

Care UK Community Partnerships Ltd

Mill Lodge Care Centre

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 29 March 2016 and was unannounced. . At the last inspection on 22 and 23 January 2015 we rated the service as 'Requires improvement' and identified five regulatory breaches which related to safeguarding, staffing, person-centred care, dignity and respect and good governance. Following the inspection the provider sent us an action plan which stated the breaches would be addressed by 15 May 2015. This inspection was to check improvements had been made and to review the ratings.

Mill Lodge Care Centre provides nursing care for up to 42 older people, including some who are living with dementia. There were 37 people living at the home when we visited. Accommodation is provided in single en-suite bedrooms in two separate units, one on the ground floor and the other on the first floor. Lift access is provided between the floors. There is a communal lounge and dining room on each floor as well as toilets and bathroom facilities. A central kitchen and laundry are located on the ground floor. There is secure parking and garden areas.

The home did not have a registered manager. The registered manager resigned in December 2014. A manager had been appointed when we inspected in January 2015 and they remained in post until October 2015 but were not registered with the Commission. A new manager started in post in December 2015 and has submitted an application to register with the Commission. 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 told us they felt safe. Risks were well managed and there were sufficient staff to meet people's needs and preferences. A staffing tool considered people's dependencies and staffing levels were adjusted according to people's needs.

Staff understood how to recognise and report abuse which helped make sure people were protected. We saw any allegations of abuse had been dealt with appropriately and reported to the local authority safeguarding team.

People told us they received their medicines when they needed them and we saw safe medicine systems were in place.

The home was clean and well maintained. Systems were in place to ensure the premises and equipment were serviced regularly so they were safe for use.

Staff knew people's needs well and received the induction, training and support they required to fulfil their roles. Recruitment practices ensured people were suitable to work in the care service.

Generally people told us they liked the food although one person said they found it 'a bit repetitive'. Menus

showed a range of meals with snacks and drinks available in between meals. People's weight was monitored to ensure they received enough to eat and drink.

People had access to healthcare services and we saw specialist advice was sought in a timely manner. For example, referrals to dieticians when people had lost weight.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

People and relatives praised the care provided and spoke of the kindness and caring attitude of the staff. People were treated with respect and their privacy and dignity was maintained.

People received person-centred care. A range of activities were available although feedback from people was mixed with some stating there was little to do, whereas others felt there was sufficient.

People knew how to make a complaint. Two relatives told us of concerns they had raised which had been dealt with by the manager.

People, staff and relatives praised the manager who they described as friendly, open and accessible. We saw the manager led by example and staff said they felt supported. Quality assurance processes had improved and were effective. Although we were assured people were receiving the care they required we found inconsistencies in the care records which may lead to misunderstandings amongst staff about care delivery. We found this was a breach as accurate and complete care records were not maintained for each person. You can see what action we have told the provider to take at the back of the full version 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?

Good ●

The service was safe.

People told us they felt safe. Staff knew how to identify and report allegations of abuse. Risks were well managed and staffing levels were sufficient in meeting people's needs. Recruitment procedures ensured staff were suitable to work in the care service.

People received their medicines when they needed them.

The home was well maintained. Systems were in place to ensure the premises and equipment were kept safe.

Is the service effective?

Good ●

The service was effective.

Staff received the induction training and support they required to fulfil their roles and meet people's needs.

Most people said the food was good. Individual dietary requirements were catered for and a choice of food and drinks were provided.

People were supported to access health care services to meet their individual needs.

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

Is the service caring?

Good ●

The service was caring.

People and relatives praised the care provided and the kindness of staff.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which focussed on their needs and preferences.

People were offered a range of activities.

People knew how to make a complaint and any issues raised were dealt with and addressed.

Is the service well-led?

The service was well led, although the accuracy of care recording needed to improve to ensure consistency in care delivery.

The manager provided leadership and support and has applied for registration with the Commission.

Improvements have been made to address the issues identified at the previous inspection and effective audit systems were being used to ensure service improvement

Requires Improvement ●

Mill Lodge Care Centre

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.

This inspection took place on 29 March 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience with expertise in older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

We spoke with eleven people who were living in the home, eight relatives, a team leader, three care staff, two nurses, a hostess, the chef, the business administrator, the manager and the operational support manager.

We looked at five people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Is the service safe?

Our findings

At our previous inspection in January 2015 we found a regulatory breach in relation to staffing as there were insufficient staff to meet people's needs. Following the inspection the provider told us they had developed a dependency tool to assess people's needs and ensure sufficient staff were on duty to meet those needs. At this inspection we found improvements had been made. Overall we concluded there were sufficient staff deployed to ensure people received appropriate care.

The registered manager showed us the dependency tool they used to calculate staffing levels which they said they reviewed on a weekly basis or more frequently if people's dependencies changed or there were new admissions. The tool calculated the number of staff hours required and we saw the home was working above these levels. Staff told us there were sufficient staff around to ensure people received safe care. One staff member told us they thought the staffing levels were better now and thought staff team work had improved. We observed care on both units throughout the day. Staff were visible offering an appropriate level of supervision and people were provided with timely care. One person who lived in the home and one relative told us they felt there were not enough staff, although other people and relatives we spoke with raised no concerns.

At our previous inspection in January 2015 we found a regulatory breach in relation to safeguarding as it could not be determined if appropriate action had been taken in response to some incidents. Following the inspection the provider told us all staff had received safeguarding training updates and internal audits were in place to monitor accidents and incidents. At this inspection we found improvements had been made.

People we spoke with told us they felt safe. Staff understood how to identify and act on allegations of abuse. The training matrix showed staff had received safeguarding training and this was confirmed in our discussions with staff. Safeguarding awareness was regularly raised with staff. For example, it was discussed on interview and also as part of the staff supervision process. We reviewed the safeguarding records and saw incidents had been referred to the local authority safeguarding team and notified as required to the Commission. Where further actions had been identified as a result of investigations we found these had been completed. For example, one staff member required supervision and refresher training in moving and handling and records showed this had been provided. We saw accidents and incidents were reviewed by the manager monthly to identify any themes or trends. We saw action had been taken as a result of these audits. For example, the manager told us two people had been referred to the falls team due to increased falls.

Risk assessments were in place which covered areas such as nutrition, moving and handling, skin care, choking and bed rails. These provided information to staff on how to manage identified risks. For example, manual handling assessments detailed the method of transfer, any equipment to be used and the number of staff required. Staff we spoke with had a good understanding of the risks people were exposed to and how to control them.

People told us they received their medicines when they needed them. One person said, "I am diabetic and

on medication. I get all my medication." Another person said, "I get all my pills." We found there were safe systems in place to manage people's medicines. Medication administration records (MAR) we reviewed were complete and contained no gaps in signatures.

All 'as required' medicines were supported by written instructions which described situations and presentations when these medicines could be given. Protocols were in place for the administration of certain medicines which required specific rules to be observed. For example, for the administration of warfarin where the dose varies according to the results of periodic blood tests. We saw where people were prescribed pain relief patches a body map showed where the patch had been applied and records stated the date and time of application and removal of the patch. Some people were prescribed topical creams for application by care staff. We examined the records of these which were well completed providing evidence people received these creams as prescribed.

We found medicines were stored securely and storage facilities were clean and well organised. Drugs fridge and room temperatures were checked and recorded. However, records showed the temperature of the drugs fridge regularly exceeded the recommended maximum temperature of eight degrees centigrade. We discussed this with the manager who said they would address this straightaway. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw that controlled drugs were stored securely and records were accurately maintained.

We saw one person had been prescribed an antibiotic with an instruction to mix the contents of the capsules in yoghurt or food. The nurse told us they had requested antibiotic in liquid form but the GP had refused and advised the medicine could be given this way. The nurse told us this person had dementia. There was no evidence of a mental capacity assessment or best interest decision in respect of the covert medicine being given. We discussed this with the registered manager who said they would speak with this person's GP.

Safe recruitment procedures were in place. This included ensuring staff completed an application form detailing their previous employment and qualifications and checking they were medically fit to work. A thorough selection process was in place which included face to face interviews which focused on ensuring prospective staff had the right attributes to care for vulnerable people. Checks on people's backgrounds took place including ensuring a Disclosure and Barring Service (DBS) check and ensuring references were undertaken

We found the home was well maintained. Maintenance workers were employed to help ensure safe management of the premises. Checks were undertaken on the safety of the building such as the fire systems, electrical and gas supply, and water systems. Window restrictors were in place to reduce the risk of falls from windows and these were regularly checked to ensure they were working.

Is the service effective?

Our findings

At our previous inspection in January 2015 we found a regulatory breach in relation to dignity and respect as we observed the mealtime experience was poor and people were not provided with the support they required to eat their meals in a dignified way. Following the inspection the provider told us all staff had received dignity training and this would be reinforced through supervision and staff meetings. At this inspection we found improvements had been made.

Most people we spoke with said the food was good although one person said it was 'a bit repetitive'. One relative said they were not impressed with the food and stated 'the food doesn't always match what's on the menu'.

We saw a range of options were available for people to eat and drink throughout the day. For example, the choice of a cooked breakfast or cereals and toast at breakfast. Trolleys were brought round mid-morning and mid-afternoon with drinks as well as fresh fruit and cakes. The chef told us the menu had been recently changed based on people's preferences sought through the residents' meeting. Food was fortified with butter and full fat milk to help ensure people received sufficient calories. The chef understood people's individual needs, such as who was diabetic and individual culinary preferences. Different options were available to meet individual requirements. For example, halal and vegan options were provided by the chef which often involved the creation of completely different meals. This showed the service was respectful of different cultures and preferences.

We observed the lunchtime meal on both units and found there was a pleasant atmosphere. Upstairs there was music playing in the background and we saw staff chatting with people, encouraging them with their meals and providing assistance where needed. Tables were set with condiments and cutlery. Plate guards were utilised to help people eat in a dignified manner. The food looked appetising and people said it was warm. Two people commented how much they had enjoyed the meal and we saw many people cleared their plates. People were given a choice at lunchtime, which they had selected earlier that morning. However, two staff mentioned that they often only just had enough food available, so if someone changed their mind on viewing the food, they sometimes could not accommodate this.

Where people had lost weight we saw evidence referrals had been made to dieticians, and their advice recorded and followed by staff. For example, through providing high calorie snacks, recording food and fluid intake and ensuring supplements were taken. Food and fluid charts were reasonably well completed and provided evidence people were provided with sufficient nutrition and hydration. However, the actual food people ate at mealtimes was on occasion poorly recorded. For example, it was recorded "1/2 meal" rather than the individual components of the meal. Nutritional risk assessments and plans of care were in place and we saw evidence these were followed. For example, one person's plan indicated they liked a cup of tea at 7am, and from food and fluid charts and speaking to the person we found this was provided.

Staff told us they were provided with a range of training and that it was effective in giving them the required skills to care for people. Training records provided evidence staff received training in subjects such as

dementia, fire safety, food, health and safety, mental capacity and safeguarding. We found most staff were up-to-date with mandatory training, for example compliance figures were generally between 85-95%. Training provided was a mixture of face to face training and e-learning. New staff were inducted to the services policies and procedures and ways of working. New staff without previous experience were also required to complete the Care Certificate. The Care Certificate provides a standardised training package to new care workers to ensure they meet the required standards. We spoke with one of the senior staff who was a Care Certificate assessor and moving and handling trainer. They told us they received additional supernumerary time to provide this training.

Staff told us they received regular supervision and appraisal and this was confirmed in the records we saw. These were bespoke to the staff member's role. For example, nursing supervisions and appraisal had an increased focus on treatment and managing the care team. These provided evidence that staff performance and understanding of subjects such as DoLS, safeguarding and dignity were discussed. Competency assessments were undertaken in medicines management to help ensure medicines were managed safely. The manager told us they were in the process of creating an action plan following appraisals to address any common themes and trends which would help further continuous improvement of the service.

We saw evidence the advice of external health professionals had been sought to help ensure people's healthcare needs were met. For example, where people had developed pressure sores, the advice from the tissue viability nurse was sought and recorded to assist staff to provide appropriate care. People we spoke with said the home supported them to access healthcare professionals such as the chiropodist. Relatives said healthcare support was accessed in a timely manner. One relative said, "They recognised when my husband was ill, sought advice and took the right action."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

The manager had made appropriate DoLS referrals for some people who lived at the home who lacked capacity to consent to their care and treatment. Over the past year this had included appropriate use of both urgent and standard authorisations. At the time of the inspection there were no DoLS in place, with a number of outstanding authorisations with the local authority awaiting assessment. The manager demonstrated a good understanding of the correct process to follow, which provided assurance that the service would continue to act within the appropriately within the legal framework.

Care records demonstrated people had consented to their care and treatment. Where people were unable to sign documents themselves it was documented they had verbally consented to care and support. Information on people's capacity was recorded within their care and support plans. We saw evidence people were supported to make choices and those choices were respected.

Is the service caring?

Our findings

At our previous inspection in January 2015 we found a regulatory breach as we observed some practices which compromised people's dignity and respect. At this inspection we found improvements had been made.

We observed care and support and saw staff treated people with dignity and respect. We observed staff engaging in friendly interaction with people. For example, discussing their family and what they wanted to do that day. We saw staff listened to people and were patient when explaining things to them. Staff we spoke with were able to describe how they ensured people's privacy and dignity was maintained, giving examples such as ensuring any personal care was carried out in private and always knocking before entering a person's room. We saw these practices were observed. One staff member said, "What I never forget is it's their home, I just work here. I put them first. It's about respect for people, respecting their choices."

We identified one instance where care and support was not as attentive as it should have been. One person told us they had been sick the night before and staff had not yet changed their top when they had come in to provide morning care. We saw there was a stain on their top. We saw they were later changed, however this should have been done more promptly. We raised this with the manager who told us they would speak with staff.

We saw people's cultural beliefs and preferences were respected. For example, halal meals were provided and staff gender preferences were respected. We saw there were staff on duty who were able to communicate with a person whose first language was not English.

Feedback we received from people and relatives was that staff were kind, caring, considerate, sensitive and approachable. There were a couple of comments which contradicted this, however the instances to which these referred were historical and we were told were now being addressed by the new manager. People said staff treated them well. They said they were friendly and engaged them in conversation as well as completing care tasks. People made the following comments to us, "They really look after you and care for you" and "The staff are very helpful" and "They have some wonderful staff here."

Relatives also praised the staff and the care provided. One relative said "I can't speak highly enough of this place, everything's done here. We wouldn't want mum to be anywhere else, she loves it here, the people and place are great. The staff are very good." Another relative said "I can't fault this place." A further relative said "The staff are very caring and if this home was in (another city) we wouldn't be moving dad." Another relative said, "Won't beat it. Staff are good, food is good. Terrific nurses, always helpful. All levels of staff say hello to you, including managers and cleaners. Makes for friendly atmosphere." One relative praised the kindness of the staff towards themselves and said, "The staff are very good with me and really caring."

Information was present in people's care records about their individual likes and dislikes which helped staff. Some of this information was quite detailed for example, explaining how one person liked their chips cooked. This helped staff provide personalised care and support. Information on people's lives such as their

school life, adult life and work life was present to help staff better understand the individual. Advanced care plans were in place which provided staff with information on how people wanted to be treated at the end of their life.

Is the service responsive?

Our findings

At our previous inspection in January 2015 we found a regulatory breach in relation to person-centred care. Following the inspection the provider told us staff had received training in person-centred care and care plans were being reviewed and updated. At this inspection we found improvements had been made.

People we spoke with told us they were satisfied with the care they received. People's needs were assessed prior to admission and clear plans of care put in place. For example, around eating and drinking, personal hygiene, communication, skin care and the support people needed with their medication. These provided personalised information on how to meet people's needs. Staff we spoke with understood how to meet the needs of the people we asked them about, which gave us assurance that appropriate care would continue to be delivered. Where people required regular pressure relief, charts were kept to document the care provided. We found these were well completed and evidenced people received timely pressure relief. We examined pressure relieving mattresses and found them to be on the correct setting to help reduce the risk of people developing pressure sores. We found where people were assessed as being at high risk of falls, equipment and checks were in place to reduce and manage the risks. For example, we saw one person who was identified as high risk had their bed at the lowest level, a crash mat beside the bed and a sensor mat which was connected to the call bell system to alert staff if the person got up. We saw charts showed this person was checked by staff regularly to make sure they were safe. Detailed daily records were in place for each person which provided evidence of the care, and support staff had provided each day.

The manager told us the regular activities organiser was on leave and two other staff were currently providing activities. There was a weekly list of activities displayed on each unit which showed a variety of events. When we asked people who lived in the home about activities there was a mixed response. One person said "I hang about, not sure what to do." Another person said, "Things aren't so good here, there's very little happening, we only get out once a week." One relative said, "Mum joins in the activities, loves the bingo and meeting with other residents." Another relative said, "He stays in his room, that's what he prefers."

One person told us there was plenty to do in the home. They showed us how they had made an Easter bonnet the day before the inspection and were proud of this. They told us staff supported them to attend a day centre which helped them maintain links with the local community. On the day of the inspection we saw the activities co-ordinator assisting people to have their nails done. We also saw a group of people enjoying an activity session in the downstairs lounge in the afternoon. We saw many people upstairs chose to stay in their bedrooms and were watching television or listening to music. Staff told us they spent time talking with people and sometimes gave hand massages. One staff member said, "That's what I like about my job now, having time to talk with people."

We saw the complaints procedure was displayed in the home. We spoke with two relatives who told us of issues they had raised about their family member's care which were being dealt with. One relative said, "The new manager responded quickly and in full to the issues and there have been improvements."

We looked at the complaints log, which showed 10 complaints had been received since January 2015. We

reviewed the records for the three most recent complaints which had been dealt with by the manager. These showed the complaints had been investigated and provided details of the complaint, the action taken and the feedback provided to the complainant. However, there was a lack of detail to show what action had been taken in relation to complaints dealt with by the previous manager. This was acknowledged by the manager and operational support manager who said they would address this.

Is the service well-led?

Our findings

At our previous inspection in January 2015 we found a regulatory breach in relation to good governance as audit systems were not effective in ensuring improvements to the service. Following the inspection the provider told us internal audits would be reviewed and the service improvement plan updated weekly. At this inspection we found improvements had been made to the auditing system and overall service improvement, although some shortfalls remained in the accuracy and consistency of care records.

We identified some inconsistencies in care plan documentation. For example, one person had a pressure sore which required the dressing to be changed regularly. We spoke with the agency nurse on duty who said they would expect to change the dressing every 2-3 days but would consult the care plan for the frequency. When we looked in the care plan there was no frequency recorded. On examining daily records of care we identified a six day period in March 2016 where there was no record of the dressing being changed. We spoke with the person who told us their dressing was regularly changed, however this demonstrated a lack of recording of this care. We also saw personal hygiene records inconsistently recorded when people had bed baths. For example, one person only had three recorded in March 2016 but when we spoke with the person they confirmed these occurred every day. One person had lost significant weight and was under the care of the dietician. Although we identified the dietician's advice was being followed, the 'weight loss list' in the kitchen for the chef did not identify this person as losing weight.

There was duplicated care documentation which had led to inconsistencies. For example, one person had a nutritional risk assessment completed 12 March 2016 which stated they were of medium risk and "usual weight and steady". However, the malnutrition universal screening tool (MUST) assessment showed them to be "high risk" having lost 16% of body weight in three months. We identified that the person was receiving appropriate care but these inconsistencies could lead to misunderstandings by care staff.

One person's care records showed they were assessed as being at high risk of falls. We saw equipment was in place which was connected to the call bell system which alerted staff if the person got up or left their room. Staff we spoke with told us the person was checked hourly, although the care records provided different information with some records stating 15 minute checks and others 30 minutes. The charts we saw showed hourly checks were being carried out during the day and two hourly at night. Although the person was receiving appropriate care the lack of clarity around the frequency of checks could lead to inconsistent practices.

Information in the home incorrectly identified that people were under Deprivation of Liberty Safeguards (DoLS) authorisations when applications had only been put in by the home but not authorised. For example, one person's records stated "Currently under a DoLS with Bradford LA" when in fact this was not the case. Staff we spoke with also believed that DoLS authorisations were already in place. We raised this with the manager who agreed that they needed to reword care plans to reflect this fact.

This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home has not had a registered manager since December 2014. A manager had been appointed when we inspected in January 2015 and they remained in post until October 2015 but were not registered with the Commission. A new manager started in post in December 2015 and has submitted an application to register with the Commission. We found the manager engaged well with people, relatives and staff and actively demonstrated a style which showed compassion, understanding and leadership. People and relatives told us the manager was approachable and they felt able to raise issues with them. Staff told us the manager was very supportive and 'on the ball'. They said staff morale had improved and staff worked together now as a team which hadn't happened before. We observed a nice atmosphere within the home with people and staff chatting to each other throughout the course of the inspection. One relative said, "Management is good. Best home I have found six stars (out of five)."

Staff told us they believed people were generally happy. One staff member raised the issue that some people had not been happy about the food, this was confirmed by one person and we saw evidence it had been raised through the residents' meetings. We saw action had been taken to try and improve the food.

Periodic staff meetings were held. These included nursing staff meetings, care staff meetings and health and safety meetings. These were an opportunity for any quality and safety issues to be discussed with staff such as the need to complete documentation and any safety information and alerts. This helped ensure risks were identified and managed and helped ensure a good quality service.

Other systems were in place to assess and monitor the quality of the service. For example, regular care plan audits were undertaken. These provided evidence that issues were regularly identified and addressed with nursing and care staff to ensure quality of these documents were improved.

Medication audits regularly took place, these included a discussion with staff over their understanding of the medicines they were administering to people. External medicine management audits were also undertaken by a pharmacist and we saw evidence action had been taken to address any issues found.

Audits were conducted in other areas for example the manager conducted a periodic comprehensive audit and audits were done in health and safety, the environment and infection control. Weekly reports were sent to the manager by nursing staff on any wounds and weight loss, so that these key areas could be monitored to ensure action was taken to address any deterioration in people's conditions.

Head office conducted a "regulatory governance" audit which looked at the overall quality of the service, assessing against the CQC standards. We saw evidence this had identified issues which had now been resolved. For example, around the lack of up-to-date fire evacuation plans, which had now been completed.

A service improvement plan was in place which provided a structured approach to further improvement of the service following findings from audits. We saw evidence the manager was working through the action plan and this included improvements to be made in care plans and person-centred care and completion of care charts. This demonstrated the service was committed to continuous improvement.

Mechanisms were in place to seek and act on people's feedback. Residents and relatives meetings were held, these asked people about their preferences. For example, around activities and food and drink. We saw evidence action had been taken to address some concerns raised by relatives at these meetings. We saw the results of a residents survey conducted in 2015 and published in January 2016 showed an overall increase in satisfaction with the service from 67% in 2014 to 86% in 2015.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	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 was not maintained. Regulation 17 (2) (c)