Weavers Care Home

Weavers Care Home

Inspection report

St Nicholas Street,
Coventry, CV1 4BP
Tel: 024 7622 2467
Website: weaverscarehome@btconnect.com

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 13 October 2014 and was unannounced.

Weavers Care Home provides care for older people and people with dementia. The home can provide support to a maximum of 30 people. On the day of our visit 26 people were living there. There are three floors with a passenger lift to each floor. The ground floor has a large lounge area, a smaller lounge and a dining room.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The manager had not sent all the statutory notifications required to the Care Quality Commission. These are notifications to inform us of deaths and incidents that affect the health, safety and welfare of people who live at the home. The manager had sent notifications to us about allegations of abuse, but told us they did not know of their other legal responsibilities.

Care planning records did not provide clear instructions to staff about risks relating to people's care and there was

Summary of findings

insufficient information provided to staff about when to give 'as required' medicines. Staff did not respond in a timely way to calls bells linked to adaptations, to alert staff to potential risks.

Staff received support from the provider and manager to enable them to provide effective care to people. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), however we did not see mental capacity assessments for people who had dementia. We also saw one person in the home who demonstrated a desire to leave but who was kept in the home in their best interest. An application for a DoLS had not been sent to the supervisory body and this meant they were not meeting the requirements of the law.

People who lived at Weavers Care Home and the staff who supported them, thought people who lived at the home were safe. There were systems and processes in place to protect people from the risk of harm.

We saw people received a good choice of food and drink, and people's individual food requirements were well catered for. People enjoyed the home cooked food provided.

People's health needs were well met. The manager ensured people were referred to the appropriate health care professional when concerns about their care and well-being were identified.

Staff treated people with kindness. Staff had a good understanding of people's needs and supported people with respect and ensured people's dignity was maintained. People felt comfortable in expressing their views to staff and were actively involved in day to day decisions in the home.

The provider employed two people to support people with the activities, hobbies and interests. We saw people engaged in group activities and individual interests were well supported.

The manager and provider were seen to have good relationships with people. People felt able to informally talk to them about any concerns or issues they had.

People and staff told us there was an open culture in the home. They were able to talk with both the manager and provider about any issues or concerns they had.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 mostly safe.

People told us they felt safe and staff knew what action to take to protect people if they thought a person was not safe.

Adaptations with alarms put in place to reduce potential risks to individuals were not being used effectively to minimise risk.

Care records did not provide clear instruction to staff about the person's up to date care needs or risks relating to their care.

Requires Improvement

Is the service effective?
The service was mostly effective.

Deprivation of Liberty Safeguards (DoLS) had not been fully implemented in the home, and people with dementia had not had a mental capacity assessment in line with the Mental Capacity Act 2005.

Staff had received training which provided them with effective skills and knowledge in delivering support to people.

People were provided with a good choice of food which was home cooked. People enjoyed their meals.

Staff ensured people received the care and support necessary to manage any health care needs.

Requires Improvement

Is the service caring?
The service was caring.

We observed positive and caring relationships between people living at Weavers care home and the staff who supported them.

The views of people and their relatives were sought through daily interaction with staff and the manager.

We saw people were treated with respect, staff ensured care was provided in private and people's dignity was fully considered.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of people's needs and the service was organised so people's social and emotional needs were given the same importance as their physical needs.

Good

Summary of findings

The provider and registered manager were in regular contact with people to listen to their views of the service and act on any concerns raised. Formal complaints were responded to in line with the home's complaints policy and procedure.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

The registered manager had not sent to the Care Quality Commission all the statutory notifications to help us monitor the deaths or incidents that affect the health, safety and welfare of those who lived at the home.

The registered manager encouraged open communication with people living at the home, and with staff who work there. Both felt there was an open culture in the home.

The provider and registered manager had systems in place to check the quality of service provided at Weavers care home. These were not always formal and could not be evaluated.

Weavers Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 October 2014 and was unannounced.

The inspection team consisted of two 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. The Expert by Experience used for this inspection had experience of older people and dementia care needs.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvement they plan to make. They did not return a PIR and told us they had not received the request.

We also looked at the notifications sent to us by the provider. These are notifications the provider must send to us which inform of deaths in the home, and incidents that affect people's health, safety and welfare. We also spoke with the local authority contract monitoring officer.

During our inspection we spent time observing how staff interacted with people who lived in the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who used the service and one relative. We spoke with six staff. This included care, domestic and catering staff.

We looked at four people's care records, records to demonstrate the registered manager monitored the quality of service provided (quality assurance audits), two staff recruitment records, and complaints, incident and accident records.

Is the service safe?

Our findings

We asked people who lived at the home whether they felt safe living there. One person told us, "Feeling safe was one of the big reasons for my coming here. There is always someone around day and night." Another person told us, "They take us out on trips. I couldn't go out on my own as I have had falls, but I feel safe going out with staff. They know I am unsteady and there's always a carer there to keep me safe."

We checked with staff their understanding of how to safeguard people who lived in the home from abuse. We asked them what they would do if they saw another member of staff shouting at a person. All staff told us this was wrong and they would report this to the manager. The manager was clear about what constituted abuse and understood their responsibilities for informing the appropriate authorities. There was information available for staff about who to contact in the event of them witnessing abuse or responding to an allegation. This meant staff had a good understanding of reporting procedures to safeguard people.

We asked staff to tell us about the risks relating to the care needs of people living at the home. Staff had a good understanding of the individual risks of people. For example, one member of staff told us of a person who required a pureed diet because of risks associated with swallowing food. Another member of staff told us of the risks to a person if they left the building. They said, "We always make sure the front door is closed and there is always someone on the floor…we try to reassure [the person] that it is a safe place." They went on to tell us this person was supported by staff to frequently have trips out of the home and saw this on the day of our visit.

Staff told us the manager was very good at ensuring they were made aware of changes in people's care needs and any changes to the risks associated with care.

We looked at four care records. We saw the manager had been using their own assessments in relation to nutrition and pressure ulcer care. These were checklists for staff as opposed to an assessment of the risks people had. The manager informed us as a result of a meeting with health care professionals, they were changing their assessment to more in-depth nationally recognised risk assessment tools. At the time of our visit they had started to use the nationally recognised Waterlow ulcer risk assessment tool. We saw these had not been fully completed to identify the level of risk for the person, however staff we spoke with had a good understanding of the risks.

Other information in the care files did not give a clear understanding of people's care needs. For example, the record relating to a person's mobility spoke about a wheelchair assessment, but not about the mobility needs of the person, what equipment they required, and how staff should support them in their mobility to reduce any potential risks. The manager acknowledged that new staff would not be able to easily identify people's needs by looking at the care records and said they would act on this. This meant the person might be at risk from staff who had not worked at the home for long and did not have an in-depth knowledge of people's needs.

Records showed personal emergency evacuation plans (PEEP's) were in place for each person. They gave clear instructions about the assistance people would need to safely evacuate the building in the event of an emergency. The plans had been regularly reviewed and updated.

We found bedrooms had a security system in place and people with capacity had been provided with a key fob to enable them to open and shut their doors from the outside. All doors could be opened from the inside. This meant people could be assured their rooms were secure when they were not using them.

During our visit we heard alarms ringing for long periods of time. For example, we listened to one call alarm ringing for over 15 minutes before seeking a member of staff to go to the person's room and check they were safe. The member of staff told us this was not the person ringing the alarm, but a floor pressure mat with an alarm attached being activated by the person getting out of bed. They said they were not concerned that the person was at risk. We went to the person's room and found the person was asleep in bed. Staff told us the person would have got out of bed and set the alarm off, and gone back to bed and fallen asleep. However, the mat had been put there because the manager had identified the person was at risk. The registered manager acknowledged staff should have checked the safety of the person and turned off the alarm.

People told us there were enough staff to meet their needs and provide support and care. People told us when they pressed the call bell, staff responded quickly. One person

Is the service safe?

said, “The staff seem well trained and are a lovely lot. They respond quickly to call buttons.” Another person said, “Yes. There is enough staff. I am quite independent, I wash and dress myself but if I have to ring they respond quite quickly and I am right at the top of the building.” There’s usually enough staff, I can’t say I’ve noticed any time when it’s a problem.” We found that whilst staff did not respond quickly to alarms linked to devices such as pressure mats, they did respond quickly when people pressed the call bells. We spoke with the staff and management about staffing levels, and observed the care and support provided by staff during our visit. We found there were sufficient staff to meet people’s needs.

We checked staff files to see whether staff recruitment practice was suitable. Staff records contained two references, identity check documentation, police checks (enhanced disclosure and barring certificates). This meant the service had undertaken all the necessary checks to support the safety of people.

We found the manager had taken disciplinary action against a staff member who had not been supporting people safely. The member of staff no longer worked at the home. This meant managers followed their policies and procedures and took effective action when staff did not meet people’s needs.

We checked the administration of medicines to see if they were managed safely. We found medicines had been stored safely and in line with legal requirements. We found there were good systems in place to manage and dispose of unwanted medicines. All people’s medicines were administered by staff. We found people with capacity had been given the choice to administer their own medicines but chose not to. We saw medicines had been given to people as prescribed. We observed the senior member of staff administering medicines to people. They ensured they were giving the right medicines to the right person. They took their time with each person to make sure the medicines had been taken. We heard one person ask them what the medicines were for. They explained what each medicine was and the reason why the person had to take them. The person exclaimed, “Good, I am learning this morning.”

We did not see any instructions to inform staff of when, how, and why ‘when required’ (PRN) medicines should be taken by the person. We saw people received pain relief medicines on a ‘when required’ basis, some of whom were not able to verbally communicate their needs. Staff told us they knew people well and would know when pain relief was required. However, new staff were being recruited and written records would help them understand when pain relief was required. We saw one person had been prescribed medicines to help them sleep on a ‘when required’ basis. These had been given continuously and had not been reviewed by the person’s GP to determine whether the prescription needed to be changed.

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. There was one person subject to a formal authorisation to deprive their liberty at this inspection.

We saw one person living with dementia repeatedly tried to leave the home during our inspection. Staff successfully used diversionary methods to stop the person leaving. They told us they did not use restraint on people. Staff told us they stopped the person leaving because the person would be at risk and they explained to us the reasons why. We looked at the person's care record. These confirmed the person often wanted to leave the building and was stopped from doing so. We asked whether an application for a DoLS had been made to the supervisory body. The registered manager told us they had not. This meant the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010. The registered manager told us they would apply to the local authority (the supervisory body) for a DoLS as required.

We found there were no mental capacity assessments for people who did not have full capacity in people's care records. It was therefore unclear what decision making ability people had, and how they could be supported if they did not have capacity to make decisions.

Staff told us the training they had received enabled them to meet the needs of people living at the home. Records showed staff had received training in areas considered essential to maintain the health, safety and welfare of people living at the home. One person told us, "I am hoisted by staff. I know that staff attend regular moving and handling courses. I feel quite safe when using the hoist."

Staff told us they recently received training to support people with dementia and training in pressure area care.

Another person told us, "I have memory problems but staff know this and make allowances – I don't let my poor memory bother me and so neither do they." This meant staff had effectively put their training in practice.

We saw staff had been given training when they first started working at the home (induction training) to ensure they provided care safely and effectively. On the day of our visit a new member of staff was receiving their first day of induction training.

Training records showed staff had received training in the MCA and the DoLS. A member of staff we spoke with told us about the principles of capacity and understood that people had the right to make decisions for themselves. Care records showed people or their relatives had signed care plans indicating their consent to care, treatment and support. People had also signed consent forms for medicines to be administered.

Staff told us they had effective support from the manager. One staff member told us, "The manager will sometimes do secret supervision, she will be looking at your work whilst talking with you normally. If she was unhappy with what she saw she would call you later." Other staff confirmed they had received work supervision from the manager.

We saw staff respond effectively to behaviour which challenged others. For example, we saw one person who was very tactile and affectionate with people. People were not happy with the person's behaviour. We saw a member of staff intervene by calmly explaining to them that people did not like being touched, and diverted the person's attention. Staff also explained to the others that the person was not able to understand their affection might be offensive to others. This meant what could have been a challenging situation was dealt with, with care and respect for all people.

We asked people what they thought about the food provided. One person told us, "They do a good breakfast here…you can have orange or pineapple juice, depends on what people want, I have orange juice. I have cereal first and then a toasted bacon sandwich." We were also told, "The food is very good and the young chefs listen to us and take note of what we say we like and don't like." "The food here is really great and we have a choice and plenty of variety."

We saw people eating their breakfast and lunchtime meal. We saw people had different choices of breakfast and these

Is the service effective?

included cereals, toast and a full English breakfast or combinations of hot food. At lunchtime we saw people had a choice of meals and people made their choice just before they ate. Food was provided in line with care plans and risk assessments, for example, those at risk of choking had their food pureed. We saw one person leave the table before the meal was served. We saw staff ensured the person had their meal a little later in the day when they wanted it.

We spent time observing the lunchtime experience. We found people who required assistance in moving, were brought to the dining room by staff 20 minutes before food was served. We also saw it was challenging for people and staff to move around when 23 people were sat at tables as there was little space available between the tables. We saw people were given a choice of food when they were at the table, and people enjoyed their meal giving us positive comments about their lunch. People were provided with a choice of drinks to accompany their meal, but some people were provided withflimsy plastic cups. This resulted in one person spilling their drink over their clothes. We informed the manager about our observations. They told us staff should not have provided drinks in plastic cups, and staff should not have brought people to the dining room so early.

Care records showed each person had a 'nutritional check list' that contained basic nutrition information. The manager was introducing a Malnutrition Universal Screening Tool (MUST) as a consequence of a recent visit from the local authority monitoring team. MUST is a five step screening tool to identify adults who are malnourished, at risk of malnutrition or obesity. They told us they were seeking further training before introducing this. The manager weighed people regularly to identify if there had been a loss of weight and took action when necessary.

We found people's day to day health needs were being met. One person told us, "I think they notice if you are not well and ask if you want the doctor, and they get the chiropodist in regularly as well." Another person told us, "They know what they are doing. They have been so helpful to me in getting me mobile after my stroke."

Records showed that people were receiving timely health care from the relevant healthcare professionals. People had been referred to their GP, tissue viability teams, Speech and language therapists, chiropodists, and district nurses. We spoke with a visiting health care professional. They told us the staff at Weavers Care Home provided good care to people and followed their instructions. They had no concerns about the home.

We recommend the provider ensures that people's capacity is assessed as detailed in the Mental Capacity Act 2005 Code of Practice.

Is the service caring?

Our findings

People told us they were well cared for and their needs were met. One person told us, “How they have the patience to manage this number of elderly people is wonderful.” Another said, “The girls are a brilliant lot.” A relative told us, “It’s a wonderful place.” Another person said, “The carers understand my needs and feelings. They have total empathy. I am very happy with the care I receive.”

Throughout the day we saw staff had a good understanding of people’s needs, wants and preferences. Staff knew where people liked to sit, what they liked to eat, and whether they enjoyed joining in with group activities or preferred to explore individual interests.

We saw a care worker walk into a person’s bedroom to check on the wellbeing of the person. During the conversation the person complained of being in pain. The care worker altered the person’s position making sure they were comfortable and pain free. Some water had been spilled. The staff member replaced the sheet but made sure the person was covered by their night clothes before taking the sheet off. This meant the person’s dignity was respected.

We saw staff took practical steps to ensure people received good care. For example, we saw when people were eating their meals in the dining room, there was always a member of staff present. One member of staff told us this was a general safety measure to make sure staff were readily available if a person started to choke. We heard one person tell the member of staff in the dining room that they were cold. We saw the member of staff ask another to take over from them in the dining room whilst they went to get a cardigan from the person’s room.

We also saw staff explained their actions to people when they were helping them with their mobility. For example, when people were hoisted and transferred from their chair to a wheel chair. We saw staff checked whether the person was safe and comfortable throughout the transfer. This meant the person understood what was happening and was safe and comfortable during the process.

People told us staff supported them with dignity and respect. One person told us, “All the staff always knock before they come in. Never known it to be any different.” We saw staff knock and wait for a response before they went into people’s rooms. We asked staff what they did to promote dignity and respect when supporting people with care tasks. Staff told us, “When dressing the top half of a person, cover the bottom half with a towel, and make sure you keep the curtains and the door closed.”

We saw two separate instances where staff supported two different people to maintain their dignity. Both people had lifted up their skirts. In both cases, the care worker responded immediately by going to the person and calmly spoke with them whilst re-arranging their clothes so they were not exposed.

Is the service responsive?

Our findings

People told us they felt the manager was responsive to their needs. They said they liked, "The little extra services we get here, hand massage, nails done, hairdressers and chiropody service and the lovely house and beautiful gardens." Another person told us they enjoyed the garden, "I know I cannot go outside on my own and love to be in the garden, so staff take me out and make sure I am safe."

We arrived at the service at 6.45am. We saw people getting up at a time that suited them, and the kitchen was open to provide breakfast at a time that suited people. We saw people could eat breakfast at any time in the morning. Some people were having breakfast at 11am through choice.

The home had a lounge, smaller additional sitting areas and a dining room. In the morning we saw people sitting in the lounge listening to music. One person told us, "We choose to have music in the morning and like this channel." In the other sitting areas the television was on so people who used the service could make a choice of what to do.

People were using the dining room for breakfast but also for pursuing activities. The dining room was where many of the activities took place. We saw one of the activity co-ordinators was playing a game of dominoes with a group of people and later on, undertook cake decoration with those who were interested. We found that a different activity had been scheduled that morning but had been abandoned because people did not want to do it. Dominoes had been requested and so they responded to this request.

People who could not go out of the home on their own for safety reasons were supported by the activity co-ordinators to go out. We saw one person was accompanied to a local community centre where it was reported they enjoyed morning coffee and socialising with others. This person was taken out daily to respond to their wishes to leave the building.

Staff told us they spoke with each person, their families and friends to get a life history of the person. We found as a result of this, staff had taken a person living with dementia back to their former place of work where they had been a manager for many years. Staff told us the person had enjoyed revisiting a place they had remembered and spoke regularly about. This meant staff had responded to the person's past interests.

We were also told by a person that staff were very pro-active in supporting people to enjoy experiences outside of the home. They said this could be for pub lunches, visits to the canal basin for coffee, one to one shopping trips or organised outings to local museums or art galleries.

We saw people pursued their own interests as well as those provided by activity workers. One person was knitting. They told us, "I like to go out but when I am here I am happy just to do my knitting." Another person told us, "I don't like activities. They ask me to join in but have never tried to make me. They have asked what I would like to do and talked about what I used to enjoy. But I've told them I am happy as I am thank you."

We found the home employed both male and female staff. People told us they had been asked if they would be happy receiving care from a male worker. One person told us, "The young men are excellent, so well trained. They personally ask me if I am happy for them to assist me and are always exceedingly polite, courteous and respectful". Staff confirmed people had a choice of male or female care workers, one staff member told us that whilst most people don't mind, "[person] doesn't use one as they… refuse to have a male carer."

We saw people had been able to personalise their own bedrooms. One person told us, "I have a lovely room with my own things and the housekeeping is all done beautifully."

We asked people if the felt able to tell the manager or staff if they were not happy about their care. People told us they would be able to, but most had not felt the need. They told us, "I've been here for two years or more now and no complaints from me or even criticisms. I told you it's a good place and can't grumble." Another person told us they had no complaints but felt able to tell staff when they were not happy about something. They said, "I sometimes think some staff hassle me a bit and I don't like it so I tell them. It takes me longer to absorb what someone has said to me."

We looked at the complaints record. We saw there had been one formal complaint and this had been in August 2013. We saw the registered manager had fully investigated

Is the service responsive?

it. We also looked at recent compliments received. The last one said, "[person's name] time at Weavers has been the highlight of her final days – she couldn't have been happier."

Is the service well-led?

Our findings

The manager has a legal responsibility to notify the Care Quality Commission (CQC) of any incidents that affect people who use services. The manager had sent us notifications when there were safeguarding concerns but we had not received other notifications specified in the Act. These notifications included deaths of people who used the service and other incidents which affected the health, safety and welfare of people who lived in the home. This was a breach of Regulation 16 and 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009. This meant we did not receive information to help us assess whether action needed to be taken. The registered manager told us they were unaware of their responsibilities to do this, and told us they would ensure they would notify us in the future.

People told us they knew the manager and felt they did a good job. One person said, "The manager is hot on the job. She walks around the home daily and has an eye for the little things. That is so important. Staff are clear about what they should do." Another person said, "Most days we see the manager, she comes in here (dining room) to see us every morning after breakfast and has a chat."

People also knew the provider. During our visit we saw the provider talk with people. From conversations with people we could see he knew about the people that lived there. One person said the provider was "A very good man. I have a laugh with him whenever I see him. It's a good place." The manager told us the provider was very supportive in helping them to manage the home.

The manager was open with us about issues the service had dealt with over the last few months. They told us they had experienced challenges with staffing as they had three staff on maternity leave and had to also cover people's summer holiday leave. They told us they had improved the situation by employing full time bank staff.

The manager had acted on guidance given by a health care professional and had recently introduced a 'falls' book. This was to monitor the time of day and circumstances around a person falling to see if patterns emerged if the person fell more than once. This had been introduced in September 2014. They had also acted on guidance from the health care professional to undertake regular mattress checks, after the healthcare professional had found a dirty mattress.

Staff told us the manager was supportive of them. They told us they felt able to talk with the manager if they had problems or concerns. One staff member said, "The manager, yes, she's very good to work for. You can go to her with problems." Another said, "I really love working here. I think others must do as well as people tend to stay rather than go. I can't think who was the last to leave."

Staff told us that senior staff had twice monthly meetings and the information from these meeting was cascaded to them. They told us they did not get regular team meetings but they felt the information from the senior meetings provided them with sufficient information to do their work effectively.

We saw there were informal systems for monitoring quality. The manager spoke with staff and people, and did visual checks of the property to see if there were any maintenance issues. On the day of our inspection the maintenance worker was fixing the TV in the small lounge. We found the property to be in good working order.

There were less formal systems of measuring quality. None of the people we spoke with remembered being asked to complete any formal review of quality through satisfaction questionnaires or surveys. They could not remember the last time they had a 'residents meeting'. One person told us, "I've not been asked opinion about the service by the manager, just by inspectors." Another said, "We used to have resident meetings but that stopped when that activity person left and we've not had any since – that's quite some time ago." This meant there was no formal record of people's views or how the registered manager would have responded to people's ideas or suggestions.

The manager told us they were responsible for auditing the care records. They told us they had recognised their care records were not as good as they should be. They showed us one they had worked on however whilst this was an improvement, it did not provide detailed information about the risks relating to people's care and how these would be assessed and acted upon. They also audited

Is the service well-led?

medication administration. We found medication administration was undertaken safely. We found the manager was open to new suggestions and improvements to the quality of service provided to people.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **People who live in the home who have their liberty restricted have not been assessed to determine whether the restriction is lawful under the Deprivation of Liberty Safeguards.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services **The registered person did not notify us of deaths of people who lived in the home.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person did not notify us of other incidents that affected the health and wellbeing of people who lived in the home.**