Care Quality Commission

Sage Care Homes (Willowbank) Limited

Willowbank Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of Willowbank on 12 and 13 November 2014. Willowbank is a care home which is registered to provide care for up to 53 people. It specialises in the care of people who have dementia or mental ill health. The service provides nursing care. At the time of the inspection there were 49 people accommodated in the home.

The home is set in a residential area approximately a mile from Burnley town centre with shops, a post office, public houses and a bus route nearby. The home is a detached three storey building with a purpose built extension set in 1.5 acres of gardens.

At the previous inspection on 16 July 2013 we found the service was meeting all standards assessed.

There is a registered manager in day to day charge of the home. 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 2008 and associated Regulations about how the service is run.

People made positive comments about the management arrangements. Staff told us, "There is a good atmosphere.

Summary of findings

The manager is easy to approach." Comments from health and social care professionals included, "The manager is willing to listen and work with us" and "The manager is really good and has made changes that are beneficial to the home."

People told us they felt safe and were looked after. One person said, "They (the staff) are very kind." A relative told us, "I have not seen the staff do anything they shouldn't." Staff knew what to do if they witnessed or suspected any poor practice. Management and staff had responded promptly and appropriately to any incidents.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may lack capacity to make safe decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need. We found staff had varied levels of understanding of the MCA and DoLS processes. However, the registered manager had made appropriate referrals to ensure people were safe and their best interests were considered.

We observed people being offered choices and, where possible, consenting to care and treatment. Staff had a good understanding of people's abilities to make safe decisions and choices for themselves which should help make sure restrictions on their freedom were no more than was necessary.

People were able to take risks as part of their daily lifestyle which meant their independence, rights and lifestyle choices were respected. One person said, "I tend to do my own thing. I tell them when I leave and when I get back; they like to know to make sure I am safe." Some people living in the home behaved in a way that could place themselves and others at risk of harm. Staff had received training to help them respond appropriately and keep themselves and others safe.

A safe and fair recruitment process had been followed which should help protect people from unsuitable staff. We found the arrangements for managing people's medicines were safe.

There were sufficient nursing, care and ancillary staff to meet people's needs. A health and social care professional told us, "The staffing ratio is good." A person living in the home said, "There always seems to be staff around if you need them." A relative said, "I have always seen plenty of staff and never seen anyone having to wait a long time for anything." During our visit we observed staff in attendance in all areas of the home and people's calls for assistance were promptly responded to.

Staff received appropriate supervision, training and induction to give them the necessary skills and knowledge to look after people properly. We observed staff being kind, friendly and respectful of people's choices and opinions. People living in the home told us they were happy with the staff and information from the recent customer satisfaction survey was very positive. One person said, "All the staff are very kind and friendly."

There were strong odours in some areas of the home. The registered manager was aware of the problem and described the action taken to date and further plans to resolve the issue. The registered manager was confident the issue would be resolved within a short timescale. Following the inspection we were told new flooring would be fitted in December 2014.

People's nutritional needs had been assessed which helped determine whether they were at risk of dehydration or malnutrition and staff were able to provide specialist diets as needed. People told us they enjoyed the food and were offered choices. A visitor said, "The food seems good, I have eaten here and my relative has put weight on." We observed the lunch time meal in both dining areas and saw people were given support and encouragement as needed. In the 'quiet' dining room there was very little conversation between staff and people living in the home and people chose to sit alone. The main dining room was very busy with lots of chatter and encouraging words from staff. However, there was little room to move around once everyone was seated. We noted people were provided with plastic plates and cups when there appeared to be no reason for this. The registered manager suggested how people's dining experience could be improved.

Care plans were well presented and contained information about people's likes and dislikes and any risks to their well-being as well as their care and support needs. A visitor confirmed they had been involved in developing the care plan and consulted about their relative's care needs.

Summary of findings

There were opportunities for involvement in a range of suitable activities both inside and outside the home. Activities included aromatherapy massage, garden parties, themed parties, visits from local entertainers, tea dances, crafts, bingo and clothing parties. People were able to discuss the activities they would prefer which should help make sure activities were tailored to each individual.

The complaints procedure was displayed in each person's room and around the home. People told us they knew who to complain to if they were unhappy about any aspect of their care. One person said, "I will tell the staff if I am unhappy about anything." People were encouraged to discuss any concerns during regular 'chit chat' meetings, during day to day discussions with staff and management and also as part of the annual satisfaction survey.

There were systems in place to assess and monitor the quality of the service with evidence these systems had identified a number of shortfalls and improvements had been made. However, the registered manager was currently reviewing the audit tools.

During the inspection we found the service was meeting the required legal obligations and conditions of registrations. The registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations. There were effective systems to ensure any accidents and incidents were recorded and analysed to identify any patterns or areas requiring improvement.

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?

Good

The service was safe. People told us they felt safe. Management and staff were able to describe the action they would take if they witnessed or suspected any poor practice. One person told us, “They (the staff) are very kind.”

The home had sufficient skilled staff to look after people properly. A relative said, “I have always seen plenty of staff and never seen anyone having to wait a long time for anything.” During our visit we observed staff in attendance in all areas of the home and people's calls for assistance were promptly responded to.

People’s medicines were managed safely by staff who had received appropriate training. The medication system was checked on a monthly basis and action plans developed in the event of any shortfalls.

Is the service effective?

Good

The service was effective. All staff received a range of appropriate training, supervision and support to give them the necessary skills and knowledge to help them look after people properly.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people’s rights were protected. People were able to make safe choices and decisions about their lives.

People were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring. People living in the home, and their relatives, were happy with the staff team. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff had a good knowledge of the people they supported.

People were able to make choices and decisions. They told us staff listened to them.

People were able to express their views and opinions of the service through regular ‘chit chat’ meetings and during day to day discussions with staff and management.

Is the service responsive?

Good

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

There were opportunities for involvement in regular activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

The complaints procedure was given to people at the time of admission. People had no complaints about the service but knew who to speak to if they were unhappy. Records showed complaints had been investigated and responded to by the registered manager.

Summary of findings

Is the service well-led?

Good

The service was well led. The registered manager and staff worked with other professionals to make sure people received appropriate care and support. The registered manager was committed to ongoing improvement of the service and was able to describe the key challenges for the future.

The quality of the service was monitored to ensure improvements were on-going.

There were effective systems in place to seek people's views and opinions about the running of the home.

Willowbank Nursing 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 checked whether the provider is 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.

The inspection of Willowbank took place on 12 and 13 November 2014 and was unannounced. Two inspectors attended on the first day.

Before the inspection we reviewed the information we held about the service. We contacted the local authority commissioning and contracts team and a number of health and social care professionals who had visited the service. They were able to provide us with some feedback about their experience.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people living in the home and with one relative. We also spoke with three care staff, the activity organiser, two laundry staff, two nurses and the registered manager.

We spent two days in the home observing care and support being delivered. We looked at a sample of records including four people's care plans and other associated documentation,

Five recruitment and staff records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits. We also looked at the results from a recent survey that had been completed by staff, relatives, health and social care professionals and people living in the home.

Good

Is the service safe?

Our findings

We spoke with five people using the service and with one relative who regularly visited the home. People living in the home told us they felt safe and were looked after. Comments included, “I like it here well enough; staff are good to me” and “They (the staff) are very kind.” A relative told us, “I have not heard the staff do anything they shouldn’t.”

We discussed the safeguarding procedures with three members of staff. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received regular safeguarding training and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. We looked at the information we hold about the service. We found management and staff had followed local safeguarding protocols and had responded promptly and appropriately to any incidents. We also noted any incidents were monitored and action taken to reduce any further risks to people.

From looking at the training plan we found most staff had received in depth training on safeguarding vulnerable adults from an accredited training agency. Other staff had received awareness training from a competent member of the nursing staff. There was guidance available in the home informing people about abuse and who to inform if they suspected abuse was taking place.

We looked at how the service managed risk. We found individual risks had been assessed, discussed with each person or their relative, recorded in their care plan and kept under review. There were instructions to guide staff on how to safely manage risks and some people were supported to take risks as part of their daily lifestyle with the minimum restrictions. This helped staff ensure people’s independence, rights and lifestyle choices were respected. One person said, “I tend to do my own thing. I tell them when I leave and when I get back; they like to know to make sure I am safe.” However, we found one person had been smoking in the home and people’s meals were served on plastic plates and cups without appropriate assessments in place to support this. The registered manager told us she would ensure the issues would be monitored and action taken as necessary.

We looked at five staff recruitment files and spoke with one member of staff about their experiences of the recruitment and induction process. We found a safe and fair recruitment process had been followed and appropriate checks had been completed before staff began working for the service.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people’s needs and keep them safe. We looked at the staffing rotas. We found the home had sufficient skilled nursing, care and ancillary staff to meet people's needs. Staff spoken with told us there were sufficient numbers of staff and that any shortfalls, due to sickness or leave, were covered by existing staff or, if necessary, by agency staff. This ensured people were looked after by staff who knew them. Management and staff told us sickness and absence was kept under review and action taken to ensure the home was staffed appropriately. Two health and social care professionals told us, “The staffing ratio is good” and “There are more than enough staff.” A person living in the home said, “There always seems to be staff around if you need them.” A relative said, “I have always seen plenty of staff and never seen anyone having to wait a long time for anything.” During our visit we observed staff in attendance in all areas of the home and people's calls for assistance were promptly responded to.

We looked at how the service managed people’s medicines and found the arrangements were safe. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to. Nursing staff had received training to help them to safely administer medication. However we noted that regular checks on their practice had not been undertaken to ensure they were competent. The registered manager told us this process was currently under development but understood the need for regular checks.

We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines. Appropriate arrangements were in place for the management of controlled drugs which are medicines which may be at risk of misuse. Controlled drugs were stored appropriately and recorded in a separate register. We checked one person’s medicines and found it

Good

Is the service safe?

corresponded accurately with the register. We saw the medication system was checked and audited on a monthly basis and action plans developed in the event of any shortfalls. This helped ensure people's medicines were managed safely. The community pharmacist told us, "A key person manages the medicine system; she is professional and organised." A relative told us the home had monitored changes to their family members medication and had involved them in the discussions.

From looking at records we saw equipment was safe and had been serviced regularly. Training had been provided to ensure staff had the skills to use equipment safely.

We looked at the arrangements for keeping the service clean and hygienic as prior to our visit a healthcare professional had told us, "There is a smell sometimes but they are constantly cleaning." During our visit we noted strong offensive odours particularly in the main entrance and corridor, on the first floor and in the 'quiet' dining room; we also noted staff were using products to try to unsuccessfully mask the odours. We discussed our findings with the registered manager who described the action taken to date and further plans to try to resolve the issue. Action taken included new 'contract standard' carpets in some areas and a rigorous carpet cleaning regime. The registered manager was confident the issue would be resolved within short timescales. Following the inspection we were told new flooring was to be fitted in December 2014.

There was a designated infection control 'lead' in the home who attended local meetings to keep updated. There were 'infection control' policies and procedures which were currently under review to provide appropriate guidance to staff. Records confirmed staff had completed training in infection control and appropriate protective clothing, such as gloves and aprons, were available.Sufficient numbers of domestic staff were employed. There were three domestics and two laundry staff on duty at the time of our visit. Cleaning schedules were completed. The designated nurse had undertaken spot checks on staff hand washing practice and action had been taken where shortfalls were noted. Infection control audits were undertaken every three months. We discussed some areas needing attention such as the use of foot operated pedal bins and work needed to the flooring and exposed pipes in the laundry. We spoke with the local authority infection control lead nurse who had visited recently. We were told there were no concerns about the service and that any recommendations made at the time of her visit had already been addressed or were being acted upon.

Good

Is the service effective?

Our findings

We looked at how the service trained and supported their staff. A relative said staff had the skills and knowledge to support people in their care. From our discussions with staff and from looking at records we found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff confirmed they received regular training such as safeguarding, moving and handling, fire safety, health and safety and infection control. Staff were also trained in specialist subjects such as dementia, mental health awareness, end of life care, managing behaviour that challenges, respect and dignity. In addition, most of the staff had achieved a recognised qualification in care. Staff told us, "We gets lots of good training" and "The training is useful for us."

Records showed there was an in depth induction programme for new staff. A recently employed member of staff told us the induction period included a review of policies and procedures, initial training to support them with their role, shadowing experienced staff and regular monitoring to make sure they were competent, confident and safe.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance; records were available to support this. Regular supervision should help highlight any shortfalls in staff practice and identify the need for any additional training and support. Staff knowledge and competence in a range of subjects was also reviewed. Staff comments included, "We have a good team" and "We get on well; there is a good atmosphere."

Staff told us handover meetings were held at the start and end of every shift to keep them up to date about people's changing needs. Records showed key information had been shared between staff. One member of staff said, "I can read the care plans; they are clear and up to date."

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with the registered manager and with staff and from looking at records we found some staff had received basic training about the MCA and DoLS; further in depth training was being sought. Staff spoken with expressed varied levels of awareness of the DoLS processes. However, there was clear evidence to support procedures had been followed to ensure people's best interests were protected.

From our discussions, observations and from a review of records we were aware some people living in the home behaved in a way that may challenge others; this could place themselves and others at risk of harm. We found information in the care plans to help staff recognise changes in people's behaviour which enabled them to intervene before a person's behaviour escalated to crisis level. Staff were able to describe the strategies in place to help them identify any triggers and advise them on how to reduce any risks. Staff also told us they received regular training to help them respond appropriately and safely to people's behaviours. During our visit we observed staff responding to challenging situations in a kind, appropriate and sensitive way. A healthcare professional told us, "The staff manage a lot of challenging people extremely well."

During our visit we observed people being offered choices and consenting to care and treatment. Staff were aware of people's abilities to make safe decisions and choices for themselves and there was reference to this in the care plans. This should help make sure restrictions on their freedom were no more than was necessary.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People living in the home told us, "The meals are very nice", "If I don't fancy it I can have something else" and "I'm having soup; they know I like soup." A visitor said, "The food seems good, I have eaten here and my relative has put weight on." Care records included information about the risks associated with people's nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. A health care professional told us people were referred appropriately.

We observed the lunch time meal being served in both dining areas and saw people were given support as needed. In the 'quiet' dining area, staff served a choice of meals from the hot trolley when people were seated at a table. The food was hot and looked appetising. There was

Good

Is the service effective?

very little conversation between staff and people living in the home as people chose to sit on separate tables with a number of empty tables in the room. Tables were nicely presented with cutlery and drinks; condiments were provided separately. The main dining room was very busy with little room to move around once everyone was seated. We observed lots of chatter and encouraging words from staff whilst people were being helped to eat and drink. Tables were not nicely presented in this dining area; we were told this was due to people's 'behaviour'. We noted people were using plastic plates and cups when there appeared to be no records to support this. Good practice guidance from specialist organisations had been considered as the bowls were appropriately coloured for people with dementia but were not appropriate for everyone. We shared our findings with the registered manager who discussed ways to enhance people's dining experience.

We looked at how people were supported to maintain good health. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. From our discussions and a review of records we found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Good

Is the service caring?

Our findings

People living in the home told us they were happy with the approach taken by staff. Comments included, “All the staff are very kind and friendly”, “They do their best” and “The staff are alright”. A relative said, “They do really well with my relative.” Information from the recent customer satisfaction survey was very positive.

During our two day visit we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's privacy, choices and opinions. All the staff spoken with had a good knowledge of the people they supported. It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved, where possible, in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices.

People’s privacy was respected. Each person had a single room which was fitted with appropriate locks; we were told people could have a key to their room if they wished and that this was risk assessed. Bedrooms had been personalised with personal belongings; one person had been able to bring her pet cat with her. On the ground floor there were four comfortable lounge areas, a sensory lounge, a smoking lounge, a kitchen and two dining rooms. There were additional seating areas where people could sit quietly. On the third floor there was a self-contained kitchen/dining room and lounge for more able, independent people. One person said, “It’s very peaceful up here.” Bathrooms and toilets were located on all floors, were fitted with appropriate locks and were suitably equipped for the people living in the home. A relative told us people’s privacy, dignity and independence was respected by staff. A relative told us there were no restrictions on visiting and they were able to visit at any time and they were involved in discussions about care and support. They said, “My relative is much happier here.”

There were opportunities for people to express their views about the service. From a review of records and from talking to people we found people had been encouraged to express their views and opinions of the service through regular ‘chit chat’ meetings and during day to day discussions with staff and management. Regular satisfaction surveys had been sent to people using the service, their relatives, visiting professionals and to staff to determine their views on the service. The results had been analysed and displayed in the home although any actions taken to respond to people’s comments had not yet been shared.

There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members. From our discussions we found people who lived in the home had been helped to access the advocacy service.

Good

Is the service responsive?

Our findings

Records showed a suitably qualified member of staff carried out a detailed assessment of people's needs before they moved into the home. This included information from a variety of sources such as social workers, health professionals, and family and also from the individual. People were encouraged to visit the home and spend time with staff and other people who used the service before making any decision to move in. It also allowed people to experience the service and make a choice about whether they wished to live in the home and also ensured appropriate decisions were made about whether the service would be able to meet the persons' needs.

We found each person had an individual care plan. We looked at four care plans. The care plans were well presented and easy to follow. They contained information about people's likes and dislikes and any risks to their well-being as well as their care and support needs. Care staff spoken with indicated an awareness of the content of people's care plans and told us they found the care plans to be useful. Staff told us the care plans were updated to reflect any changing needs and people using the service or their relatives would be involved in this. A relative confirmed they had been involved in developing the care plan and with decisions about care needs. The registered manager regularly checked people's care plans and developed an action plan where shortfalls had been identified.

From looking at records, photographs, and from discussions with staff and people living in the home, it was clear there were opportunities for involvement in regular activities both inside and outside the home. Activities included aromatherapy massage, garden parties, themed parties, visits from local entertainers, tea dances, crafts, bingo and clothing parties. During our visit we noted a number of activities taking place in the sensory room. People were involved in 'chit chat' meetings when they were able to discuss activities they would prefer. The activity person told us activities were tailored to people's individual preferences and choices each day. We also noted activity boards were available around the home; the boards held various kitchen utensils, light switches and door locks for people to use.

The complaints procedure was given to people at the time of admission and was displayed in each person's room and around the home. We noted the information in the complaints procedure was incorrect; however the manager immediately revised the procedure and made accurate information available in people's rooms. People who used the service and their relatives were encouraged to discuss any concerns during regular 'chit chat' meetings, during day to day discussions with staff and management and also as part of the annual satisfaction survey. Information from the recent survey indicated people knew who to complain to if they were unhappy about any aspect of their care. One person said, "I will tell the staff if I am unhappy about anything." Records showed complaints had been investigated and responded to by the registered manager.

Complaints were monitored and the information was shared with staff and used to improve the service. There were also a number of 'thank you' cards and compliments letters although it was not clear whether these were recent as some were undated. Comments included, "Thank you for your support, gentle care and dignified attention" and "Thank you for the loving care and attention."

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The current manager had been employed by the service for a number of years and was recently registered with the Care Quality Commission to manage the service. The registered manager was supported and monitored by a senior manager and was able to maintain contact with managers from other local services in the group. The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

People spoken with were aware of the management structure at the service. They made positive comments about the management arrangements. Staff told us, "There is a good atmosphere. The manager is easy to approach" and "The manager is very good." Comments from health and social care professionals included, "The manager does a good job", "The manager is willing to listen and work with us" and "The manager is really good and has made changes that are beneficial to the home." From our discussions and from a review of records it was clear the registered manager was committed to ongoing improvement of the service and was able to describe the key challenges for the future.

Staff spoken with told us communication throughout the team was good and they felt supported to raise any concerns at any time. Staff told us they had a good team. One person said, "I'm happy in my job." All staff were given a contract of employment, a job description and had access to clear policies and procedures which should help make them aware of their role and responsibility within the organisation. They received regular feedback on their work performance through the supervision and appraisal systems and their competence and awareness was assessed. Staff told us they were kept up to date and encouraged to share their views, opinions and ideas for improvement at regular meetings. Meeting minutes showed good attendance and the opportunity to share learning and keep staff up to date with the day to day running of the service.

There were systems in place to assess and monitor the quality of the service; the results of a number of audits were also shared with other agencies. Checks were completed on medication systems, care plans, money, safeguarding, staff training, infection control and the environment. There was evidence these systems identified shortfalls and improvements had been made. However, during our visit we noted a number of areas which had not been identified as part of the audits. They included an unsecured electric fire, a person smoking in their room, damaged coat hooks and slippery flooring in the ground floor toilet and bathroom. The registered manager told us she was aware the audit tools needed to be reviewed and showed us an example of an improved audit form that would be used. A maintenance person was employed which should help ensure day to day faults were quickly identified and resolved.

There were systems and processes in place to consult with people who used the service, relatives and staff. The manager operated an 'open door policy', which meant arrangements were in place to promote ongoing communication, discussion and openness. There were regular 'chit chat' meetings held for people living in the home. People living in the home, their relatives, health and social care professionals and staff were asked to complete customer satisfaction surveys. This enabled the home to monitor people's satisfaction with the service provided. The results from the recent survey were very positive and were displayed in the home although it was not clear what action the registered manager had taken to respond to people's suggestions. The registered manager told us she would address this.

The service had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. The award was due to be reviewed again in January 2015.

Information we hold about the service indicates they consistently meet the requirements of registration. During the inspection we found the service was meeting the required legal obligations and conditions of registration. The manager had notified the commission of any notifiable incidents in the home in line with the current regulations. There were effective systems to ensure any accidents and incidents were recorded and analysed to identify any patterns or areas requiring improvement.

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.

This section is primarily information for the provider

Enforcement actions

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