

# Glenholme Senior Living (Spalding) Limited

# Glenholme Halmer Court

## 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

### About the service

Glenholme Halmer Court is a residential care home providing care to up to 61 people in one purpose-built building. The service provides support predominately to older adults including those living with dementia. At the time of our inspection there were 22 people using the service.

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

Quality assurance systems were not always effective and did not ensure regulatory compliance. The provider was working with the new manager to improve systems and processes with a relevant action plan in place.

Environmental risks were not identified and managed safely. Lessons were not always learnt following incidents to reduce risks. People's medicines were not managed in line with best practice and people were not always protected from the risk of infection. Following conversations with inspectors, actions were taken to mitigate these risks.

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

Staff had not always received up to date training and supervisions of their performance. The provider had acted to book in training for staff. Staff we spoke with understood people's needs. Care plans were not always up to date or did not include relevant information about people. People did not consistently receive support to take part in activities which were relevant to them.

People and relatives had not always seen their care plans and had not always been asked for feedback on the service. The service had a wide range of facilities for people but the use of these facilities was limited due to occupancy and staffing levels.

People and relatives felt some staff were kind and caring and people's privacy was protected. People's communication needs were documented. People staff and relatives felt the new manager was improving the service and encouraged a positive atmosphere.

People and relatives told us the service was safe. People were supported to eat and drink safely. Staff understood how to spot signs of abuse and alleged abuse was reported as required. Staff were recruited safely and staffing levels were safe. The manager and staff worked with professionals to support people.

### Rating at last inspection

This service was registered with us on 20 September 2021 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about medicines, infection control, safety of care and staffing. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The provider had taken some action to mitigate risks identified in this inspection. The effectiveness of these actions will be assessed at a future inspection.

### Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding, and governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Glenholme Halmer Court

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by 2 inspectors 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.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. There was a manager in post who had applied to register, and we are currently assessing this application.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 28 April 2023 to help plan the inspection and inform our judgements. We also sourced information from the local authority.

We used all this information to plan our inspection.

## During the inspection

We spoke with 2 people and 9 relatives. We reviewed a range of documentation, this included the care records of 11 people. We also reviewed 4 staff recruitment files as well as training records for the staff team.

We spoke with 5 staff members, the registered manager, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- Risks to people were not always mitigated and documented.
- Risks had not been appropriately managed following an incident of an altercation between 2 people. There was a failure to ensure appropriate action was taken to reduce the risk of repetition and harm to people.
- Risk assessments were not always in place to inform staff how to mitigate risks to people. For example, a person was recorded in an incident as attempting to climb over the garden fence to leave the service. This person had a court order in place where they were not free to leave the service without supervision to ensure their safety (Deprivation of Liberty Safeguards authorisation). Despite this incident, there was no information for staff on how to reduce the risk of reoccurrence.
- Environmental risks were not always managed safely. The service had a kitchenette area which was accessible to people. The area included a hot water urn which was activated by a pressure button and stopped once released. This urn put people at risk of scalding. A hot food trolley with lids at a high temperature was also observed to be left in this area unsupervised, posing a risk of burns to people. Cupboards under the sink in the kitchenette had hazardous items stored which were dangerous if ingested.
- Fire risks were not always managed safely. People did not always have Personal Emergency Evacuation Plans (PEEPs) to inform safe evacuation in the event of a fire.

Using medicines safely

- Medicines were not always managed and administered in line with best practice.
- People did not always receive their medicines as prescribed due to medicines being out of stock. Stock balances were not always accurate and out of stock medicines had not always been followed up by staff to ensure people did not miss prescribed doses.
- Some people at the service had been prescribed 'as required' (PRN) medicines. However, information for staff such as when PRN medicines should be given, signs and symptoms to look out for and people could ask for this medicine had not been documented. This was not in line with best practice and put people at risk of not receiving medicines when needed.
- Creams and liquid medicines did not always have a date of opening recorded. This was not in line with best practice and meant that it was not clear if these medicines were being used within manufacturers guidelines.
- Topical medicine administration records (TMARs) were not always in place to inform staff where creams should be applied, how frequently they should be applied and the method of application and amount. This meant it was not clear if people had been supported to receive their creams as prescribed.

## Preventing and controlling infection

- People were not always protected from the risk of infection. The fridge in a kitchenette contained multiple food items which did not include a date of opening so it was unclear if they were still safe to eat. This included a pack of ham which was also not fully covered, which risked cross-contamination between food items.
- While most areas of the service were clean, areas of the kitchenette were not. The microwave had a build-up of food matter within it, with no evidence of recent cleaning. The fridge also had a visible build up of grime in its vent. Again, this posed a risk of contamination to food being cooked and stored in the area.

Risks to people safety were not always documented or mitigated. Medicines and infection risks were not always managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took action to reduce risks posed to people. Environmental risks, such as access to hazardous items in the kitchenette, were mitigated immediately. Risk assessments were put in place for people where required and medicines systems altered to ensure correct stock checks were in place. PRN protocols were also put in place.
- There was an up-to-date infection control policy in place and staff were observed to be using PPE effectively and understood how to use this safely.
- People and relatives we spoke with felt the service was safe.
- No concerns were raised by people or their relatives about visiting the service and relatives were observed to be visiting people without restriction.

## Systems and processes to safeguard people from the risk of abuse

- Incidents of alleged abuse had been reported to the local safeguarding authority where required.
- Staff understood how to spot signs of abuse and how to report this. Information was also available to staff around reporting concerns.
- Staff were aware of whistleblowing procedures and external agencies they could report any concerns about poor practice to.

## Staffing and recruitment

- People, staff and relatives gave mixed feedback on staffing levels. Some felt there were enough staff to support people safely, whereas others did not. One person said, "There are not enough staff. At night they are rushed off their feet." A staff member also told us, "When I first arrived [staffing levels] were quite bad, but since the manager has taken over this has improved."
- During the inspection a staffing dependency tool was put in place and staffing levels were shown to be in line with the calculated safe staffing levels.
- Staff were recruited safely. Relevant recruitment checks were in place to support safe recruitment. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were deprived of the liberty without relevant authorisations in place.
- Following concerns being raised to the manager around people not having DoLS authorisations in place, 6 DoLS authorisation requests were completed by the manager. Therefore, these people had been restricted of their liberty without lawful authorisation in place.
- A person told us they were not being allowed to manage their medicines independently despite having capacity to make this decision. This was a restrictive practice without lawful authority. The registered manager told us this was a decision made with the person and their next of kin following concerns about the person self-medicating. Following this concern being raised by inspectors, the person was supported to take their medicines independently with an appropriate care plan and risk assessment in place.

People were deprived of their liberty for the purpose of care and treatment without relevant lawful authorisations in place. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were not always assessed and met effectively.
- Some people who were permanent residents did not have full care plans. These people had respite care

plans which did not contain detailed information about their care needs. Information such as people's histories, likes and dislikes were not always included in care plans to help staff provide person-centred care.

- People had not always been actively involved in their care planning. For example, a person told us they had not been asked if they would like to see their care plan and felt that if they asked they would not be allowed to see it. An inspector discussed with the manager who stated they would ensure people have access to their care plans. Concerns around care plans were discussed with the manager and the provider. A plan was in place to review and improve information in people's care plans with relevant timescales.

Staff support: induction, training, skills and experience

- Staff training was not always up to date. Practical training uptake was low and this had been identified by a provider audit. For example, the audit identified that 62% of staff had completed up to date practical training for moving and handling and 50% had received positive behaviour support training. Both training topics were integral for staff to support people effectively because of the nature of people's support needs at the service.
- Staff had not always received up to date supervisions. It was identified 5 staff members had not received a recent formal supervision of their performance and development.
- The provider had identified shortfalls in training prior to the inspection and training had been booked for staff where required. The manager was also completing supervisions for staff.
- Staff understood people's needs and were confident in their ability to perform their roles. People and relatives we spoke with also felt staff were knowledgeable and supported people effectively.
- The provider had introduced a new induction process for staff to ensure they received suitable training and support in their roles moving forward.

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

- People were supported to eat and drink safely.
- People and relatives had mixed opinions on the quality of the food provided. Some relatives felt people needed to be offered more variety. One person also told us this, but they said the kitchen staff would make them something specific when they asked for it.
- People had modified diets in place where recommendations had been made by health professionals. These recommendations were followed by kitchen staff.

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

- The service was in a modern purpose-built building with a range of facilities for people both internally and externally. However, as the service was at low capacity with lower staffing, certain areas of the service did not get used frequently, such as a bar area.
- There was some evidence of signage to direct people, but several bedrooms did not have information such as people's names or photos which may have supported people to find their rooms. There were people living with dementia who were known to enter other people's rooms and more signage may have supported them to orientate.
- There was a large garden at the service, which included planters for people who had an interest in gardening, a 'crazy golf' course and an area for boules.
- Relatives we spoke with were positive about the service environment, one relative told us, "The premises are lovely. [My relative] has been able to put their photos and pictures in their room and there are controls to monitor the temperature."

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

- People were supported to access healthcare when it was needed. One relative told us, "When [my relative]

fell, they got the ambulance out. The manager has referred things to the GP and [specialist health teams] have been called in. I think they respond well to any health issues."

- There was evidence of partnership working within people's care plans such as recommendations about people's eating and drinking from relevant professionals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel involved in their care planning, or had independence promoted.

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

- Staff were observed to give emotional support to people who were expressing anxiety, however, this was not always proactive. One interaction observed between 2 people was beginning to cause a person to become distressed and staff close by did not intervene with this interaction which could have escalated.
- People and relatives felt some staff were caring. One person said, "Some staff are kind and some are not. [Staff member] treats us as human beings. [Staff members names] are motherly." A relative told us, "The care seems to be good at the home. [My relative] has built a rapport with several of the staff and they have some good banter between them. The staff seem really good with them and I would say they are kind and caring to [my relative]."
- Relatives had also left positive feedback following people's stays. One thank you care read, "Thanks a million for all the love and care you gave [our relative]. You always made us feel welcome when we came to visit. Excellent staff."
- Staff were passionate about providing people with kind and compassionate care. One staff member told us, "The care staff [here] go above and beyond without realising it. There is a person who has a sweet tooth, I leave them little bars of chocolate on their bedside, it's the little touches." The nominated individual also told us of a person who was supported to visit a naval ship which was part of the same fleet they had served upon in the armed forces and how this was a huge occasion for the resident.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- As discussed in the effective key question, people's independence was not always promoted, with one person not being supported to self-administer their medicines. A person also had mixed views on their independence. They told us, "I make my own choices and get up when I want to. Some carers won't let us do things, they want to get us to bed. I don't want to go to bed and 8 or 9 o'clock. If I say anything, we are in the wrong." Despite this, we observed staff offering people choice and promoting independence and no other concerns were raised around this.
- Staff understood how to protect people's privacy and dignity. One staff member told us, "If I am supporting someone in a bedroom, I make sure the curtains are closed and the door is shut. I always keep them covered."
- Relatives also felt people's privacy and dignity was protected. One relative said, "They always shut the door and curtains and if you open the door the bathroom door is open but it is in such a way that you can't see in. People knock on the doors before they go in. If I arrive and the door is shut I knock and they shout out that they are just getting [my relative] ready."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Care plans did not always reflect people's likes, dislikes, hobbies and life histories. While there were examples of this being recorded, multiple people did not have full care plans in place which captured this information. This meant information was not always available for staff.
- People, relatives, and staff told us there were not enough activities for people to be engaged. There was not an activities coordinator, and this meant meaningful activities were limited. A staff member told us, "There is 100% a lack of activities for people. We can't do our caring roles and think 'let's do this activity'. We try to put on activities when it's quiet, like the karaoke machine. We can only do this when there is enough staff."
- Despite these concerns, there was a volunteer who supported people to take part in some activities, such as armchair exercises, on a weekly basis. People said they enjoyed this. The service also hosted events such as a bingo night where people, relatives and members of the local community could come together.
- Staff did know people's needs, likes, and dislikes. For example, a staff member told us specifically about someone's routine, "[Resident's name] has a lot of fixations where items have to be [in their bedroom] and the timings of things. They want [support] at a certain time, lights to be turned off at certain times and we adjust how we work to accommodate them."
- People were supported to maintain relationships with relatives and friends. For example, a person was due to have a surprise birthday party in the bar area of the service and their family were attending. The manager also told us that video call facilities were available to people when relatives could not visit in person.

Meeting people's communication needs

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

- People's care plans included information for staff on how to communicate with them. People's pre-assessments, on admission to the service, included assessment of their communication needs.
- Adjustments had been made for people who had specific communication needs. For example, staff used whiteboards to help communication with a person who was hard of hearing.

Improving care quality in response to complaints or concerns

- Complaints and concerns had not always been documented. The nominated individual told us that complaints prior to the new manager starting in their role were dealt with informally and not always recorded. The new manager had begun to ensure that all complaints were being recorded to and responded to appropriately.
- Relatives said any concerns they had raised to staff or the manager had been dealt with appropriately.

#### End of life care and support

- End of life care training was in place, but this was not always up to date for staff. Despite this, staff consistently understood how to support people at the end of their lives. They told us how they would protect people's dignity and they knew who to contact in the event of a person deteriorating.
- In an example of positive staff attitude towards end of life care, a staff member told us, "There is a [person] who is end of life, [they] were really scared. They wouldn't let go of my hand. I sat there and couldn't leave [them]. I made sure they were comfortable and not in pain."
- Healthcare professionals were contacted when there were signs of deterioration in people on palliative care. End of life medicines were safely stored at the service for healthcare professionals to use to support people on end of life care to have a dignified death.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes in place failed to ensure regulatory compliance.
- Quality assurance systems were not always effective in identifying and acting upon concerns. For example, a health and safety audit completed in June 2023 failed to identify environmental risks highlighted in the safe key question of this report. Further to this, a medicines audit completed on 17 May 2023 by an external covering manager identified several issues including concerns with stock counts, PRN protocols and temperature recording. These concerns were documented over a month prior to the inspection but not action had been taken to improve medicines practices.
- A provider audit from August 2022 highlighted concerns which continued to be an issue at this inspection. This audit highlighted concerns around consent forms not being in place for people. It was identified at this inspection that not all residents had recorded consent to be recorded by CCTV in communal areas of the service. The audit also identified a lack of activities for people and this remained a concern at this inspection.
- Systems to monitor and mitigate risks to people were not always effective. For example, people assessed as needing repositioning due to skin integrity risks did not have information in their care plans to outline how often this should occur. There were also no repositioning charts in place. There was no system to review if these people were being repositioned frequently enough to reduce risks to their skin. Despite this, there was no evidence of negative impact to these people.
- Systems and processes to ensure care plans and risk assessments were up to date and in place were not effective. As reported in the effective key question, people who had been at the service for a prolonged period and who were considered permanent residents still had respite care plans in place. Respite care plans did not include the same level of information for staff to support people effectively and safely.
- There was a failure to ensure provider policies and processes were followed. For example, the administration of medicines policy stated PRN protocols, TMARs and the dates of opening of liquid medicines and creams should be in place where necessary but this was not being completed consistently. Further to this, the training and development policy stated staff should undergo the provider's mandatory training as required. However, some staff were not up to date in mandatory training areas such as moving and handling and fire safety.

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

- There was a failure to seek feedback from people, relatives and representatives on the services provided.

Although there was a system in place to request feedback on services from both people and relatives, there was a lack of evidence that this had taken place and been recorded. This meant there was reduced ability to evaluate and improve the quality of the services provided for people.

- The manager had completed a staff meeting since they had taken up their post but meeting minutes had not been completed to share with staff who could not attend the meeting. This risked staff missing important information. Once this was raised by the inspector, meeting minutes were completed for this.
- Some relatives did feel engaged by the service and others did not. One relative told us, "I have had very little involvement in discussions and this could be better. If I am there, I can talk to them to see how they think [my relative] is."

Systems did not always effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence of people and relatives taking part in some meetings but a relative told us they had not received meeting minutes from this. The manager also stated a survey was due to be sent out to relatives to capture their views about the service.
- The provider was supporting the manager to embed and improve systems and processes. There was a clear action plan in place with timescales.
- People, staff and relatives told us the new manager was approachable and they felt able to raise any concerns to them if required. Staff were positive about improvements under the new manager.

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

- Person-centred care was limited. Although staff knew people's needs well, a lack of information for staff in care plans and a lack of consistent activities reduced positive outcomes for people. Staff members, who did not know people, could not always refer to information which told them about a person's preferences or history.
- Whilst there was a wide range of facilities for people, their use was limited because of current occupancy and staffing levels. One relative told us, "There is a second dining room which has never been used as a dining room and think that's sad. There are certain residents who disrupt others at mealtimes, some of the other residents could be supported to a different dining room."
- People, staff and relatives were consistently positive about the impact of the new manager and the positive and open atmosphere they created.

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; Working in partnership with others

- The manager and nominated individual were candid throughout the inspection and responsive to any concerns raised. There was an action plan in place to make improvements to the service with set timescales. The provider had also made extra resources available to support improvements with documentation, such as care plans.
- Most relatives told us they were consulted if there was an incident or a change to a person's care.
- The manager and staff were working with external organisation and health care professionals. For example, following concerns around stocks of medicines, the manager ensured the relevant GP surgery was contacted and chase where required. Other community healthcare professionals were also contacted for support where required.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were deprived of their liberty for the purpose of care and treatment without relevant lawful authorisations in place.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people safety were not always documented or mitigated. Medicines and infection risks were not always managed safely.

**The enforcement action we took:**

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems did not always effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

**The enforcement action we took:**

We served a warning notice.