for lunch or soup and sandwiches and then people were offered Jacket potato, beans and cheese.

We received mixed feedback about the range of food on offer and found little or no choice for people who needed their food prepared differently for dietary needs. During both the days we inspected. Comments included, "I was looking forward to the fishcakes, maybe they couldn't catch the fish.", "I didn't want soup and sandwiches today. I enjoyed the potato.", "The soup today is no good for me it's too lumpy." And "The food is generally good, just need more variation".

We observed staff looking on the trolley for one person's meal that was to be prepared differently to aid their swallowing and this was not provided on both days they had soup with bread when we checked their food diaries they had this repeated most days. When we asked kitchen staff they showed us the evening meal that was prepared ready and told us, "I agree [name] is not getting a choice that they should have." We received

feedback following the inspection assuring us that the menu and dining experience issues would be addressed and continually monitored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, this wasn't always observed at meal times due to the issues found.

Staff were supported by regular supervisions and appraisals that took place to enable staff to review their practice. From looking in the supervision files, we could see these were completed regularly and staff told us they were meaningful and valued.

The format of the supervisions gave staff the opportunity to raise any concerns and discuss their personal development. Supervisions and appraisals are important in helping staff to reflect on and learn from practice, personal support and professional development. We saw how conversations were recorded.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them.

Staff were trained and we saw a list of the range of training taken up by the staff team which related to people's needs. Courses included, mental health, tissue viability, dementia awareness and insight. These were in addition to courses which the provider deemed mandatory such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding. Where training had expired we could see this was planned. Training was monitored by the registered manager to ensure courses were completed by staff. Staff were complimentary about the training and one member of staff told us, "there is plenty of training and it's updated all the time and we have on line training too, it is all up to date. Incontinence was the last course. You can ask for any training they always find a way to put it on for you."

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. We saw how people were supported to attend appointments. People were also supported at the home by other healthcare professionals such as the GP and community mental health team. During our inspection we spoke with members of the community nursing team who regularly visited the people who used the service and they were extremely complimentary about the staff and the home. Their comments included, "It is so lovely here, I would live here. I wouldn't hesitate to have a member of my family living here." and "Whatever you ask for they get it straight away. Really good at that it's never an issue. They respect us in our role, they bend over backwards for us."

Communication systems were in place to ensure information was shared between staff. These included handover notes between shifts. We saw that these were completed effectively by staff and contained relevant information about each person and an overview of their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw DoLS applications had been made by the registered manager and found they were knowledgeable. We saw applications had been made to the local authority for assessment regarding DoLS authorisations for people considered to lack mental capacity. We saw people who lacked capacity and had decisions were made for them, we found the process assessing people and recording these decisions was robust and included the right people.

Is the service caring?

Our findings

People were supported by caring staff. During our inspection we observed positive interactions between staff and people who used the service. We saw that people were smiling and communicating well with staff.

When we spoke with people's relatives we received positive feedback regarding the staff and their caring attitudes. Comments included; "There seem to be plenty of staff and this means I can have a chat and ask questions and there is some quality time during the day for me." And "I can still use my walker and the staff ensure I do a little trip daily around the home or garden when its fine."

People's privacy was respected. All personal care was carried out behind closed doors. Staff were observed knocking before entering people's rooms. One staff member told us, "We wouldn't leave charts or care plans lying around, always kept in the office or bedrooms, protect personal info with privacy too."

People's rooms were personalised with familiar furniture and objects such as ornaments and photographs.

Advocacy support was available to people if required to enable them to exercise their rights. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. We saw that people had advocates in place to support them where needed. We also saw relatives had been accepted as natural advocates for people. Staff listened to relatives and put actions in place when required.

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life. We observed staff encouraging and supporting people to walk around the home. One member of staff told us, "Some people like to get dressed themselves and chose clothes and what they want to eat, chose activities, if they want to go out."

We saw people's choices were reflected in their care plans and this was confirmed when we spoke with them. Care plans gave the staff an insight into the person's background and history to help staff get to know them.

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination.

People were supported to follow their chosen religion. One staff member told us, "We support people to visit church and their chosen church visits them here too". From the assessment methods used when a person moved into the home they were asked if they had any religious, spiritual or cultural requirements and this could be supported if needed. When we spoke with the kitchen staff they told us they would make any changes needed to meet a person's cultural need regarding any food preparation or types of food.

Is the service responsive?

Our findings

During our inspection there were various activities that took place to engage and stimulate people who used the service. People who we spoke with told us how they valued them, comments included, "We have lots happening here and it is great to be able to choose what we get involved in and we also put forward suggestions to the Activities Co-ordinator" and "There are many trips out each month to the cinema or pub for a drink and food-we are spoilt."

Relatives we spoke with were complimentary about activities and how their relatives were engaged, comments included, "The main concern for my relative was that they would be plonked down in front of a TV blaring out or made to join in. It could not be further from the truth, here they are too busy enjoying themselves.", "The Home bus is a bonus as the residents can go out regularly and have a great time, it's a real party atmosphere when they go out." and "My relative is very shy but doesn't get forgotten but has special time allocated".

The service employed an activities co-ordinator who we spoke with and they told us, "My job is to see that residents get 100 percent plus pleasure out of each day then I go home tired but happy." and "This is not just a job - I will give it everything to make people happy" There were also plans in place to provide activities to people in the coordinators absence.

People were supported by person centred approaches. We saw in people's care plans they had one-page profiles to give at a glance information regarding the persons preferences and choices. Comments from staff included, "We speak with people and check care plans for their preferences and always ask people what they want every day with everything."

The service had a project called 'three wishes' where people could make personal goals and the staff would help to plan and support these to take place some examples included; holding a 'Canada day' for one person who was Canadian and other was a 'French day' for a French person we saw photos of these days and staff told us about the food, music and flags and how it was enjoyed.

The registered manager told us how they could make relevant information in larger print for example or easy to read if needed. We saw copies of the residents' guide and there was also a selection of 'talking books' available for people to access. We discussed other options and how the registered manager could develop this area further for people who used the service.

People and their relatives told us they could complain if they wished. There was a complaints policy in place. We looked at records and could see where issues had been raised they were recorded and outcomes were addressed accordingly. People told us they were confident they could raise issues if they wanted to and that they would be addressed by the registered manager. Staff also told us how they would support people to raise any concerns.

Regular communication took place with relatives through phone calls and review meetings. When we spoke

with people and their relatives we received positive feedback. People were involved in reviewing their care and took part in meetings with the registered manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process. We saw that people were offered afternoon tea with family when it was time to review their care plans to make the process a more special event.

One person told us, "I know about my care plan and it doesn't change much to be honest anything major would be discussed by me and my family." One relative told us, "My relative is able to understand the care plan meetings but prefers some support so I go along."

People were supported to maintain relationships with their families and friends. People were supported to keep in touch with their friends. People were also encouraged to maintain relationships. One person who spoke French was introduced to a French speaking teacher at an event at the home and encouraged to keep up the contact. One staff member told us, "People have visitors all the time, from family and friends also their partners. We don't have any couples living here now."

At the time of our inspection there was no one receiving end of life care. Discussions had taken place with people and their relatives about the care they required at the end of their life. However, when we spoke with the community nursing team they mentioned the level of care offered to people and recently to people at the end of their life they told us, "The level of care is excellent, they stay with people if they have no family, they assess and act quickly so we can come in, in good time, so we can get in what we need. Everyone is kept comfortable. Mouth and pressure area care is very good. There was a death last week and the staff were so caring there was always a member of staff there. They are respectful and they treat people like family."

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality and effectiveness of the service. However, systems used failed to identify some of the issues we found during our inspection. We found the audits undertaken on a regular basis failed to identify the issues we found in the service. For example, the medicines audit lacked detail and did not address some of the issues we found in medicines. The care plan audit didn't identify the missing information we identified needed to support people who required a special diet also catering staff not having the correct information about people's diets

Oversight from the registered manager didn't identify the issues we found during inspection regarding people's dining experience and communication issues between the care staff and the kitchen.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

During our inspection all issues raised with the registered manager were either addressed at the inspection or immediately following and the registered manager agreed to provide us with evidence following our inspection.

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service.

People and their relatives gave us positive feedback about the registered manager, comments from relatives included; "Every time we visit we are thankful that our family member is here-the care is what we would want ourselves in our twilight years." and "The manager leads from the front and this cascades down through the whole team it is an excellent home and we are pleased to have "found it for our relative".

Staff told us the registered manager was approachable and well respected, comments included; "The manager is fine, no problems. If I wanted to complain, I would go to them. I like my job, I like working here. The staff are friendly and work together as a team." and "Management are very good if they can help they will. If we help them they help us. Working as a team".

We saw a system in place to cover analysis of accidents and incidents (including falls) which had resulted in, or had the potential to result in harm. This was used to avoid any further incidents happening. This meant that the registered manager identified, assessed and monitored risks relating to people's health, welfare and safety.

Regular meetings were held for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs, progress and care plans were discussed.

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All

records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.

Surveys to measure the quality of the service had been distributed to relatives and people in 2018. We saw the feedback on the service in the 2017 survey had been largely positive.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The service worked in close partnership with the local community nursing team who told us they valued the service as a central drop in point and that they were always welcomed. Community links had also been formed with local churches and the local army cadets and veterans, who attended coffee mornings at the service.

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 Medicines were not always, recorded, stored, audited or managed effectively to keep people safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems used to assess and monitor the quality of the service were in place but didn't always identify issues or areas for improvement.