

Sanctuary Care Limited

Riverlee Residential and Nursing Home

Inspection report

Franklin Close
Off John Penn Street, Greenwich
London
SE13 7QT

Tel: 02086947140
Website: www.sanctuary-care.co.uk/care-homes-london/riverlee-residential-and-nursing-home

Date of inspection visit:
26 April 2023

Date of publication:
31 July 2023

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

Riverlee Residential and Nursing Home provides residential and nursing care for up to 75 older people over three floors and specialises in dementia care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

At the time of our inspection, 68 people were using the service.

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

Risks to people's health and safety were not always effectively assessed or guidance available to reduce possible risks and maintain people's safety. Medicines were not always managed safely. The current systems in place were not robust enough to assess and monitor the quality and safety of the services being provided to people.

The service had safeguarding procedures in place. Appropriate recruitment checks had taken place before staff started work. There were enough staff available to meet people's care and support needs. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they started using the service. Staff were supported and received training relevant to their roles. People were supported to maintain a healthy balanced diet and had access to health care professionals. We have made a recommendation about maintenance of the premises. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us staff were kind and caring. People's privacy, dignity and independence was promoted.

People and relatives spoke positively about the service. Care records were person centred and reflected their needs and preferences including end of life care. The service had a complaints procedure in place.

The service sought the views of people and their relatives. The service worked in partnership with health and social care providers to plan and deliver an effective service.

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 13 June 2018).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Riverlee Residential and Nursing Home on our website at www.cqc.org.uk.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to assessing risk, medicines management and good governance.

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

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 caring 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 ●

Riverlee Residential and Nursing Home

Detailed findings

Background to this inspection

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

An inspector, a medicines inspector, a bank inspector, a specialist advisor and an Expert by Experience visited the service on the 26 April 2023. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Another inspector also supported the inspection remotely.

Service and service type

Riverlee Residential and Nursing Home 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.

Riverlee Residential and Nursing Home 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last 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 all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 9 relatives about their experience of the care provided. We spoke with 4 care staff, deputy manager, registered manager, regional manager, 4 registered nurses, the chef, maintenance person, activities coordinator and 1 visiting healthcare professional.

We reviewed a range of records. This included people's care records and medicines records. We looked at staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks, audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely

- Medicines were not always managed safely, therefore we could not be assured that people received their medicines as prescribed.
- We observed a member of staff administering a medicine incorrectly. This meant that the medicine may not have the desired effect and could place the person at risk. We highlighted this to staff who took immediate action to rectify this during the inspection.
- For 1 person a time sensitive medication was administered up to two hours late on 10 occasions out of 35. This meant there was a risk that their symptoms were not managed effectively. Staff told us during the inspection, that there were medicines administration challenges with this person. Records showed advice had been sought to how to manage these challenges however, advice had not been sought specifically in relation to the delayed administration of the time sensitive medication and the potential impact of this to ensure the persons' symptoms were being managed effectively and safely.
- We saw discrepancies in three medicines administration records (MAR) that we reviewed. For example, one person had the incorrect dose of a prescribed medicine for more than one month and staff had not identified this. For another person, a medicine was listed twice on their electronic MAR, and we saw an example where the cream listed on the MAR was different from the cream being administered.
- Medicines records did not always clarify when a medicine had been purchased as opposed to prescribed. This was not in line with the provider's own medicines policy.
- Staff did not record the medicine refrigerator temperature readings on one of the units for at least four months. This meant we could not be assured that the medicines were stored at the recommended temperature and were suitable for use. This was also not identified via the internal medicines audit processes.
- The provider did not have a robust system for identifying and managing medicines incidents or patient safety alerts. Whilst staff checked patient safety alerts that they received, records were not kept showing that these alerts had been reviewed.
- Staff completed monthly medicines audits; however, they did not always identify the issues found during this inspection.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, medicines were not always safely managed. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and covered areas such as choking, bedrails, falls, mobility and skin integrity. However, there were instances where there was limited guidance in place for staff on how to reduce possible risks to keep people safe and prevent or mitigate further risks to people. For example, a person required support with catheter care, however care records did not include information on the specific care and cleaning of the area and the signs and symptoms to look in relation to risks such as infection, leakage or bypassing and catheter blockage.
- Information about people's diabetic needs were not consistent. For example, in 1 person's care plan, the information was comprehensive and listed the different signs and symptoms for hyperglycaemia or hypoglycaemia and the support required from staff on how to manage this. This is when a person's blood sugar falls above or below the normal levels. However, in another person's care plan, the information was not as detailed and did not mention the signs and symptoms of hyperglycaemia or hypoglycaemia and how they should be supported with this. We highlighted and discussed the inconsistency with the registered manager and nurses during the inspection.
- A person experienced seizures and had a substance dependency. However, there were no care plans, risk assessments, protocols or guidelines in place for staff to follow if the person had a seizure. We raised this with the registered manager during the inspection who acknowledged there were no records in place for this.
- This person was also at high risk of going missing, there were care plans and risk assessments in place stating hourly close observation in place. However, there were no records of hourly close observation checks in place. We raised this with the registered manager during the inspection who acknowledged there were no records of the hourly checks completed.
- 2 people told us their call bell was not in easy reach. A person told us "I don't know where my buzzer is, so I shout if I need something. Ah yes, I see it now; it's on the other wall." Another person told us "I don't have a buzzer in my room, so I can't get help if I need it. I'd have to go out and shout for help. There's always someone in the area anyway. Oh yes, I see where it is now. I didn't know it was there, but it's not near me anyway." A relative also told us "[Person] is very safe. Seeing carers around reassures me. I see the call button is away from her bed and it's no use if it's there all the time." Records, however, did show call bell checks were in place and frequent checks had been completed on people who were unable to call for help as they were living with dementia and/or nursed in bed.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety. This is a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Health and safety checks including fire safety, lifts, mobility equipment, water temperature checks and electrical and gas safety checks were carried out to ensure the environment and equipment were safe for use.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe using the service. A person told us, "I'm so safe here. I feel the staff are around for me, so I don't need to worry. They make me feel secure. There are always staff around and they ask me if I'm alright."
- There were safeguarding adults' and whistleblowing procedures in place. We also saw safeguarding and whistleblowing information displayed on notice boards advising staff on what to do if they suspected people were being abused or subject to poor care practice.

- Staff had completed safeguarding adults training and were knowledgeable about the different types of abuse and the signs to look out for. They told us they would report any concerns to the local authority and CQC.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. A relative told us "They all understand [person]. The staff are consistent, with no outsiders coming in who don't know the residents." The registered manager told us they did not use agency staff and had additional staff to cover absences when needed. People's dependency levels were assessed and monitored to ensure the service had sufficient staff to accommodate for people's needs safely.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were completed satisfactorily before care workers were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

Visiting in care homes

- There were no restrictions on visitors to the home.

Learning lessons when things go wrong

- The registered manager learned lessons and acted when things went wrong. The provider used an electronic system for reporting, recording, and monitoring accidents and incidents. They used the system to analyse information, learn lessons and take appropriate actions. A relative told us "There was a physical disagreement with [person] and another resident. The issue was sorted, but we had a discussion with the home and they were really good in monitoring the situation and it hasn't occurred again."
- Incidents or accidents were investigated and actions taken to reduce the likelihood of the same issues occurring again. For example, they monitored falls, where issues were identified they referred people to the falls clinic, updated care plans and risk assessments accordingly.
- The service had also installed a Dechoker kit to prevent incidents of choking. The Dechoker ACD equipment can be quickly placed over the mouth and nose of a person in a choking emergency and uses focussed suction to instantly remove whatever is blocking the airway in seconds. Staff had received training on how to use the kit, a staff member told us "I had training on the Dechoker and I know how to use it if I have to."

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 our last inspection we rated this key question good. The rating for 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

- Assessments were carried before people started using the service to ensure their needs could be met.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans.

Staff support: induction, training, skills and experience

- Staff had the relevant skills and knowledge to support people with their individual needs. A person told us "The staff all understand how to help me and that's reassuring." A relative told us "The staff really know [person] well and what support they need. They [staff] are all focused on the peoples' needs here."
- Records showed staff had completed training the provider considered mandatory in areas such as safeguarding, medicines, manual handling, mental capacity, dementia, infection control and food safety.
- Staff received an induction and formal supervision and appraisals to monitor and review staff performance and development. Staff felt supported working at the service. A staff member told us "It is pleasant, team work is good. The manager's door is open for everyone and she answers calls even when she is off duty and if there is an emergency she will always come in to help." Another staff member told us "I love working here and have support from the manager. Any problems, they are very helpful and has an open door for us."

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

- People were supported to eat and drink based on their individual preferences and needs. People's food and fluid intake was being monitored where appropriate.
- We observed how people were supported at lunch time. Staff were attentive to people's needs. Staff offered people different plates with choice of meals to choose from and drinks such as orange, blackcurrant juice or water. People who chose to eat in their bedrooms were supported to do so.
- Some people ate independently, and some people were supported by staff. Where staff supported people to eat and drink, we observed this was undertaken respectfully and with dignity. Where required, food was served to people on plates with rims and there was adapted cutlery for them to use.
- The service catered for particular dietary requirements for people, for example, a person did not eat dairy so they had alternatives available such as soy milk. The kitchen had a record of people who liked spicy food, as well as dietary and cultural preferences and requirements for soft diets, different textures and fortified meals and drinks for people at risk of losing weight.
- We spoke to the chef who was aware of people's needs and liaised closely with the registered manager over special menus, celebrations and any particular needs. The chef told us staff informed them promptly if people's needs changed, for example in response to increased choking risks.

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

- People were supported to access healthcare services. A relative told us "The home is supportive, giving [person] the care they need to improve their health."
- The service worked in partnership with other services, and health and social care professionals such as the dentists, opticians, tissue viability nurses, podiatrists, dietitians, Speech and Language Therapy (SALT), occupational and physio therapists.
- During the inspection, we spoke to a physio therapist visiting the service who spoke positively about the service. They told us staff always remembered the person was having therapy and was ready for it. They always found staff willing to help and believed they were following advice they had given about supporting the person.

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

- The design of the premises was meeting people's needs. The home had adapted bathrooms, dining rooms, quiet areas with suitable furniture to support people with limited mobility.
- We saw dementia friendly signage located around the home including memory boxes, contrasting colours for handrails, photographs to aid people's orientation and pictures for people to reminisce. However, there was no dementia friendly signage to indicate bathrooms and the way to the dining room.
- The service was generally clean, however during the inspection, we observed some areas of the service in need of maintenance, refurbishment and decluttering. For example, the toilet on the first floor had no hand dryer or paper towels. The door lock was broken as the lock came out from the inside and needed to be pushed back into the lock to get out. This meant people were at risk of being locked inside.
- The bathroom opposite had no door lock or paper towels. A pedal bin had no pedal and the lid needed to be lifted to place paper towels in the bin.
- We raised these issues with staff and the registered manager during the inspection and on the second day of the inspection, the two locks had been fixed, paper towels were in place and a new peddle bin was being ordered.
- Some areas, such as shower rooms needed refurbishment. There was slight rust staining on some of the shower chairs and some of the plastic bowls used for washing people were old and stained. In one shower room the floor covering was beginning to lift in the shower area.
- Communal areas were clean however, we observed shelves in the lounge areas were cluttered and contained random items such as items of clothing, pairs of spectacles, old menus, hairbrushes, a hair dryer and broken plastic flowers. We also observed, a store cupboard on the first floor containing walking frames, a tin of filler and cardboard boxes was found left open.
- In the laundry room, there was a large pile of unclaimed clothing and on one unit, a room had not been cleaned and tidied since a person had passed away and their personal belongings were still in the room.

We recommend the service review their systems to ensure robust maintenance and decluttering of the premises.

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.

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 consulted and supported to make choices and decisions for themselves. Staff worked within the principles of the MCA to ensure these were upheld and received training on MCA and DOLS.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place, conditions placed on the authorisations were being followed. We saw that DOLS authorisations and applications were kept under review by staff.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 relatives spoke positively about the care they received. A person told us "I'm not lying when I say the staff are wonderful. They are very excellent people. They listen to me if I want something."
- People and relatives also told us staff were kind and caring and positive relationships had developed between them. A person told us, "I have a lovely banter with the carers. I know they want me to be happy." A relative told us "The carers look in as they pass [person's] room. They [staff] are all so lovely. They really care about the residents."
- People's equality and diversity needs were detailed in their care plans and were supported where needed such as celebrating various cultural events, and maintaining close links with places of worship that provided services for people. A person told us "They [staff] are very respectful of me. If I want to pray, they will close the door for me."

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence promoted. A person told us "Everyone is so helpful, that it gives me confidence and helps me feel comfortable. I am in charge of myself. I can rest if I want to and that's fine."
- Staff were able to tell us how they maintained people's privacy and dignity, and ensure people were comfortable when providing them with personal care. They told us they made sure doors were closed and kept people covered to preserve their dignity. They also said they encouraged people to do what they could for themselves. A person told us "If they [staff] are helping me, they talk to me and ask if I am okay."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for 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

- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's health conditions, preferences and the level of support they required including how to maintain people's independence where possible. They were reviewed and updated when people's needs changed.
- People spoke positively about the service they received which met their needs and preferences. A person told us "It's a lovely home, well run." A relative told us "I always feel happy when I leave, knowing [person] is well cared for."

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 communication needs were assessed prior to moving into the service. The service produced information in different formats that met people's needs when required. For example, easy to read books, menu's large print and pictorial prints. Information can be provided in different languages for people if required. The registered manager told us people could have access to interpreter services if needed.

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 avoid social isolation and take part in activities that were socially and culturally relevant to them. A person told us "When the weather is nice, I can go in the garden. I like dancing and bingo and people come to entertain us. It means I'm never bored, I'm always happy."
- There were two activity coordinators and the service offered a range of activities to support people's need for social interaction and stimulation such as quizzes, sing alongs, arts and crafts and movie afternoons.
- Photos showed various events had taken place at the service such as musical instruments which was run by a local charity, various types of parties ranging from a St Patrick's day party to a Bob Marley party, pancake making for Shrove Tuesday and a live nativity from members of the local church around Christmas. The service also had volunteers from a local sixth form college and a visit from children at a local nursery school. There were some one-to-one activities for those people who were cared for in bed.

- There were also outings for people able to go out (including those with wheelchairs) such as seeing the Christmas lights, Greenwich park, a local pub, shopping, a visit to the Imperial War museum and a seaside trip.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place for receiving, handling and responding to comments and complaints. Records showed complaints had been investigated and responded to by the management team.

End of life care and support

- People's care plans reflected some information on their end of life care and wishes. The registered manager told us they had attended an end of life care forum and since worked in partnership with the palliative care team and hospice to ensure people's end of life wishes were met. This also included wellbeing support for staff members and a local authority facilitator that attended the service to offer staff support.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider failed to ensure their quality monitoring systems were robust at identifying shortfalls in relation to some aspects of people's care as identified during this inspection.
- During this inspection, we found improvements were needed around the management of medicines, assessment of risk, maintenance of the premises. This meant there was a risk people's care could be impacted.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, the current systems in place were not robust enough to assess and monitor the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 service had a registered manager in post. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. A person told us "The place runs well...I can tell you this is a good place." A relative told us "I hesitated at the thought of putting [person] in a care home. I looked at 4 or 5, but felt this was right and definitely this is the one. It's a real community."
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. The registered manager told us they were always open and transparent with family members and professionals and took responsibility when things went wrong.
- The management team were receptive and open to feedback provided to them during the inspection and co-operated fully with the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider took people's, relatives, staff and professional views into account through meetings and surveys. Feedback from these was used to improve the service. A person told us "I have been to a residents' meeting. They asked us if there were any problems. It's nice that they have meetings." A relative told us "They have meetings and you can log on on-line. It's all open and they take questions freely. I do feel well informed."
- Results from the 2022 survey showed positive feedback about the service. For example, 81% of residents were happy with the care and activities within the home and 89% of residents were happy with staff members.
- Regular staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care such as the district nurses and GPs. For example, in February 2023, 5 nurses attended a wound care forum where they learnt about best practice.

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
Treatment of disease, disorder or injury	Some risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety. Medicines were not always safely managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The current systems in place were not robust enough to assess and monitor the service.