

Country Court Care Homes 2 Limited

Camberwell Lodge

Inspection report

Picton Street
London
SE5 7QH

Website: www.countrycourtcare.co.uk

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13 December 2022

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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

Camberwell Lodge is a residential care home providing nursing personal care and support to younger adults, older people and people living with dementia. The service can support up to 98 people. At the time of our inspection there were 56 people using this service.

People's experience of using this service

The systems and processes in place did not always ensure people's safety. The process for ensuring people's skin integrity was maintained was not robust. Pressure relieving mattresses were on the wrong setting and guidelines for changing dressings were not always followed properly. Medicines were not always managed safely. People receiving care, their relatives and staff gave mixed views about safety and staffing levels. Many people felt staffing levels were compromising the quality and safety of the service. We were not assured there were sufficient numbers of suitably qualified staff on duty at all times.

The provider did not always understand their responsibility to submit the relevant notifications as we identified an incident involving the police which we had not been informed about. Complaints were dealt with in line with the provider's complaints policy. However, people told us they were not always satisfied with how their complaint had been dealt with.

Staff usually worked well with other health and social care professionals to ensure people's health needs were being met. However, we found some examples where records were not kept in line with recommendations. Staff received an induction and ongoing training and support suitable to their role. 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.

Most people told us they were treated with respect and dignity from kind and caring staff. We observed positive interactions between people receiving care and staff and this corresponded to feedback we received.

The provider supported people to plan their end of life wishes and worked with the local hospice service to ensure people's end of life care was well planned. The care home offered a range of communal and one-to-one activities to keep people occupied and stimulated.

There were a range of audits and quality assurance checks but these were not always effective and did not identify and/or resolve all the issues we found. The service had recently had large influx of new residents and the service had planned and executed many aspects of the transition well for most people.

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

Rating at last inspection:

The service was registered with us on 19 May 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and poor management of medicines. A decision was made for us to inspect and examine those risks and to provide a rating of this newly registered service.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

Enforcement and recommendations.

We have identified breaches in relation to management of medicines, risk management, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this report. We have made recommendations in relation to monitoring and recording and responding to complaints.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Camberwell Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 2 inspectors, 2 Specialist Professional Advisors who were both registered nurses and 2 Experts 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

Camberwell Lodge 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. Camberwell Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. We informed the provider we would be returning to continue the inspection the next day.

What we did before inspection

We reviewed information we had received about the service since the service was registered. We sought

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

During the inspection

We spoke with the registered manager, the clinical lead, the deputy manager, the senior customer relations manager, the chef, 3 nurses and 3 care assistants. We spoke with 10 people receiving care and 2 relatives. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at seven 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 made calls to 13 relatives of people receiving care. We also sent questionnaires to 30 members of staff to get their feedback of the service and we received 7 responses.

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

- Risks to people's health and wellbeing were not always managed well. There were a range of risk assessments put in place, however, we found some risk management plans were not being followed correctly which meant people were at risk of harm.
- The records related to pressure care were not always updated and professional guidelines were not always being followed. Records for 2 people showed dressings had not been changed in line with recommendations from the tissue viability nurse who recommended the dressings should be changed every other day. One person's care notes showed there was a gap of 5 days between dressings and another's showed there was a gap of 7 days.
- Pressure relieving mattresses which were in place to reduce the risk of skin breakdown were not on the correct setting. In total we found 13 people's mattresses were incorrectly set which meant they were exposed to greater risk of skin breakdown.
- We received mixed feedback about people about how the provider was maintaining safety. Some people were very positive and told us things such as, "I do feel [family member] is safe, they look after [family member] who has been in other homes so I can make comparisons." However other people did not feel so confident the provider was keeping their family member safe. One person told us, "I do not feel easy in my mind that my family member is receiving the best care" and "No, I do not feel assured [family member] is safe."

The failure to manage the risks associated with people's skin integrity and ensure equipment was safe was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were a wide range of risk assessments carried out including for falls, mobility, moving and handling and eating and drinking. We found the risk management plans to be well written with clear guidance for staff to follow to mitigate the risks.

Using medicines safely

- Medicines were not always managed safely. We saw examples where medicines prescribed 'when required' did not always have sufficient information to ensure staff knew what the medicines were for and in what circumstances they should be administered. Staff did not always record the reason for administering when required medicines.
- The process for checking stock levels was not robust. We found numerous examples where stock levels did not correspond with the stock levels recorded. We also found some occasions where medicines records had not been signed to show that the medicine had been given.

- Topical creams (a cream applied directly to the skin) were not managed in accordance with best practice guidance. We found inconsistent use of body maps and topical medicine charts. Care assistants usually applied topical creams. It was unclear how they would know which part of the body they should apply the cream or how and when it should be applied. Nurses were signing the medicine administration records (MARs) for topical creams although care staff were administering. Nurses told us they verbally checked with care staff before signing the MAR which is not the recommended practice for recording the administration of medicines.

The lack of accurate and robust medicines management increased the risk of harm to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had medicines management training and had their competency assessed as safe before administering medicines for people.

Staffing and recruitment

- The service did not always have sufficient staff. Prior to this inspection we received several complaints from family members about insufficient staffing levels which they felt exposed people to inadequate care. The provider was using a dependency tool which calculated how many care staff were required in every 24-hour period based on the dependency needs of people receiving care. We found the use of the dependency tool was not sufficient as it did not consider how many nurses were required and did not stipulate how many care staff were required for each floor and each shift.
- We also found numerous occasions where staffing levels fell below the minimum as prescribed by the dependency tool.
- The registered manager told us there were 2 nurses on duty at all times, however the allocation sheets showed this was not always the case. During the inspection we found with 2 nurses on shift the morning medicines round took a long time to complete. On one floor of the home the morning medicines round was completed at 11am and on the other floor the medicines round was finished at 11.50am. One nurse told us this was a regular occurrence and they struggled to complete the rounds sooner due to the complexity of people's needs.
- We received mixed feedback from people and their families about staffing levels. Although some people told us they were happy with the amount of staff on duty, many people fed back there were not always enough staff and they felt low staffing levels compromised people's safety. Comments included, "There are not enough staff at this home. Sometimes when I press the call point I have had to wait a long time for them to respond", "No, they are short staffed and it is even worse at weekends" and "They are doing their best but are too few of them. There are many occasions when there are no members of staff visible."
- The call bell records showed people were often waiting a long time for staff to respond when people pressed their bell. The registered manager told us they would expect calls to be answered within 5 minutes, however the call bell records for November, December and January showed many occasions when people were waiting longer than 5 minutes and some instances where people waited over 30 minutes.
- Staff told us they did not feel there was sufficient staffing levels. Comments included, "There is not enough staff to respond to emergencies and administer medicines on time. I also feel for the carers because they are really struggling to do everything they need to do."

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate staffing levels were safely managed. This placed people at risk of harm. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The safeguarding policy and processes were available for staff to follow to help protect people who were at risk of or experiencing harm and abuse. Training in safeguarding was completed by all staff which gave them knowledge about how to identify and report allegations of abuse promptly.
- All incidents of safeguarding allegations were recorded and monitored. The registered manager had safeguarding records in place and any actions taken regarding these incidents were detailed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents when they occurred. All reported accidents and incidents were reviewed by the registered manager who ensured the appropriate action was taken to maintain safety.

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

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

- The process for managing the risk of dehydration was not robust. Staff were recording the amount of fluid people consumed but there were no set daily targets and no mechanism for ensuring daily fluid consumption was adequate for people. We also saw numerous occasions when the amounts recorded were not in line with the average consumption of older people with complex health needs. This indicated staff did not know how to accurately record the amount of fluid people consumed. The registered manager told us they had identified this as an issue and would ensure staff knowledge and understanding was refreshed in this area.

We recommend the provider reviews the process for recording fluid intake and refreshes staff knowledge and understanding.

- The service worked with speech and language therapists and dieticians when there were specific concerns about people's ability to eat and drink safely or maintain a safe weight. Recommendations from these professionals were incorporated into people's care plans and shared with the whole team including the Chef.
- We observed that people enjoyed their meals and this corresponded with feedback we received. Comments from people included, "[Family member] really likes the food, the staff know what he likes and that is what he gets" and "The food is very good, if I want to eat with [my family member] I just have to tell them."
- People who wanted were served food in their room and given the support they required to eat their meals.
- Staff regularly recorded people's feedback on the food. Following the feedback, the Chef told us they had re-designed the menu to make it more culturally relevant to the people currently receiving care.

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

- People had an assessment of their needs before they came to live at the service. This ensured the service was appropriate and staff were competent to meet their needs. Assessments, care plans and risk assessments captured all of people's health and social care needs.
- Most people and/or their relatives told us they had been involved and consulted about their care needs. Comments included, "The care plan is evolving, we make suggestions and they get added" and "I was involved with care planning and we have made some minor modifications."
- Care plans contained information about people's protected characteristics such as religion, culture, sexuality and these were respected. Staff had completed training in equality and diversity and knew how to support people appropriately.

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

- The service generally worked well with other professionals to ensure people received consistent care. However, guidelines from professionals were not always followed. A visiting dietician told us staff usually followed guidance in relation to one person's ileostomy care, however, at their most recent visit staff had failed to maintain accurate records of the person's ileostomy output. This meant the dietician could not provide the robust advice without the required information.

We recommend the provider reviews their processes for ensuring professional guidelines are followed.

- The provider worked in partnership with a range of health and social care professionals such as GP, tissue viability nurses, pharmacists and chiropodists. This was confirmed by people receiving care and their family. Comments included. "I can see a GP whenever I need to see one" and "[Family member] saw a Doctor last week and the chiropodist visits periodically , I find it such a relief that these things happen without my having to push all the time."

Staff support: induction, training, skills and experience

- Staff were supported through an induction and ongoing training and supervision. The induction programme included completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they felt supported and offered appropriate training. Feedback from staff included, "Yes I have had a 1 month review with the manager to see how I am getting on and if there is anything to improve on and we are speaking about arranging another supervision session to keep up to date with everything" and "I know if I wanted training in a certain area to help me feel confident I know they will help support me and find me a course to help boost my knowledge and confidence."
- The registered manager had a supervision and appraisal tracker, to ensure all staff received supervision in line with the provider's policy.

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.

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 obtained people's consent before providing care and support.
- The registered manager and staff acted when people were unable to make decisions for themselves. Assessments took place to assess people's mental capacity to make decisions about their care and support.
- Deprivation of Liberty Safeguards (DoLS) assessments were completed by the local authority and an

authorisation granted if agreed. Staff ensured people were cared for in line with the guidance of a DoLS authorisation, so people had the least restrictive care.

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

- The home was newly purpose built and decorated to a very high specification. Most people told us they were happy with the design and decoration of the home. We received comments such as, "The building and decor are so nice it could be a 5-star hotel" and "It is lovely, very bright and clean."
- Some people had concerns that the layout of building and the location of the nurse's office meant the nurse on duty was not able to observe what was happening on each floor from the office. We discussed this with the provider who is considering what changes they need to make.

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 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 were well treated, and their equality and diversity was respected. We saw many positive interactions between people receiving care and staff and this corresponded with feedback we received. Comments from people included, "The staff have a lovely manner, [family member] prefers things quiet and they treat him quietly" and "[Family member] has made a relationship with one carer who is magic and the others are kind and pleasant."
- Staff respected people's needs in relation to equality and diversity and had completed training which helped them build on the skills to treat people equally and fairly and respecting their individual needs. Comments included, "The staff are mindful that [family member] has a different culture" and "[Family member] has poor hearing and is registered blind, and they communicate very patiently."

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

- People were involved in the planning and review of their care and support. Care plans captured people's views and decisions about their care. People's preference for the food and drinks they liked, how they had their medicines, and the gender of the carer who supported them was very clear.
- Staff understood their responsibility to ensure people's views were obtained before delivering care. One member of staff told us, "You have to always ensure that you ask for consent and use the time to talk to people to show dignity towards the residents." A family member told us, "The staff are very polite and always check with [family member] before they do anything."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected and staff maintained their dignity. Comments from people included, "If [family member] needs personal care the staff manage it discreetly with doors closed and nothing to cause embarrassment" and "They do treat me with respect and consider my dignity."
- Staff told us how they ensured people received a person-centred service and their privacy and dignity was maintained. One member of staff told us "I always knock before entering people's space or room and make sure curtains and doors are properly closed before supporting anyone to undress or wash."

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 of this newly registered service. This key question has been rated 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

- People received personalised care that met their needs and preferences. Care plans contained information about people's life history including previous employment, family life and hobbies they enjoyed, to help staff have a full understanding about people as individuals.
- Care plans contained a good level of detail to ensure staff would understand people's personal preferences in all aspects of their care and support. Daily logs detailed how people responded to their care, social activities they took part in and their mood. Staff reviewed these records to ensure people received their assessed care.

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 were supported to take part in activities that were relevant to them. The provider identified when people were at increased risk of social isolation and made plans to mitigate this. The home had wellbeing coordinators who devised daily communal activities and provided one-to-one interaction for people who could not join these.
- People told us they were happy with the activities on offer. Comments included, "I like the activities here. I participate and find them useful", "I have one to one with an activity worker every day" and "The activity workers will take me out on short trips to the shops for example and the local park."
- The home had organised a range of trips and external activities. People told us, "There was a Christmas party and [family member] was up and dancing and entertaining others" and "[Family member] is a great cricket fan and was taken to Lord's in the summer and the staff took him to the library too, he loved it."
- The home was well equipped with technology resources to help staff engage with people and provide stimulation appropriate to their needs. For example, there was an interactive projection device which had various multi-sensory options which were beneficial for people with a range of cognitive abilities. We saw this being used effectively by a resident and activities coordinator during the inspection.

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 care workers.

- The provider was meeting people's communication needs. People's communication needs were assessed and recorded in their care plan with directions for staff on how to support better communication including the use of specific aids or adaptations.

Improving care quality in response to complaints or concerns

- The provider did not always improve care quality in response to complaints. Several family members had complained about staffing levels. The registered manager investigated the complaints in line with their complaints policy but had not identified any issues with staffing. The provider's internal investigation did not correspond with what we found. Some people told us they were not happy with how their complaint had been dealt with as not all aspects of their complaint were fully investigated.

We recommend the provider reviews how they respond to complaints to ensure they are using complaints to improve care quality

End of life care and support

- There were established systems in place to support people with care, support and treatment at the end of their lives. Staff completed training in end of life care which gave them knowledge of how to care for people living with a life limiting illness. This training gave staff an understanding of how to support people effectively.

- People shared their end of life wishes with staff and these details were recorded on their advanced care plan. Advance care planning offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so. Records included details about pain relief, funeral arrangements and who to contact when this was necessary.

- People made decisions regarding resuscitation. People's records contained Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). DNACPR is a document issued and signed by a doctor, which tells the staff team not to attempt cardiopulmonary resuscitation. Each person had a DNACPR record in place which clearly described people's choices and a clinical decision for resuscitation.

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 of 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;

- There were a range of quality assurance audits and checks in place, however they had not identified all the issues we found with pressure care, medicines and staffing and call. Where issues had been identified, improvements had not always been made. For example, the issues with the pressure relieving mattresses being on the incorrect settings had been identified by senior managers in October. Despite this no remedial action had been taken and the problem persisted until our inspection in December. This placed people at increased risk of harm from skin breakdown.
- The process for analysing call bell response times was not robust and had not ensured people received a timely response when they required assistance.

The failure to assess, monitor and improve the quality and safety of the service effectively was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Due to circumstances out of the provider's control the home recently had an unprecedented influx of new residents in a very short period of time. This had created challenges in getting to know a large group of new residents and their family members. The staff team had worked with the local authority and other professionals to ensure people's health and social care needs were met. However, people receiving care, their families and staff told us they did not feel this was always being achieved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider did not always understand all their regulatory responsibilities. They had failed to notify us of an incident involving the police. We raised this with the registered manager and they have now submitted the necessary notification. The provider had also failed to notify the relevant family member of this incident.

Failure to notify us was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. CQC is considering what further action they need to take against the provider for this failure to send notifications in a timely manner.

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

- Despite the concerns with staffing levels, overall the provider was promoting a positive culture and a person-centred service. We received many positive comments about the quality of care and support. Positive comments included, "I am very happy with the care [family member] is getting" and "[Family member] is cheerful and settled which is great weight off my mind."
- Staff were positive about the culture of the service. Positive comments included, "The whole company is open and fair to everyone's beliefs and meets everyone's needs in one way or another" and "I feel that the culture of the organisation is amazing as everyone in the company feels accepted and included in everything that goes on within the building."

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

- The registered manager had systems in place for people and their relatives to give feedback about the service. The provider had conducted a satisfaction survey which resulted in a number of actions for improvements based on feedback received.
- Staff attended meetings to help them share information with colleagues and help drive improvements to the quality of care.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked in collaboration with a range of health and social care professionals and the local authority commissioners and social workers.
- The provider was engaging with community groups to help provide opportunities and activities for people. For example, a local charity had recently provided a 6 week dance course for residents. The provider had also invited representatives from the local Police and Fire Station to attend residents' meetings to share information about community safety and fire safety with staff and residents.
- The service was looking to build on the community engagement and had plans to work with a local primary school and local scout group to organise joint events for the residents and school children/scouts.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated. Systems for the proper and safe management of medicines were not operated effectively. Regulation 12(1)(2)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality and safety of the service effectively. The provider had failed to ensure people received a consistently safe and good service. Regulation 17 (1) (2)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure sufficient numbers of suitably qualified and skilled staff were deployed to meet people's needs. Regulation 18 (1)