Rosegarland Residential Home Limited

Rosegarland Residential Home Limited

Inspection report

846 Thornton Road
Fairweather Green
Bradford
West Yorkshire
BD8 0JN

Tel: 01274543054

Date of inspection visit:
19 October 2017

Date of publication:
29 November 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Rosegarland is a large semi-detached property on the main Thornton Road approximately three miles from Bradford City centre. It is registered as a care home and accommodates up to eighteen older people in both single and twin bedrooms. Communal areas including the lounge and dining room are located on the ground floor of the premises. On the day of the inspection 14 people were living in the home.

We undertook the inspection on the 19 October 2017 and it was unannounced. We last inspected the service on 19 November 2014 and rated the service as 'Good' overall with the effective domain rated as 'Requires Improvement' as the home was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and training was not fully up-to-date. At this inspection, although these specific concerns had been addressed we rated the service as 'Requires Improvement' overall. We noted the registered manager had made recent improvements to some areas such as increasing night time and domestic staffing levels and undertaking work to the environment. However we identified shortfalls around the management of risk and care plan documentation. Due to this, we were unable to rate the service better than 'Requires Improvement.'

There was a registered manager in place. 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.

We identified some risks that had not been effectively assessed and mitigated, for example around the provision of bed rails and some care plans did not contain sufficient detail to describe how risks were to be managed.

People said they felt safe and secure within the home. Safeguarding procedures were in place and we saw they had been followed to help keep people safe.

The premises was warm and homely. There were sufficient communal spaces for people to spend time. Safety checks were undertaken on the building to keep it safe.

There were enough staff deployed to ensure safe and prompt care. Recruitment procedures were in place, although documentation needed to better demonstrate why some recruitment decisions had been made.

Staff received a range of training and support. They said they felt well supported and received regular supervision and annual appraisal.

People received a varied diet. Most people spoke positively about the food. We found a pleasant atmosphere at lunchtime, although one person could have been provided with more assistance to help them eat their meal.

The service had made appropriate DoLS applications which were awaiting assessment by the local authority. Whilst we concluded the service was acting within the legal framework of the Mental Capacity Act (MCA), documentation needed improving to ensure this was evidenced in a clear way.

The service worked with a range of healthcare professionals to help ensure people's healthcare needs were met.

People said staff were kind and caring and this was confirmed by our observations of care and support. Staff were patient with people and took the time to help reduce any distress people were experiencing.

The service helped people maintain their independence for example by encouraging them to mobilise independently around the home.

People's care needs were assessed and plans of care developed. Staff knew people well which gave us assurance plans of care were followed. People's cultural and religious preferences were sought and arrangements made to ensure they were met.

People had access to activities which were provided by the home. Staff spent time with people talking to them to help meet their social needs.

People spoke positively about the way the home was run. They said the management team was approachable. Staff said the service was well run and they would recommend the service to their own relatives. We found an open and inclusive atmosphere within the home.

Systems were in place to assess and monitor the quality of the service but some of these needed improving to ensure they captured the shortfalls that we identified. People said they were able to complain and found the management team approachable.

People's feedback was sought and used to make improvements to the service.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. You can see what action we asked the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People said they felt safe and secure in the home. However risks to people's health and safety were not consistently assessed and mitigated.

There were enough staff deployed to ensure people received appropriate care and supervision. Recruitment procedures were in place although documentation demonstrating recruitment decisions needed to be more robust.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People praised staff. Staff knew people well and received a range of training relevant to their role. Staff said they felt well supported by the management team.

The service was compliant with the legal requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Overall people spoke positively about the food in the home. The service worked with health professionals where people had experienced weight loss

Is the service caring?

Good

The service was caring.

People spoke positively about staff who supported them. Staff knew people well and had developed positive relationships with them. We observed staff were kind and compassionate.

The service encouraged people to retain their independence, for example in mobilising around the home independently.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and plans of care put in place to provide guidance with staff. Staff understood people's plans of care, giving us assurance these were followed.

People had access to activities and staff took time to talk with people and provide companionship.

A system was in place to log, investigate and respond to complaints. People said the management team was fair and approachable.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People, relatives and staff spoke positively about the home and the way it was managed. We found a positive and person centred culture within the home.

Systems to assess and monitor the service were in place but some of these needed improving to ensure they captured the shortfalls that we identified.

People's feedback was sought and used to make improvements to the service.

Rosegarland Residential Home Limited

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 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 was carried out on 19 October 2017 and was unannounced. The inspection team consisted of one adult social care inspector 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. In this case the expert-by-experience was experienced in the care of older people and people living with dementia.

During the inspection we spoke with six people who lived at the home, two visitors and two people's relatives. We spoke with the provider, the registered manager, three care workers and the cook. We also spoke with a health professional who worked with the service.

We observed people being supported in the communal rooms and observed meal service at breakfast and lunch time. We looked at two people's care records and other records such as medication records, meeting notes, accident and incident reports, training records and maintenance records. We looked around the home.

Before visiting the home we reviewed the information we held about the service which included notifications sent to us by the provider. We contacted the local authority commissioning and safeguarding teams to ask for their views of the service.

We asked the provider to complete a Provider Information Return (PIR). This is a document which gives the provider the opportunity to tell us about their service and any planned improvements. All this information was taken into consideration when we rated the service.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe and secure in the company of staff. One person said, "They treat you alright here." We observed people looked comfortable and relaxed in the company of staff. Staff had received training in safeguarding vulnerable adults and understood how to identify and act on allegations of abuse. We saw safeguarding procedures had been followed to help ensure people remained safe. This included following disciplinary processes where staff conduct had fallen short of the required standard. This demonstrated the service took these matters seriously and investigated any risks which arose.

In most cases we saw risks to people's health and safety were assessed and mitigated. For example, care records demonstrated the risks associated with moving and handling had been assessed. We saw staff taking care whilst assisting people to mobilise throughout the home. This was done patiently and with good regard for their safety. Staff understood people well which gave us assurance that most risks were well managed. We found evidence people were receiving appropriate pressure area care. For example one person had developed a moisture lesion and staff were applying creams and providing hourly pressure relief in line with district nursing advice. Although this advice had been recorded on a 'health professional log sheet', this information also needed embedding into the person's pressure area care plan to ensure all documentation consistently reflected the plan of care.

However we found some risks which had not been appropriately assessed or mitigated. One person had bedrail in situ; however there was no risk assessment to demonstrate the configuration of bed and bed rails was safe, nor any information for staff on how to keep the person safe, or any programme of checks. There was no documentation to show the risks and benefits of bed rails had been considered, discussed with the person and their consent sought. During our tour of the premises we saw one wardrobe was unstable and was not attached to the wall, increasing the risk of injury to the occupant. One person was losing weight, however their nutritional care plan was not sufficiently robust to show the person centred strategies in place to manage this risk. Through our discussion with the registered manager we felt confident these issues would be resolved.

This was a breach of Regulation 12 of the Health and Social Care act 2008 (Regulated Activities) 2014 Regulations.

Medicines were managed safely. People reported they received appropriate support and assistance with their medicines. One person said, "I get medicine regularly. I'm not sure what, but they know what they're doing." Staff had received training in medicines management and had their competency to safely administer medicines assessed. This helped ensure staff consistently gave medicines in a safe manner. We observed the medicines round and saw staff were patient with people, checking they had taken their medicines before moving onto the next person. The registered manager demonstrated to us they had made a number of recent improvements to the medicine management system including ensuring that there was now full accountability for all medicines in stock. We saw stock records were kept for all boxed medicine and the number in stock matched with what records stated should have been present.

We looked at a sample of Medicines Administration Records (MARs) in conjunction with reviewing the medicines left in stock. This led us to conclude people consistently received their medicines as prescribed. Some people required variable doses of medicines. We saw these were managed appropriately. Records were kept of topical medicine administration such as creams which demonstrated these had been consistently applied. However some of these were hand written with the full instructions from the prescription not accurately transcribed. We spoke with the registered manager about this who had already identified and had a plan in place to address the issue.

Medicines were stored safely and securely and the temperature of storage areas monitored although this was done weekly. We spoke with the registered manager about the need to document temperatures daily.

Safe staffing levels were maintained within the home. Overall people and relatives said staffing levels were suitable. One person said, "They help me when I need it on the whole, sometimes have to wait when they're busy. I use the buzzer upstairs a couple of times a night. It's not long until it's answered." A relative said, "When people are calling out, staff are quick at coming to answer and find out what's the matter." At the time of the inspection, there were two care workers deployed during the day and night time to care for the 12 people living in the home. In addition, the registered manager was 'hands on' and supported staff in care delivery. Ancillary staff which included a cook and a cleaner were employed. Staff told us there were enough staff within the home. They said the registered manager had increased night staffing levels from one to two and this had made the home safer. This meant it was easier for staff to check on people and assist with pressure relief. We spoke with the registered manager about this who confirmed they had made the change after consultation with staff and observation of how the night shift run. This demonstrated staffing levels were responsive to care needs.

Recruitment procedures were in place and in most cases they were followed. However we identified in some cases, improvements were required to recruitment practices. Staff were required to complete an application form, attend an interview, provide references and await a Disclosure and Baring Service (DBS) check before starting work. Staff we spoke with confirmed this procedure was followed. We identified that some application forms did not contain the dates of previous employment; these matters should have been queried with the candidate at time of completion so that the form was appropriately completed. In addition, where DBS checks revealed people had historic convictions, there was a lack of risk assessments in place to demonstrate why these people were suitable to be employed to provide care to vulnerable people. This meant that appropriate records were not kept in relation to staff recruitment decisions.

This was a breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

People and relatives spoke positively about the home. One person said, "The communal areas seem quite good." We found the home to be warm and homely. There was a spacious lounge area with suitable seating for people to spend time and a compact dining room which could seat 11 people. Some people preferred to eat in the lounge which meant the small capacity of the dining room did not impact on people's choice as to where to eat. Overall the premises was safely managed with appropriate checks taking place on systems such as gas, electric and water systems. Safety features were installed on the building, such as restrictors on windows to reduce the risk of falls and water temperatures were controlled to reduce the risk of scalds. Lifting equipment was subject to regular maintenance in line with legal requirements. Checks were undertaken to ensure fire equipment was functioning correctly. Personal Evacuation Plans (PEEPs) were in place which detailed how to assist people in the event of an emergency.

A fire risk assessment was completed in 2016. The provider told us it had been completed by their relative

who also worked for the fire service. However it was not clear from the risk assessment document whether this was the case and if it had been completed by a person competent in fire safety matters.

People and relatives said the home was always clean and hygienic. One relative said, "Always clean and tidy in my experience," and a person said, "They keep the place pretty clean." The registered manager explained that previously there had not been a cleaner within the home with staff having to undertake the cleaning. The registered manager had ensured a cleaner was now employed who worked in the home five days a week. We spoke with them and they said they had enough time to ensure all areas of the building were kept clean. We walked around the building and found it clean and odour free. Staff had access to Personal Protective Equipment (PPE) and adhered to good hygiene principals.

Good

Is the service effective?

Our findings

People and relatives praised staff and said that had the right skills and knowledge to care for people. A relative said, "Staff seem to be trained; they know what they're doing." Staff had a good understand of the topics and people we asked them about, indicating training had been effective.

New care workers received two days of induction training and senior care workers a three day induction. This covered their role, policies and procedures and ways of working. New staff received a range of training. Arrangements were in place to assist those without previous experience to complete the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support.

Staff received a range of training updates to ensure they were kept up-to-date with good practice. This included topics such as safeguarding, Mental Capacity Act 2005 (MCA) and DoLS, food hygiene, dementia and equality and diversity. Staff were supported to achieve level 2 and 3 qualifications in health and social care. Staff said they felt well supported and received regular supervision and appraisal.

Overall, people spoke positively about the food provided by the home. Comments included: "Dinners are quite good." Another person said, "The food is alright. I enjoy it if I eat. Another person said, "I like the food. In general, I like it all. If I didn't like something I would tell them," A fourth person said, "They're A1 when it comes to food."

A cook worked at the home between the hours of 8am and 2pm, seven days a week. They prepared meals at breakfast and lunch, as well as cakes and desserts for later in the day. On the day of the inspection this included fresh cakes and a tart. The evening meal was usually cooked by a care worker. We saw people had access to a choice of options at breakfast including cereals, porridge, toast or a cooked option. The main meal was served at lunchtime. Although there was only one option, staff and people were clear that if people did not like what was on offer an alternative would be provided. We saw evidence alternatives such as fried potatoes had been provided to people following requests. A number of people living in the service were of Ukrainian descent. The provider often brought Ukrainian food in for these people so they could experience food they were familiar with from their youth. A range of lighter options were available in the evening.

We observed people had access to plenty of drinks throughout the day. We observed the lunchtime meal. The dining room was nicely presented. Tables were set with tablecloths and placemats, cutlery, salt and pepper and every place was set with a glass of water. The radio was playing in the background. Although we saw some good interactions, we did note that there wasn't always someone around during the lunchtime meal to assist and encourage people to eat their food. For example, whilst unsupervised we noted one person hadn't eaten anything and was leaning to one side. It was a few minutes before they were provided with assistance to sit up and then eat their meal.

People were weighed regularly to promptly identify any weight loss. We saw most people's weights were

stable, indicating they were being provided with sufficient quantities of food and drink. One person within the home was losing weight and the manager and staff were aware of this. They had been referred to the dietician and were on nutritional supplements to help boost their nutritional intake. We asked the cook if they fortified any food for example with cream or butter and they said they did not. However this was a missed opportunity to provide additional nutrients to people of low weight, particularly the person who was losing weight.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Discussions with the registered manager about DoLS led us to conclude they understood their responsibilities in this area. We saw appropriate referrals had been made for people who lacked capacity and the service had assessed were being deprived of their liberty. At the time of the inspection there were no DoLS in place, with applications and re-applications with the supervisory body awaiting assessment.

Staff had received MCA and DoLS training and understood the broad principals of the Act. The registered manager was in the process of introducing new care planning documents which better demonstrated people's capacity had been assessed. We did note that in some files that had yet to be transferred to the new system it was difficult to establish whether decisions had been made in people's best interests and/or the relevant people consulted. For example, we saw one person's relative held lasting power of attorney (LPA) for health and welfare. However it was unclear whether they had been consulted regarding decisions relating to their relative's care, such as care plan review and the decision to have a flu vaccination. We spoke with the registered manager about this who demonstrated that this was being addressed through the introduction of new care plan documentation.

Overall we concluded people's healthcare needs were being met. People reported they had access to a range of professionals which included GP's, opticians and district nurses. A health professional we spoke with said the home referred and liaised appropriately with them. People's healthcare needs were assessed and plans of care put in place to assist staff.

Good

Is the service caring?

Our findings

People and relatives praised staff that cared for them. They said they were kind and had good, caring attributes. Comments from people included, "The staff are very good. They're always there. They would help me if I needed it", "They're marvellous here. Super. This is it, my everything", "To me, everything is alright. It's good to me; very good. I care about myself and they care about me", "They treat me very well here, no problems. Never any complaints. Every morning [senior care worker] comes around. I have a good relationship with [senior care worker]. They are there if I ask", "I decided to stay here because the owner, she was such a kind person. The kindest lady I ever met." A relative said, "Kind and caring staff and nice atmosphere within the home."

We observed care and support within the communal areas of the home. There was a calm and friendly atmosphere with staff interacting warmly and positively with people. Staff were patient with people whilst helping them to mobilise, offering gentle encouragement in a friendly and compassionate manner. We heard staff encouraging people to recite songs and rhymes and joining in with them, making them smile. During the afternoon we saw staff sitting with people chatting to them about subjects of interest to them. It was clear staff knew people well and had developed good, caring relationships with them. Staff knew about people's histories and families and used this in discussion with people. This information was recorded within care and support plans for staff to refer to. A relative we spoke with told us how impressed they were with the amount of time staff spent sitting and chatting with people.

Staff and the management team demonstrated good caring attributes and personal values. If people were short of items such as toiletries we saw the management team ensured these items were purchased. One person said, "Money isn't a problem here; if you need something, they'll get it for you." We saw people's privacy and dignity was upheld. Staff knocked on doors before entering and took care to ensure people's clothing was appropriately placed before assisting them to mobilise.

Care planning focused on helping people to maintain their independence and staff were able to give positive examples of how they helped do this. We observed people were encouraged to mobilise independently around the home. One person needed several attempts to transfer from their wheelchair to their armchair. Staff were patient and supported the person to do this which they eventually achieved. This showed staff were helping people to stay as active and as mobile as possible.

Throughout the day we heard people were listened to by staff and their requests for assistance were acted on. People and relatives said they felt listened to and valued by staff. We saw people were able to get up and go to bed at a time that suited them. If people wanted to eat later in the day arrangements were in place for this to happen. We concluded there was a person centred approach to care based on people's wishes and preferences.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw the service respected people's diverse and individual needs. For example people's

religious needs were assessed and action taken to meet them such as inviting religious clergy to the home. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People and relatives spoke positively about the service. They said care was appropriate and met their individual needs and requirements. One person said, "I need help going to the toilet, help going to bed. I couldn't manage without them. They are part of my life now"

Care plans demonstrated people's needs were assessed prior to admission to the service. This helped the service make a decision as to whether it could meet the person's needs. Following admission, a range of care plans were developed which covered key areas of care and support. This included nutrition, mobility and personal care and communication needs. In most cases these provided sufficient information about people's care needs. The registered manager explained care plans were in the process of being transferred to a new format, which would make them easier to read and follow. We looked at a sample of these plans and saw they were more user friendly.

We observed care and saw people received appropriate care that met their individual needs. Documentation showed people were receiving regular checks throughout the day and night to ensure their welfare. Staff demonstrated a good understanding of the people they were caring for. We saw one person was not wearing their hearing aids. However documentation showed arrangements had been made with the hospital audiology department to visit and repair/maintain them.

We saw care was taken to ensure people were provided with support in line with their beliefs and preferences. A number of people were of Ukrainian descent and they were supported to celebrate events special to them. The provider also brought them in items from their homeland such as food. The service was arranging for one person to have Ukrainian satellite television installed in their room to help keep them occupied and settled. People were supported to maintain their faith. A priest visited the home on a regular basis and other religious clergy periodically visited.

People's social needs were assessed by the service and a care plan developed to help staff meet these needs. An activities schedule was in place which showed people had access to a range of basic activities, such as bingo, sing-alongs, chair exercises, ball games and film days. People reported there were some activities in the home. One person said, "I'm sat here most of the time. If there's anywhere I want to go, they'll let one of the girls know." Another person said, "I read a lot. Anything I can get my hands on! They have books here I can borrow." A third person said, "We sometimes have bingo on Wednesdays, but not last Wednesday." We saw there was an emphasis on providing people with company and companionship with staff sitting with people and spending time with them particularly in the afternoon.

People and relatives said they were satisfied with the care and support provided. They said they felt able to raise any issues or concerns with the management team and were confident they would be addressed. One person said, "If I needed to complain I would see the manager. She's been here since I came; I could talk to her." A complaints policy was in place. No formal complaints had been received, however our discussion with the management team gave us assurance any complaints would be addressed. A significant number of compliments had been received about the service showing the areas where the service exceeded

expectations. One read, 'Decided to pay Rosegarland a visit and I was invited in by the manager and she instantly made me feel at ease and very welcome. I felt she was very caring (and still do).' Another one stated, 'I feel that we couldn't have chosen a better home.'

.

Requires Improvement

Is the service well-led?

Our findings

Overall people and relatives spoke positively about how the service was led. They said they found the registered manager approachable and accessible. People told us the service provided good quality care that met individual needs. A visitor said, "I don't have any concerns about [person's] care." A relative said, "They are ever so good, clean and well cared for."

A registered manager was in place who worked at the service full time. They were supported by a team of senior care workers. Staff we spoke with said the registered manager and provider were supportive and approachable. They said they felt able to raise any concerns or issues with them. A number of staff said positive improvements had been made to the service in recent times since the registered manager commenced employment. For example, they cited the positive impact that an increase in night staffing levels had on the running of the home. The registered manager demonstrated they were committed to further improvement of the service, for example in improving the quality and clarity of care and support plans. The registered manager told us they came into home before 7am each morning to ensure they could speak with night staff and ensure they reviewed how the service was operating both during the day and overnight. Staff confirmed the registered manager was visible and involved in monitoring people's care and support.

We found the provider had notified us of significant events that occurred within the service such as deaths, serious injuries and safeguarding incidents. This helped us monitor events in the service.

Systems were in place to assess, monitor and improve the service although some of these needed to be made more robust. An overall care audit was completed each month by the registered manager. This looked at a range of areas which included care plans, equipment, staffing and training. We saw this had been effective in identifying areas where improvements needed to be made. For example, it had identified that the bath hoist needed replacing, six monthly reviews with relatives were overdue and some care plans needed to be made more person centred. Audits were conducted in other areas which included medicines management and infection control. During the inspection we identified breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. Governance systems needed to be more robust to prevent these regulations from being in breach. For example, in ensuring all risks to people's health and safety were properly assessed and mitigated through robust plans of care. Care plan documentation lacked the necessary detail in some areas. For example there was a lack of evidence the relevant people had been consulted regarding decisions made about people's care and treatment. Although the registered manager was able to tell us which people had a Lasting Power of Attorney (LPA), confirmation of this was not checked by the home and kept on file. This meant due to lack of documentation, the home was unable to confirm that relatives had this level of control over the people's affairs. We found breaches of regulation at the last two inspections which demonstrated governance systems needed improvement to ensure a consistent high quality service.

This was a breach of regulation 17 of the Health of Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Incidents and accidents were recorded; however incident forms contained a lack of evidence of the preventative measures put in place following incidents to help prevent a re-occurrence. We saw a low number of accidents and incidents had occurred with no concerning trends or themes.

People's feedback was sought and used to make improvements to the service. We saw people were listened to on an informal basis by both the staff and management team. The registered manager was 'hands on' and knew people well, regularly checking on their health and welfare. Resident meetings were also periodically held which asked people for their opinions on a range of topics including food and activities. People's views were also sought more formally through an annual quality survey. We looked at the results from the last survey in May 2017 which showed most people were very satisfied with the service. Where minor areas for improvement had been suggested we saw these had been acted on. Staff meetings were also periodically held to obtain staff views and address quality issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (|2a) 2(b) Risks to people's health and safety were not always assessed and mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) Systems and processes were not operated effectively to ensure compliance with the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. (2c) The service was not maintaining securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; (2d) Appropriate records were not kept relating to staff recruitment decisions.