Inspection Report
2023-2024

Beaconsfield Nursing Home

Adult Care Home

23 January 2024 &

25 January 2024

DHSC

Under the Regulation of Care Act 2013 and Regulation of Care (Care Services) Regulations 2013

SECTION A Overall Summary

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this unannounced inspection on the 23 January 2024 and 25 January 2024. The inspection was led by an inspector from the Registration and Inspection team who was supported by another inspector.

Service and service type
Beaconsfield Nursing Home is a care home based in Ramsey. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were forty-three people using the service.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings
We identified areas for improvement in relation to the safety of the premises, the reviewing and assessment of residents' needs, record keeping and the retention of records and staff appraisals.

There were systems and processes in place to protect people from abuse and harm. Staff understood their responsibilities to raise concerns and report them internally and externally.

Staff had received the appropriate training to meet the residents' individual needs. Staff sought guidance from other professionals to ensure the residents' day-to-day health and wellbeing needs were met.

Staff knew the residents and their needs well. Staff ensured that the care they provided and protected the residents' privacy and respected their choices and rights.

Care plans reflected the residents' physical, mental, emotional and social needs. The residents were supported with participating in social activities that were important to them.

The service had a clear set of values and a vision promoting care with privacy, dignity, rights, independence, choice and fulfilment.

At this inspection, we found seventeen areas for improvement had been met and four areas for improvement remained outstanding from the previous inspection. This inspection report will cover any outstanding areas for improvement not met.

SECTION B The Inspection

About the service
Beaconsfield Nursing Home is a registered adult care home able to accommodate up to forty-five residents. The home has a main building, able to accommodate thirty-four residents over three floors. Each floor has a dining room and lounge. The Towers is a separate building within the grounds and accommodates eleven residents. The Towers has one large lounge/dining room and a small conservatory. All of the bedrooms have en suite facilities.

Registered manager status
The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection
This inspection was part of our annual inspection programme, which took place between April 2023 and March 2024.

Inspection activity started on 22 January 2024. We visited the service on the 23 January 2024 and 25 January 2024.

What we did before the inspection
We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the Provider Information Return (PIR). This contained information about their service, what they do well, and improvements they plan to make. We reviewed notifications, complaints, compliments and any safeguarding issues. The inspectors also reviewed a number of policies and procedures.

During the inspection
We reviewed a range of records. This included the residents care records and a variety of records relating to the management of the service and a number of staff files. We spoke with four members of staff, two residents and two family members of residents. We observed interactions between staff and the residents living at the home. We met with a small group of residents to discuss the food and menus. We spoke with the manager throughout the inspection.

After the inspection
We gathered further evidence to support the inspection process and served an improvement notice to the manager and responsible person.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:
Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area.

This service was found not to be safe in line with the inspection framework.

Assessing risk, safety monitoring and management
The service had completed a number of safety checks throughout the building. These checks included an inspection of the fire safety systems, emergency lighting, electrical installations and portable appliance testing (PAT). The inspection report for the emergency lighting only covered 50% of the building. The previous inspection report, covering the rest of the building, was not available for inspection. The inspection report for the fire alarm system only covered 50% of the building. The previous inspection report, covering the rest of the building, was not available for inspection.

The electrical installations condition report, dated July 2021, had three improvement recommendations. Records identifying these recommendations had been addressed were not available for inspection.

The home had conducted two fire evacuation drills during 2023; however, not all staff had attended these exercises. Records showed that a number of staff had not attended a fire drill in over one year. All staff members had completed fire safety training and had attended refresher training, as necessary.

An independent qualified person had completed a fire risk assessment. Their report had identified one recommendation for improvement; however, this had not been completed. The Home had sought a second opinion, which suggested the recommendation was not necessary to maintain the safety of the building. The second report was not available for inspection.

Water safety checks were carried out for legionella bacteria. The home had a 'Water Hygiene (Legionella) Control Scheme Logbook', which had a section entitled 'risk assessment'; however, this document was specific to a domiciliary care agency, not Beaconsfield Nursing Home.

Qualified engineers had completed the inspection and maintenance of the lifting equipment used by the home. Staff had visually checked the lifting equipment on a regular basis. Engineers had also serviced and maintained the passenger lift within the home and the chair lifts in the Towers.

An independent person had carried out a Health and Safety Risk Assessment and produced a report on the 27 July 2023. The report identified eighteen requirements; fifteen of which identified a serious breach of Health and Safety legislation and/or affecting the adequacy of risk control and required immediate attention. There was no evidence that the works had been completed. The manager confirmed that work was still outstanding at the time of the inspection.

Qualified engineers had completed the inspection and maintenance of the heating system of the main building and the Towers in May 2023.

There were no Personal Emergency Evacuation Plans (PEEP's) for the residents available for inspection. The manager reported that they were in the process of being reviewed and updated and still required printing at the time of the inspection.

The Isle of Man Fire and Rescue Service had completed an inspection of Beaconsfield Nursing Home on the 11 December 2023 and had produced a certificate; however, the manager confirmed the inspection and certificate did not include The Towers building. This building must be included in the IOM Fire and Rescue Service fire safety inspection.

Some residents were observed in bed with the use of bedrails, to reduce the risk of falls. There was no evidence in the resident's files that a risk assessment had been carried out, by a competent person, taking into account the bed occupant, the bed, mattresses, bed rails and any associated equipment. The provider had a 'Bedrail in Care Homes Policy', reviewed in January 2024.

The home had a medication inspection on the 18 January 2024 from a pharmaceutical advisor. Their report had identified three standards not being met.

Staffing and recruitment

The provider had not recruited staff safely. One member of staff was interviewed after they had formally started their employment at the home. For another member of staff, the Home had not seen their Disclosure and Barring Service (DBS) check until three weeks after they had started their employment. The interview notes for one member of staff could not be located.
The home had stored copies of staff visas in their employment file. This is an area for improvement, which has been carried over from the previous inspection.

Staffing rotas were clear and legible, identified the staff on duty and the nurse responsible for managing each floor. A number of staff had consistently worked a minimum of sixty hours per week and some staff had consistently worked seventy-two hours per week. This is an area for improvement. This was identified in the previous inspection; with a recommendation the provider consider the recommendations of the Royal College of Nursing in addressing working time and breaks.

The home had completed a comprehensive assessment of needs, to determine the level of support for the people residing at the home.

The home reported a number of staff vacancies. At times of staff shortages, other members of staff would cover any vacancies on the rota by offering to come in during their day off, or offered to extend their planned hours to cover any shortfall, until other staff became available. This offered the residents some consistency and continuity in their care and support.

The service did not have a Business Continuity Plan. The manager produced a plan during the inspection; however, this was a generic document, not dated or personalised to Beaconsfield Nursing Home.

Preventing and controlling infection

The provider had an infection, prevention control policy, which required reviewing in January 2022. We recommend this policy be reviewed as soon as possible.

The home was clean and tidy throughout. Cleaning schedules identified the various cleaning tasks for the home, which housekeeping staff maintained. The cleaning schedules included when the curtains, carpets and individual resident bedrooms had been deep cleaned.

The inspectors observed staff members using the appropriate Personal Protective Equipment (PPE) to the task they were performing. All staff members had completed infection control training and food safety training.

The manager had completed regular infection control audits.

The main kitchen was very clean and tidy and well organised. Staff had recorded fridge and freezer temperatures daily and opened food products had been labelled appropriately with the 'when opened' date.

Staff transported the prepared meals from the main kitchen to the dining rooms, on each floor of the home and the Towers, using a heated food trolley; however, the staff did not check the temperature of the food before serving. Staff must establish and record the temperature of the food being served, to ensure it is hot enough to stop harmful bacteria growing.

Cleaning products hazardous to health were in a locked cupboard and safety information sheets were present for all hazardous products.

The laundry was well organised and clothes belonging to the residents were stored in boxes displaying their room number.

Sluice rooms were locked during periods they were not in use; however, there were no instructions available to staff in the correct use of the sluicing machine. We recommend that instructions be posted within the sluice room.

For people requiring the use of hoists to support their mobility, they each had only one sling, which made it difficult if the sling needed cleaning. The slings were not stored in the resident's room, but kept on the hoist, on the corridor. The slings were not marked with the resident's room number on it, to identify the owner. This has been carried over from the previous inspection.

Learning lessons when things go wrong

Nursing staff recorded incidents and accidents, involving the residents, and completed the Notification of Event forms for the Registration and Inspection Team. Nursing staff then passed on information regarding accidents, incidents and safeguarding concerns to the manager to sign off or conduct an investigation.

The manager completed an audit form, used to identify trends in any accidents and incidents within the home. This led to identifying any areas for learning and recognising areas for improvements in the home.

Examples of areas of learning included making referrals to other health care professionals, such as the Older Persons Mental Health Services, to support residents, and the use of safety equipment following a series of falls.

The manager had submitted notifications of all significant events to the Registration and Inspection team in line with regulatory requirements.

The home had consulted with a number of health care professionals, when necessary, to maintain the health and wellbeing of the residents.

The manager kept up-to-date with relevant external safety alerts. Examples of responding to such alerts, the home identified medications, which included emollients and implications of fire safety. This area was included in fire safety awareness and included in future training.

Action we require the provider to take

Key areas for improvement:

- Action is required to ensure emergency lighting and fire alarm system inspection reports are available for inspection.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety

- Action is required to complete the recommendations from the electrical installations report and provide the Registration and Inspection Team with an action plan, identifying a timeframe to complete the work.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Fitness of Premises: Health and Safety.

- Action is necessary to ensure all staff have attended fire drills annually.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety

- Action is required to complete the recommendations from the fire risk assessment and provide the Registration and Inspection Team with an action plan, identifying a timeframe to complete the work, or a second report is submitted, identifying the work is not required to maintain the safety of the building.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Fitness of Premises: Health and Safety.

- Action is needed by the manager to produce a Legionella risk assessment specific to Beaconsfield Nursing Home environment.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety

- Action is required to address the recommendations from the Health and Safety report, dated 27 July 2023 and the manager submits an action plan to the Registration and Inspection Team, identifying the timeframe for completion.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety

- Action is needed to ensure the residents' Personal Emergency Evacuation Plans are available to staff to maintain the residents safety in the event of a fire.
  This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records

- Action is required to have an IOM Fire and Rescue Services inspection report for the Towers building immediately.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety

- Action is required for the manager to produce adequate and appropriate risk assessments for residents using bedrails.
  This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service

- Action is needed by the manager to produce an action plan to address meeting all of the standards identified in the Medication Inspection report, dated 18 January 2024
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service

- Action is required to ensure that all pre-employment checks are completed prior to staff commencing employment.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

- Action is required to remove all copies of visas from staff files (carried over from the previous inspection).
This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records

- Action is needed by the manager to reduce the excessive number of hours worked by some staff, which may otherwise affect the care provided to residents.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

- Action is necessary for the manager to produce an up-to-date business continuity plan.
This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Fitness of Premises: Health and Safety

- Action is needed to check and record the temperatures of food, prior to it being served to the residents, to ensure it is hot enough to stop harmful bacteria growing.
This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety

- Action is required to identify people's personal slings by marking them with their room number. (this is carried over from previous inspection)
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service

Inspection Findings

C2 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. The service does require improvements in this area.

This service was found not to be effective in line with the inspection framework.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
The home had completed a pre-admission assessment prior to the resident moving into the home. The home used this assessment, supplemented by other information from the resident's family, or the discharge notes from the Hospital, to develop person-centred support plans and risk assessments for the residents.

The assessment of needs had not been re-evaluated every six months, prior to a statutory review of their care.

Formal reviews of the person's support plans and risk assessments had not been carried out every six months, or when the resident's presentation had significantly changed. This is an area for improvement from the previous inspection. The spouse of a resident told us they were unware that reviews should be carried out and had not been invited to any.

The home had consulted with medical professionals, to support maintaining the health and wellbeing of the residents. Support plans included information in meeting the resident's needs, which contained guidance from health and social care professionals, as necessary.

Staff support; induction, training, skills and experience
All staff were up-to-date with their mandatory training and refresher training.

Staff supervisions were carried out in December 2023 and January 2024; however, records were not available to confirm if staff had received any other supervisions. We were informed that the provider's computer system updated every Thursday and, following this update, some folders were often missing. The supervision folder was unaccounted for at the time of the inspection.

Each member of staff had not received an annual appraisal of their performance.

The home had conducted a number of team meetings. Minutes of the meetings were available for staff who did not attend.

We were satisfied new staff had received an induction to the service and had opportunity to shadow more experienced members of the team prior to them working alone.

Staff responsible for administering medication to residents had their competency in administering medication assessed annually.

Supporting people to eat and drink enough to maintain a balanced diet
The resident's care plans identified their specialist dietary requirements and the level of support they required to meet those needs.

The home had consulted with professionals, where necessary, to address any dietary requirements and concerns. Advice from medical professionals was included within the care plans to inform staff. Staff recorded the resident's food and fluid intake within their electronic file.

Supplementary drinks were entered on the Medication Administration Records (MAR).

We observed lunch with the residents, which was relaxed and informal. The staff were attentive to the individual needs of the residents and there were sufficient staff to support all of the residents in the dining room. For residents requiring one-to-one support with eating, staff members offered this in the person's room in a relaxed and unhurried manner.

The home had a daily menu on display in the dining room. Residents told us the food was very good and the staff offered options to what was on the menu. One resident told us, "The food here is smashing. It's really good. If you want something else, just ask and they'll do it for you."

Kitchen staff has a list of the residents' allergies and dietary requirements. There was information in relation to diabetes for one resident and advice from medical professionals on how to meet the individual needs of this resident.

Action we require the provider to take

Key areas for improvement

- Action is required to ensure a new assessment of needs is completed prior to a resident's statutory review.
  This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan

- Action is needed by the manager to ensure that all residents personal care plans are reviewed when a change of need occurs, or at least every six months. Records should demonstrate that the resident and/or their representative is always invited to attend and contribute to the review. (carried over from the previous inspection).
  This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.

- Action is required by the manager to ensure that supervision records are available for inspection at all times.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

- Action is required to ensure that all staff receive an annual appraisal of their performance.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

Inspection Findings

C3 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. The service requires one improvement in this area.

This service was found to be caring in line with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity
The provider had an Equality, Diversity and Inclusion policy, which had been reviewed in May 2022.

Staff knew the residents and their individual needs well. Staff appeared relaxed and clearly explained how they supported the residents with dignity and respect. We observed warm and friendly interactions between the residents and members of staff throughout the inspection.

Staff had received training in 'communicating effectively', showed an understanding of the residents' communication needs, and offered choices throughout. Care plans were in place for residents with communication difficulties and staff had consulted with professionals to support the residents with their communication needs, when necessary.

One family member told us, "The staff here are really nice. They treat my [relative] as a person, rather than a resident."

Initial assessments did not include ascertaining the resident's religious and cultural needs on admission, and there were no specific care plans to support people with those needs. This will be an area for improvement.

The residents' initial assessments had identified their social events and activities. The home employed an activities coordinator to support residents with social interaction and activities.

Staff members supported the residents to maintain important relationships with their family. A resident said, "The staff help me keep in touch with my family. They also keep them informed of any concerns. I like that."

Supporting people to express their views and be involved in making decisions about their care
Residents had not received reviews of their care and support every six months. Family members of residents that had been in the home for longer than six months, told us they did not know about the review meetings and had not attended any.

The home had involved the person's General Practitioner (GP) to support them with medical decisions, when they did not have any other person to support them. The home has also consulted with the Attorney General's office for people they have Power of Attorney.

Staff spend quality time with the residents. One resident told us, "We have a laugh and they're happy to sit and talk to me. They're interested and interesting people."

The home conducts regular residents' meetings and the minutes were available for residents and family members that did not attend the meetings. Kitchen staff also attended the meetings to discuss people's likes and dislikes, receive feedback about the meals on offer and discuss any changes to the menu.

Action we require the provider to take

Key areas for improvement

- Action is needed to ascertain a person's religious and cultural needs as part of the initial assessment, prior to them moving into the home.
  This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.

Inspection Findings

C4 Is the service responsive?

Our findings:
Responsive – this means we looked for evidence that the service met people's needs. The service requires one improvement in this area.

This service was found to be responsive in line with the inspection framework.

Planning personalised care to ensure people have choice and control to meet their needs and preferences
The residents received individualized support that met all of their needs. Person-centred plans identified their support needs, and provided guidance for staff on how to meet those needs. Care plans identified personal goals and objectives, designed to increase the resident's independence.

The residents' pre-admission assessments identified their physical, emotional communication and social needs, as well as their preferences in the foods they liked, their preferred daily routines, activities and pastimes. Care plans in relation to family involvement and how the home would support the resident in maintaining contact with their family, had not been developed. We recommend that the home develops care plans to inform staff of the residents' preferences in maintaining contact with their family and friends.

Where there were concerns about a person's lack of capacity, there was no evidence of capacity assessments being undertaken or best interest decision-making, involving family members or significant other people to the resident, to determine the most appropriate level of care and support they receive. This is an area for improvement from the previous inspection.

The home employed an activity coordinator, to ensure that residents had meaningful activities. The activity coordinator met with the residents and ascertained their hobbies, interests and pastimes. The home provided a number of communal activities throughout the week, taking into consideration the resident's individual interests.

Improving care quality in response to complaints and concerns
The provider had a complaints policy, last reviewed in August 2022. This was scheduled to be reviewed in March 2023 and was overdue. We recommend the manager reviews this policy as soon as possible.

A copy of the complaints procedure was on display on all of the notice boards around the home and on the back of the resident's bedroom door. Information about how to make a complaint was also in the Statement of Purpose.

The provider had received one complaint since the last inspection. The manager had investigated the complaint and resolved the issues.

Following the complaint, the manager had implemented changes in practice, demonstrating that the home had gone through a process of learning.

A resident said, "I can't complain. Staff here are absolutely fantastic and friendly. They make me feel at home. If anything was wrong, I'd talk to the nurse in charge or the manager directly."

Staff members we spoke to said they felt that, if they reported any concerns to the nurse in charge or manager, they would be taken seriously. A nurse in charge told us they could report any concerns to the manager and they would be acted upon.

Action we require the provider to take

Key areas for improvement

- Action is required to ensure that resident's that do not have capacity, due to a cognitive impairment, have a capacity assessment demonstrating this, and records of best interests decision meetings, show that their care package is in their best interests. (carried over from the previous inspection).
  This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records

Inspection Findings

C5 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. The service does require improvements in this area.

This service was found not to be well-led in line with the inspection framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
The provider had a set of principles and values staff were expected to implement in their daily work. These were published in the home's statement of purpose, entitled 'Philosophy of Care'.

Staff were informed of the company's 'philosophy of care' during team meetings and staff supervisions. The manager was present in the home to manager and coach the staff team in implementing the principles and values.

The home had sent survey questionnaires to the residents, their family members and to the staff, for formal feedback on the services they provide at Beaconsfield Nursing Home. The manager was present on a daily basis, which provided an opportunity to gather informal feedback from the residents, staff members and family members of the residents.

The manager was in training to become qualified and attained the Qualifications and Credit Framework (QCF) level five diploma in leadership in health and social care. The manager informed us that they kept up-to-date with their skills and knowledge by completing their Continuous Professional Development (CPD), attending mandatory training and seeking relevant courses, such as becoming a trainer in administering medication.

The manager had a job description, which was three years old and required updating. The manager had not received regular supervision with their line manager. This will be an area for improvement. The manager had not received an annual appraisal of their performance.

The provider had an Equality, Diversity and Inclusion policy in place and staff received training in this subject.

How does the service continuously learn, improve, innovate and ensure sustainability
All staff were up-to-date with their mandatory training and were encouraged to complete the Regulated Qualifications Framework (RQF) level three in health and social care.

The manager reported that staff received formal one-to-one supervisions four times per annum; however, records were not available at the time of the inspection. The manager reported to have received training specific to providing staff with one-to-one supervision.

Supervision records available for inspection showed that staff only received fifteen minutes supervision. The supervision notes were all the same for each member of staff and some supervisees had not signed their supervision record. The manager had also given one-to-one supervision to their spouse; however, the manager reported that an equal ranking colleague

usually gave supervision to this employee. This employee must receive one-to-one supervision from another manager within the company.

Supervision notes were on headed paper with the name of a domiciliary care agency, not Beaconsfield Nursing Home. We recommend this be changed as soon as possible.

The provider measured success in a number of ways. The manager conducted regular audits of the number of incidents, accidents, complaints and compliments for the service. This information was used to identify trends and address and necessary improvements.

The provider also conducted bi-annual surveys of their services. Service user's, staff and family members each received a questionnaire, asking for their opinions and experiences of the services provided by Beaconsfield Nursing Home.

The responsible person produced bi-annual reports, informing on the premises, staffing, resident and family satisfaction and records. The reports identified any areas for improvement and actions required to indicate progress; however, the manager does not receive a copy of these reports.

Action we require the provider to take

Key areas for improvement

- Action is needed by the provider to ensure the manager has an up-to-date job description with a clear definition of their roles and responsibilities
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

  Action is required by the provider to ensure that manager receives a minimum of four supervisions per annum and an annual appraisal of their performance.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

- Action is necessary by the manager to ensure all staff receive regular, quality supervision, records are kept safe and available for inspection at all times.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

- Action is necessary to ensure that another manager of the company, to remove any conflicts of interest, supervises the manager's spouse.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

- Action is required from the responsible person to ensure that the manager receives their bi-annual reports, with any action plans to meet areas of improvement.
  This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.