Catherine Miller House Limited

# Catherine Miller House

## Inspection report

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Date of inspection visit:
12 June 2019
13 June 2019
17 June 2019
12 July 2019

Date of publication:
14 October 2019

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Catherine Miller House is a residential care home providing personal and nursing care. There were 29 people aged 65 and over living at the service at the time of the inspection. The service can support up to 30 people.

People's experience of using this service and what we found
Actions from a recent fire inspection had not been completed. Although people had not been harmed, there was a risk to people's safety. The provider responded straight away to complete the outstanding actions.

We found paperwork was not always in place to support staff to help keep people safe. However, staff told us they knew how to support people. The registered manager took steps to put in place the paperwork required during the inspection.

The registered manager had not always notified the Commission of important events. They sent all required information after the inspection.

Quality assurance systems were not always effective. Checks had not identified the issues we found. The registered manager understood their responsibility to be open and honest when things had gone wrong. They welcomed our feedback and took immediate action in response to the issues we found. We felt confident the registered manager would continue to act and drive improvement at the service.

People felt safe living at the home and safeguarding procedures were in place to protect people from harm. Staff were safely recruited and enough staff with the right skills and experience were on duty during our inspection.

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's needs were assessed before they moved in to the home to make sure it was the right place for them. Care plans contained person-centred information to help staff care for people in way that was personal to them. People and those closest to them had been included in care planning and reviews.

People and their loved ones spoke positively of the care that was provided. People were encouraged to be independent. Care was provided in privacy to respect people's dignity. Staff had been given training to support people at the end of their lives and felt confident doing this.

The home environment was very clean and tidy. Plans were in place to paint people's doors to make the home more dementia friendly and help people identify their rooms.

People did have access to activities, but these had been limited. A new activities co-ordinator had been employed to ensure people could enjoy the activates and outing they previously were able to take part in.

People and relatives confirmed they had access to health professionals when they needed them to maintain their health and wellbeing.

People, relatives and staff spoke highly of the registered manager and the culture they created and promoted. People and relatives confirmed they could talk to staff and the registered manager and felt able to raise concerns.

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

Rating at last inspection
The last rating for this service was good (published 15 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence the provider needs to make improvements. Please see the safe and well-led key sections of this full report.

Enforcement
We have identified a breach in relation to people's safety.
We made a recommendation the provider ensures notifications are submitted when they are required to do so.
We made a recommendation the provider review best practice guidance for use of PRN and topical medicines, in regard to recording.
We made a recommendation the provider have appropriate systems in place to monitor whether staffing levels are sufficient to meet people's needs.

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

Follow up
We will continue to monitor information we receive about the service until we 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?**<br>The service was not safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our safe findings below | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our safe findings below | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our safe findings below | **Good** |
| **Is the service well-led?**<br>The service was not well-led.<br>Details are in our safe findings below | **Requires Improvement** |

# Catherine Miller House

**Detailed findings**

## Background to this inspection

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

Inspection team
The inspection was carried out by one inspector and one Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The other three days of the inspection were carried out by one inspector.

Service and service type
Catherine Miller House 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, senior care workers, care workers and kitchen staff. 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 five people's care records and multiple medication 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training records, staff supervision records, care plans and surveys. We spoke with a professional who regularly visits the service.

Requires Improvement

# 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

● An inspection by the local fire and rescue service in April 2019 found the service non-compliant. Some improvements had been made, however, we could not see all actions had been taken to mitigate risk. We raised this with the provider and asked for immediate action to be taken.

● People's dietary requirements were assessed but paperwork was not up to date or displayed in the kitchen. One person was at risk of choking and needed a pureed diet. On the day of our inspection a person's relative found large lumps in the meal that was served. This placed them at risk of choking

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions from the fire risk assessment were now completed and suitable checks of the environment and equipment were in place

● Regular checks of the building and equipment took place to ensure it was safe, however not all the radiators in the service had covers. This had been raised by relatives with the registered manager as they were concerned people could scold themselves, but had not been rectified. The provider had carried out a radiator assessment and had actions in place which were ongoing.

● People's risk assessments were up to date and had been regularly reviewed. One person could lash out if they became distressed or anxious. A staff member told us, "We know we need to sing to and cuddle [person]."

● People's Personal Emergency Evacuation Plans (PEEPs) had been reviewed and updated and documented their level of mobility and if they should remain in the building or be evacuated. The emergency evacuation plan was on display by the main entrance to assist evacuation.

Using medicines safely

● People that were prescribed 'when required' (PRN) medicines, did not have PRN protocols in place. These protocols tell staff how to recognise when a medicine may be needed, how to give the medicine, what the outcome should be and what to do if the medicine does not work. However, staff told us they understood how to give when required medicines. One staff member said, "We look after people who can become

anxious and distressed, we try to calm them down before giving medicines. I'd never reach for medicines first, sitting and talking with the person really helps."
● Where care staff were applying prescribed moisturising cream as part of personal care, there were no topical medicines administration records or body maps in place. This meant there was no record of when or where the creams were being applied or of who was applying them.
We recommend the registered persons review best practice guidance for use of PRN and topical medicines, in regard to recording.

● Medicines were ordered, received, stored and disposed of safely. Staff involved in handling medicines had received recent training and medicines competencies.
● People told us they received their medicines when they needed them. One person said, "I get my blood pressure tablet every morning."

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. One person said, "They [staff] are always there and make me feel safe."
● Staff said they had received safeguarding training and knew how to recognise abuse and what to do. One staff member told us, "I know about physical abuse, bruising in odd places. I would report it to the registered manager."
● Safeguarding and whistleblowing policies were on display. Staff told us they would contact the Local Authority or the Care Quality Commission (CQC) if they needed to. One staff member said, "There is a whistleblowing policy, but I've never felt the need to do this."
● The registered manager had reported safeguarding concerns to the Local Authority and CQC.

Staffing and recruitment
● Enough experienced staff were on duty to meet people's needs. However, people told us they didn't feel there were always enough staff, particularly in area two. One person said, "When staff go and assist people in their rooms, no one is downstairs." The registered manager told us relatives and staff had been informed they should call across to area one to request extra staff if needed. The registered manager assured us they would follow this up again with staff and relatives.
We recommend the provider have appropriate systems in place to monitor whether staffing levels are sufficient to meet people's needs.

● Staff recruitment practices were safe. The staff files contained all necessary information and documentation required.

Preventing and controlling infection
● People were protected from the risks associated with infection.
● Staff had received training in infection control; we observed personal protective equipment (PPE) being used correctly such as gloves and aprons.
● We saw regular cleaning taking place in line with cleaning schedules and the home was clean and fresh throughout.

Learning lessons when things go wrong
● Accidents and incidents were recorded and monitored to identify patterns and trends so appropriate actions could be put in to place to reduce the risk of reoccurrence.
● Lessons had been learned when a tumble dyer caught fire in the laundry room. The alarm was only raised when smoke was seen and smelt. The area had been fitted with a heat alarm that did not go off. The deputy manager took steps to identify the correct type of fire alarm and had this installed.

Good

# 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 remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans showed the service had carried out a full assessment of needs before they moved into the home.
- People's histories and social lives were recorded in their care plans. Areas covered included, communication needs, gender identity, religious beliefs and end of life care. Family and friends had provided information about their loved ones where needed. The service used this information to create person centred care plans in line with the Equality Act.
- Staff told us they knew people. One staff member said, "I write people's care plans, we work really closely with relatives, they tell us stories about how people used to be so there is always something to talk to people about."

Staff support: induction, training, skills and experience

- People told us staff knew how to do their jobs. One person said, "They [staff] are very good, we get well looked after." A relative told us, "Staff are very approachable, they know their jobs."
- Staff received a full induction they felt was suitable for their role. This included shadowing an experienced member of staff to help them understand their role and get to know people.
- Training was a mixture of e-learning and face to face training. Staff spoke positively about their training which included specialist training such as restraint training and end of life care to meet people's specific needs. Staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Some staff were studying a National Vocational Qualification (NVQ) in Health and Social Care.
- Staff were supported with regular supervision. Staff said, "I feel very supported to do my role" and, "I have supervisions and 1 to 1's every month."

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

- People told us they had enough food and drink. One person said, "The food is alright. I like a nice cup of tea; you get plenty of that here."
- People were given a choice of food and staff knew about people's dietary needs and preferences. One person said, "If there is something you don't like, they will get you something else." One person liked their food to be very warm. Staff were aware and ensured the food was at the correct the temperature.
- People were assisted to eat their meals. Staff were kind and encouraging but were not always observed interacting with the people they were assisting; however, people were not rushed.

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 health professionals to maintain people's health and wellbeing. One person's relative said, "Staff are very aware of [relatives] health problems and will get the GP if needed."

● The service worked closely with local GP surgeries, who visited weekly to review people's health and medicines. One health care professional we spoke with said, "My colleague and I visit on a regular basis (mostly weekly) and have developed a good relationship with the staff. The home is willing to engage with us around care/treatment for their residents and when we ask for any patient documentation this is given to us without hesitation."

● People's care plans documented their medical needs. Staff monitored people's health and made sure any changes were recorded and contacted other services, such as the Dementia and Intensive Support Team (DIST) for support.

● The service was part of the 'Red bag scheme' which had been set up by the Local Authority and the Clinical Commissioning Group with the local NHS Trust. Red bags contain all the information a person needs when going into hospital as well as clothes and personal belongings. The use of red bags has been shown to reduce hospital stays and stop people losing their personal belongings. Staff made sure people always took a red bag when they were admitted to hospital.

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

● People with mobility difficulties were able to go upstairs using a lift. There was a garden that was accessible to everyone.

● The communal areas were painted in one neutral colour and all doors were painted white. This can make it difficult for people to work out what area of the building they are in. There were some signs to help people know where they were. The registered manager told us they had plans to paint the doors in different colours to help people recognise their rooms and make the home more dementia friendly and homely.

● People's rooms were individual and personalised with items that meant something to them such as family photos, soft furnishings and paintings.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff had received training on the MCA and DoLS. On staff member told us, "We use MCA if someone hasn't got capacity to make decisions for themselves and DoLS to stop someone being able to do something like leave the home." Another staff member told us, "A social worker will come and do an assessment for DoLS."

● People's care plans contained information on their understanding of tasks. One person was receiving medicines hidden in food and drink (covert medicines). A best interest's decision had been made with health care professionals and the persons relative.

● Referrals had been made to the Local Authority where people were being deprived of their liberty and

were in place for some people to keep them safe from harm.

Good

# 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 remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke highly of the staff. One person said, "Staff are nice people, lovely. Nothing is too much trouble for them." A relative told us, "I think the care has been very good. Staff are friendly and caring. If they [staff] don't know something, they will go and find out."
- Staff told us they enjoyed working at the service. One staff member said, "I love it here, it's so homely and nice. I get more of an opportunity to get to know people and their characters."
- Staff showed people kindness and treated everyone equally. We saw people were comfortable in the company of staff and enjoyed holding hands and being cuddled.

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

- People and those who were important to them, were involved in writing care plans and making decisions about the care that was received. One relative told us, "[Relative] does have a care plan, I'm aware of all that. They [staff] ask us to get involved in care planning meetings and update us."
- People had been given the opportunity to express their views through satisfaction surveys. People were generally happy living at the service and with the care they received. The results had been looked at by senior management who had completed an action plan to address the areas where people were less satisfied.
- People had access to advocates. An advocate is someone who supports a person to express their views and helps to ensure their voice is heard. The registered manager said, "Some people have an advocate, its highly important people have a have a person just for them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always protected. We observed staff discussing concerns about a person living at the service in the main dining area during lunch. We brought this to the attention of the registered manager who assured us staff would be reminded about discussing people's needs in private.
- People were supported to be independent. A staff member told us, "We encourage people to wash themselves when they can and choose their own clothes." One person said, "I'm independent, I like to wash, dress and feed myself. I can do these things and they [staff] let me."
- Relatives we spoke with told us their loved ones were always dressed and kept clean and tidy, "I've never seen [person] looking in a state, [person] is always clean and tidy."
- We saw staff knocked on people's doors before entering their room's. Staff said, "I make sure the doors and curtains are closed when carrying out personal care."

Good

# 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 remained good. This meant people's needs were met through good organisation and delivery.

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

● The service was in the process of changing from a paper-based care plan system to an electronic one. Staff were using a combination of the paper care plans and a hand-held device to access and update information. Work was ongoing to complete the changeover. Staff were not hampered by this system as they knew the people they looked after and found the electronic system easy to use. A member of staff told us, "I can find the information I need, I had a look through [person's] care plan to see if they wore glasses."

● People received personalised care. Care plans were person-centred and contained pre- admission assessments to ensure the service could meet the person's needs. There was information about people's histories, likes and dislikes, religious preferences and care needs. Care plans were reviewed monthly to ensure the information was up to date.

● People told us they were given choice and control. One person said, "I can get up and go to bed when I want to." Another said, "I get a shower or a bath when I want." Staff understood the importance of giving people choice. One staff member said, "I ask people what they would like to do, give them a choice of food. When helping people dress, I help people choose their outfits."

Meeting people's communication needs

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

● Information was available to people in different formats such as braille, white boards and picture books.

● Peoples communication needs were fully assessed during pre-assessment. Care plans contained information about the communication aids people required for their daily lives, such as hearing aids and glasses and how people preferred to communicate.

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

● People's opinions of the amount of activities available at the service were mixed. Some people told us they had enough to keep them occupied, others felt there wasn't enough to do. People said, "I read a bit, do a crossword, watch TV. I do get a bit bored sometimes" and, "I go out once a week shopping and to the park." There wasn't an activities co-ordinator at the time of our inspection, but the service had recently employed someone. Staff had been providing activities for people which included chair exercises, board

games, jigsaws and quizzes. We saw some of these activities taking place during the inspection but there were several times when people were not engaged in any activities.

● Peoples cultural and religious needs were recognised by the service. Staff organised themed days with special food and music. Members of the local church came to the home regularly to sing to people and read from the bible.

● People were able to see their friends and family when they wanted to. One person told us, "I have daughters, they come when they can and when they want."

Improving care quality in response to complaints or concerns

● A copy of the providers complaint procedure was displayed in every person's room. The registered manager took all complaints seriously and dealt with them in line with the providers policy. This included and investigation and a written response.

● People told us, if they needed to complain they would talk to the registered manager. A relative said, "[Relative] has been here a long time, I've never had to make a complaint. If I did I would talk to the registered manager or email the provider."

End of life care and support

● Staff had received training to support people at the end of their lives.

● People's wishes had been discussed with themselves and their loved ones and documented in their care plans. A relative told us, "Staff have discussed end of life care and have put in place [relatives] wishes."

● Staff worked closely with healthcare professionals to ensure that people received the care they needed and were kept comfortable and pain free.

● The service had arranged for a priest to attend to one person as that was their wish.

Requires Improvement

# 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.

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

- The service was well managed. Managers and the culture they promoted did support the delivery of high quality, person centred care, however, some notifications had not been sent to the Commission and actions from the fire inspection had not been completed.
- The registered manager was not aware they needed to notify CQC when people were placed under a DoLS authorised by the Local Authority. The notifications were completed and sent into the Commission after the inspection.

We recommend that the registered individual ensure they are aware of what is reportable to the commission and that robust systems are in place to ensure compliance with the Registrations Regulation Act, 2009.

- Quality assurance processes were in place although not always effective in picking up shortfalls in the service such as those identified during inspection. For example, Medicines audits had not picked up the missing PRN protocols.
- There was a positive management structure in place which was open and transparent and available to staff when needed. One staff member said, "The registered manager is great, we can phone any time, we can always go to [registered manager] for support."
- The latest CQC inspection rating was correctly displayed at the service and on their website. Displaying the rating is a legal requirement.
- The service had an appropriate statement of purpose in place. The aims and objectives of the service and the company ethos were clearly set out and accessible to all.
- The registered manager felt supported by the provider, "The provider is very approachable, I can ask about anything."
- Staff understood their roles and knew what the provider expected of them. Training and support were provided to all staff to enhance their practice and ensure skills were kept up to date. Staff told us they had been given contracts of employment and access to company policies.

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

- People, relatives and staff spoke highly of the registered manager. Comments included, "The management are very good" and, "The registered manager is one of the best I've ever had – kind and friendly."

● The registered manager and staff were knowledgeable, experienced and capable of providing good quality, person-centred care to people.
● The registered manager oversaw people's pre-assessments to ensure the service could meet individual people's needs. People were encouraged to be independent. The registered manager told us, "We let people do what they like; we put risk assessments in place to minimise risk."
● The registered manager and staff worked hard to create a happy environment where people could feel at home. There was a clear, shared vision, to help people feel that Catherine Miller House was their home. The registered manager said, "I am most proud of changing the culture. We no longer have a blame culture. Staff are making a home from home for people to live in."
● There was an open culture at the service. The registered manager operated an open-door policy and encouraged people and staff to raise concerns. The reception area of the home contained a range of information including safeguarding and whistleblowing posters. When there had been complaints, the registered manager had apologised to people involved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● Staff told us team work was good and they enjoyed working at the service, "There is a good team, I feel part of the whole team, everybody helps each other with everything."
● Feedback had been gathered from people via surveys and questionnaires. People told us, "I have been to a relatives meeting, they are very good" and, "We have nothing to complain about, here is run fine." There was also a comments box located in the main entrance.
●Staff attended regular meetings, supervisions and 1 to 1 meeting. Staff said they felt supported and listened to by managers and were able to reflect on and improve their practice. Staff also had access to regular wellbeing meetings. The registered manager told us, "Wellbeing sessions help me to make sure people are coping with work and are ok."
● The service received many compliments. One person had written, "We would like to thank you so much for taking care of [relative]. We all appreciate the hard work and care you give, we are very grateful."

Continuous learning and improving care; Working in partnership with others
● The registered manager was part of a local registered managers network. They told us being part of the network helped them to keep up to date with developments in the local community and share best practice.

● Staff received training from the registered manager who held train the trainer certificates in dementia, challenging behaviour, dignity and respect. Staff had found these training sessions valuable.
● People were able to access the community for healthcare appointments such as hospital and GP appointments. Staff worked in partnership with healthcare professional to ensure peoples received the care they needed.
● The service offered placements to students to develop their skills.
● We fed back to the registered manger during our inspections and where we had raised concerns, the registered manager took immediate action. They said, "We are always learning and developing, we just want to do our best for the people that live here, it's their home." We had confidence that the registered manager would continue to learn and reflect on when things had gone wrong and would drive improvements to 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<br><br>Fire doors did not form a tight seal to keep smoke and fire out placing people at risk of harm. Information was not displayed about special diets. lumps were found in the food of a person at high risk of choking. |