Abbey Park House

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this home on 4 and 5 January 2017. This was an unannounced Inspection. The home was registered to provide personal care and accommodation for up to 25 older people. At the time of our inspection 21 people were living at the home.

We undertook a comprehensive inspection of this home in October 2015 when we had identified that improvements were needed throughout the service. We judged the home to require improvements in three of our key questions. The provider had breached the regulations in relation to consent and good governance. We undertook a focussed inspection in May 2016 to look specifically at the key question of 'safe.' This identified a breach of the regulations regarding safe care and treatment. We received an action plan from the provider on the actins they intended to take to meet the regulations. Our inspection in January 2017 found that improvements had been made in relation to the need for consent but that there continued to be a breach of the regulation related to governance.

There was not a registered manager for the service. There had not been a registered manager since August 2016. The previous deputy manager had been promoted to manager and they told us they were in the process of completing their application to register. 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.

Whilst all of the people, relatives and visitors we spoke with were very complimentary about the home we did identify that people were not always protected by safe practices or effective risk management at the home and action was not always taken to learn lessons from incidents occurring at the home.

We found that whilst there were some systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led and compliant with regulations. Audits and analysis of incidents, feedback from people and outcomes from reviews had not been undertaken or were ineffective and had not been used to identify developments and improvements that were needed.

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

People were usually supported to maintain good health but in some instances the appropriate advice had not been sought in a timely way and this put people at risk of ill health.

We saw plans had not been reviewed in a meaningful way or in consultation with people and others that matter to them. There was a lack of varied activities and stimulation that were needed to reflect people's individual interests and meet people's specific dementia care needs. We have made a recommendation that the provider needs to take account of relevant good practice guidance in relation to supporting people with

dementia to do things they enjoy. We did not see that adequate arrangements were in place to ensure the environment met people's dementia care needs. We have made a recommendation that the provider takes account of good practice guidance in relation to a providing a suitable environment for people living with dementia.

People told us they felt safe living at the home. Staff we spoke with had knowledge of possible signs of abuse and could describe the action they would take in reporting any concerns. There was enough staff available to meet people's requests for support. Recruitment checks were in place to ensure new staffs was suitable to work with people who needed support.

Staff told us they received the training they needed to meet people's needs. There was no evidence of any competency assessments being carried out after training had taken place.

People were offered choice in aspects of their care, and the service had consistently followed the principles of the Mental Capacity Act (2005).

People were supported to eat and drink sufficient amounts and told us they usually enjoyed their food. People told us, or indicated that they were happy living at the home. We saw that staff treated people with respect and communicated well with people. People and their relatives were aware of how to make complaints and share their experiences but complaint procedures had not been kept up to date.

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 who used the service were placed at risk because the provider did not have safe systems in place to reduce the risks associated with their care.

Medicines were not always safely managed. Improvements were needed to systems for the receipt and ordering of medication.

People were supported by adequate numbers of staff and staff that responded to their needs in a timely manner. Staff in the home knew how to recognise and report abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had the knowledge they required to meet the needs of the people they supported but effective assessment of their competency had not been undertaken. Staff told us they felt supported.

People were supported and encouraged to have enough to eat and drink. People were usually supported to maintain good health but in some instances the appropriate advice had not been sought in a timely way.

People were offered choice in aspects of their care, and the service had consistently followed the principles of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

Staff had positive and caring relationships with people using the service and promoted compassion, dignity and respect.

People were treated with dignity and respect and had their independence promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not routinely involved in planning their care and not involved in reviews. People had not been actively supported to pursue their interests and hobbies within their home and the local communities.

People and their relatives were aware of how to make complaints and share their experiences but complaint procedures had not been kept up to date.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance systems were in place but some records and audits required for the effective running of the home were not completed or in some instances had failed to identify issues.

Views and opinions of people who used the service or their relatives had not been fully utilised to help inform developments and improvements in the home.

The home did not have a registered manager. People, relatives and professionals told us the new manager was approachable.

Abbey Park House

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 4 and 5 January 2017 and was unannounced. The visits were undertaken by one inspector and an expert by experience on the first day and only the inspector on the second. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we looked at the information we had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was submitted to us when requested.
All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we spoke with eight of the people living at the home to seek their views on the care they received. Some people were not able to tell us their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the relatives of three people living at the home, two professional advocates and a lay minister. We spoke at length with four care staff, the chef and the manager. We spent time observing day to day life and the support people were offered. We looked at parts of four people's care records. We sampled two staff recruitment files. We sampled records about training and staff meetings, and looked at the registered providers quality assurance and audit records to see how the service monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People living at the home could not be confident that they would always be kept safe and well. At our last inspection in October 2015 we identified a breach in regulation. The provider remains in breach of this regulation as they had not taken the action required to ensure that effective systems would be in place to assess and monitor that the service would consistently deliver safe care.

Discussions with the manager, staff and accident records showed that people had not experienced serious injury. Whilst staffs were able to tell us of actions they had taken to reduce risks, people were not consistently protected from the risk of avoidable harm through effective risk management. For example, one person had experienced some falls. Staff told us they reduced the risk of further falls by observing the person when they walked and that the person now did not use the stairs. However we did not find the person's care records had been adequately reviewed following the falls and there was no specific falls risk assessment.

As part of the fire risk assessment we saw that personal evacuation plans had been completed for most people. We noted these were not dated and so it was unclear if they were reflective of people's current needs. We discussed with the manager that they lacked detail, for example in regards to how people on the first floor of the home would be evacuated in an emergency.

We looked at the systems for managing medicines and found systems were not always effective in ensuring that medicines had been administered as prescribed. Our inspection in May 2016 found that improvements were needed to the systems for safe storage and disposal of medicines. This inspection found that this improvement had been made. However, we found that improvements were needed to systems for the receipt and ordering of medication. One person had moved into the home with only a few days' supply of medication. Staff had delayed notifying the manager and we found that there was a delay before medication was obtained that the person needed. Whilst there was no evidence that the person had experienced poor health due to the lack of medication, their health condition had been put at risk. The provider needed to ensure that appropriate procedures were in place for staff to follow in regards to obtaining medication urgently.

One person at the home had been prescribed medication to be given 'as required'. We saw that there were no written guidelines in place to ensure this was given when required. Staff told us it would be given if the person was 'agitated' but had not been needed since they had been at the home and was likely to be stopped by the GP. Records failed to indicate what staff had advised.

People told us that they did feel safe living in the home. Comments from people included, "I do feel safe; they're [staff] alright" and, "Of course. They knock on the door and shout out who it is to be safe." Other people looked relaxed in the company of the staff and their environment. Relatives we spoke with had no concerns about people's safety.

We spoke with the manager and four care staff; all had received safeguarding training and were able to identify the types of abuse people receiving care and support were at risk from. Staff understood their

responsibility to report concerns and told us they would report to the manager. They were confident their concerns would be responded to appropriately.

We were informed that people living at the home did not currently need the use of a hoist to assist them to move. We observed staff helping people to rise from their chairs and this was done with verbal encouragement with no inappropriate lifting, pulling or pushing. Staff confirmed that they had up to date moving and handling training which included the use of the hoist. We observed staff support a person with a visual impairment to walk to another room. Staffs were first careful to ensure that there were no trip hazards in the way. They then spoke to the person to explain that it was time for lunch and clearly guided by the use of good verbal communication to the dining room, the staff gently holding the person's arm for reassurance.

There were sufficient numbers of staff on duty to meet the individual needs of people using the service. People told us that there was always someone around when they needed support. A person we spoke with told us, "There's no difference at weekends. There's always someone around." A relative we spoke with told us, "There always seems to be lots of staff around."

We saw staff was visible in the communal areas and we observed people being responded to in a timely manner. Staff we spoke with told us that staffing levels were good and that there was enough staff to support people on every shift. One member of staff told us, "We don't struggle with staffing. We are like a big family and if someone is ill someone else will always cover the shift." Staff rotas showed that staffing levels had been consistent over the four weeks prior to our visit. The manager told us that recruitment of an additional care staff and a part time cook was currently in progress.

We looked at the system in place to recruit new staff. A member of staff who had recently been recruited confirmed that the necessary checks had been done before they commenced work. Another member of staff told us that the manager always waited for the check from the Disclosure and Barring Service (formerly Criminal Records Bureau) before new staff started working in the home. The recruitment records we saw confirmed this and demonstrated that there was a process in place to ensure that staff recruited was suitable to work in a care home.

People told us they received their medicines on time. One person told us, "Oh yes, my tablets are on time.' We saw staff giving people their medicine. This was done in a safe way. Staff checked the medication record before giving any medicines and signed the record after it had been taken. Where staff had to leave the medication trolley they ensured they had locked it whilst it was unattended.

One person did not need staff support to take their medicines. They had been provided with secure storage facilities for their medicine in their bedroom. Staff told us that to make sure the person was taking their medicines safely they undertook a daily check of the amount of medicine in stock. The manager told us they had assessed the person as safe to administer their own medicine but had not recorded this, but would ensure this was completed.

Staff told us and records confirmed that they had received training to administer medication. The manager told us that competency assessments had been conducted to ensure staffs was able to administer medicines safely but that these had not been recorded. Staff we spoke with were aware of the medicines people were prescribed.

Requires Improvement

Is the service effective?

Our findings

People living at the home had a range of health conditions. People were usually supported to stay healthy and had accessed support and advice from healthcare professionals when this was required. However, in some instances the appropriate advice had not been sought in a timely way. In one instance a person had lost a significant amount of weight and there was no record of appropriate advice or action being taken. The manager sought advice from the GP when we discussed this with them. Another person at the home had not received their medication for many days due to difficulties in obtaining a prescription. Whilst staff told us they had visually monitored the wellbeing of this person we did not find that appropriate advice had been obtained from health professional or that all measures possible had been taken to monitor the person's wellbeing during this period. There had been no significant impact on this person but staff had failed to take action to fully protect them from the risk of poor health.

People and their relatives indicated they were happy living at the home. One person told us, "I've done very well since I've been here. I've had a lot of help and support. I wouldn't have been able to cope on my own.' A relative told us, "The care is fantastic."

We spoke to relatives about how the skills and abilities of staff ensured that people's care and support needs were met. A relative we spoke with told us, "The staff seem to know my Father's needs better than me." A visitor to the home told us, "I know they take training seriously." An advocate told us, "Staff seem caring and knowledgeable about people's needs."

Staff we spoke with told us that there was a variety of training and qualifications offered to them and they spoke positively about the quality and content of the training. A new member of staff confirmed they had received an induction and told us "I shadowed senior staff, everyone was really supportive and I felt part of the team."

One person needed staff to administer their medication by an alternative procedure. The manager told us that staff had received training from the district nurse but there were no records in place to support this. Staff confirmed they had received this training and although it was a number of years ago they felt confident in undertaking this procedure. There was no evidence of any competency assessments being carried out after training had taken place.

All the staff we spoke with told us they felt well supported but that formal supervision did not take place The manager confirmed this was the case and told us this was something she intended to implement.

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. At our inspection in October 2015 we identified a breach of regulation because some necessary applications to the local supervisory body for authority to apply a restriction had not been done, failing to protect the rights of people. This inspection found these had been done. The manager told us that verbal approval had been received from the local authority but that formal notification had not yet been received.

Staff had received basic training about the MCA. One member of staff told us, "I'm aware it relates to the person not having capacity and we may need to consider a DoLS". Advocates told us that staff had an adequate understanding of DoLS. Our discussions with staff showed they were not all aware of who had a DoLS in place. We saw that throughout our visit they sought consent from people. For example, before lunch was served, people were given the choice of whether they would like to wear clothes protectors. If the offer was declined, people's choices were accepted without question.

People told us they had access to a wide range of different food and drinks. One person we spoke with told us, "The food is alright.' One person told us, 'The food is reasonable although it could be a bit more varied. I have sandwiches or beans on toast [in the evenings]; there's plenty to eat and I can have a snack if I want.' One relative told us, "I have not seen the meals but I know for a fact [person's name] is asked what choice he wants."

We saw that people were offered sufficient drinks and that jugs of cold drinks were available in communal areas. Through discussion with the manager it was established that some thought was to be given to the provision of drinks in people's bedrooms. Discussions with staff and relatives confirmed that people's dietary needs and preferences due to religious or cultural needs were met. Records were completed in regards to people's food choices.

We observed lunch being served both in the dining room and within the communal lounges. In the communal lounge areas we noted interactions between people and staff were positive and people were laughing and relaxed; people seemed to enjoy their meals and had enough time to eat at their own pace. We saw staff sitting and supporting people with their meals in a dignified and sensitive manner. Portion sizes were varied based on individual needs and preferences. People were offered the choice of gravy and condiments. Several people were provided with alternative meals when requested or where staff identified they were not eating their original meal. One person complained that their meal was cold when it arrived and a staff went immediately to heat it up. When she returned, she took time to warn the person that it was now hot. All of the staff we spoke with had a good knowledge of individual people's dietary and hydration needs.

At our inspection in October 2015 the previous registered manager told us they had plans to display menus, communication boards and pictures. We did not see that this had been done with the exception of a menu on display in the entrance area of the home. This was an area of the home that most people did not access regularly.

Many of the people had some form of confusion or were living with dementia and we did not see that this had been considered in relation to the environment. For example there was no signage to help people orientate. Toilets and bathrooms were not signposted. Bedroom doors had small brass name plates but

names were not in evidence. This is not helpful for people living with dementia who may benefit from visual prompts such as pictures, words or colours when moving around the home. We also noted there was no dementia friendly clocks to help people orientate in regards to the time, day and month. It is recommended that the provider takes account of good practice guidance in relation to a providing a suitable environment for people living with dementia.

The relatives we spoke with told us that their family member's health was well managed. One relative we spoke with told us, "They let me know if my family member is unwell. They responded quickly when an ambulance was needed." Another relative commented, "When [person's name] was unwell it was handled very well."

Good

Is the service caring?

Our findings

We were told by people and their relatives that staff were kind, caring and helpful. One person told us, "They're [staff] very kind. Smashing." Another person told us, "Anything you need, you just ask…. They are very good."

People we spoke with told us their relatives were welcome to visit at any time. We observed that family members visiting a person were made welcome and given tea and biscuits and a space in the dining room was made available for the visit.

We observed positive and respectful interactions between people and staff. Some people were able to talk to staff and explain what they wanted and how they were feeling. Other people needed staff to interpret and understand the person's own communication style. We saw staff acknowledged people when walking through communal areas and did sit and talk to people.

We saw that staff responded to people's needs in a timely and dignified manner. We observed examples of staff acting in caring and thoughtful ways. For example, a lady wasn't wearing any socks and she asked: 'Where are my socks?' The care staff closest by acknowledged the request and immediately went and obtained the socks and helped the person to put them on. We saw examples of staff being caring; taking the trouble to kneel down beside them to make sure that they made eye contact with people when talking to them; listening to what they had to say and respecting their decisions. Staff were cheerful and smiling. For example, when the tea trolley arrived, the member of staff said: "Ladies and gentlemen, I'm here! Biscuits! Would anyone like a nice biscuit?"

We saw that staff respected people's confidentiality and did not discuss people's personal details in front of other people at the home Staff respected people's privacy and we saw that staff knocked on bedroom or bathroom doors and sought people's permission to enter. Staff respected people's dignity as they asked people in a discreet way if they needed assistance with their personal care. We discussed with the manager the practice of people in the dining room being expected to sit on continence protectors that were visible to anyone entering the room. The manager agreed this was not dignified for people and agreed to review this.

People were supported to maintain some independence. One person told us, "They're very, very good. I like to keep my own independence. They do my laundry but I do most other things. When I first came here, I couldn't do half of the things I do now." Another person told us, "If you can do things, they let you do things. But they always come to my room to check that I'm alright."

The lay minister was complimentary about the staff and told me that they were very good at keeping him informed if a resident's condition changed. For example, if someone was poorly but still wanted to take Holy Communion, they would ensure that he visited the person in their room. We asked the manager about arrangements to support people of other faiths. The manager told us that other people had not indicated a wish for this type of input but that it would be responded to if people indicated they wanted this.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with either could not remember or told us they not been involved in their care planning but this did not seem to concern them. A relative told us, "I have some involvement in the care. They [the staff] have asked me certain things, for example about preferences."

Care plans we saw included people's personal history, individual preferences and interests. Whilst the plans reflected people's care and support needs and contained a lot of personal details, some plans did not have detailed guidance about how staff needed to meet people's health needs. For example, where a person had a health condition the plan lacked guidance about the signs of the person being unwell and when advice from a health professional would be needed. We saw plans had not been reviewed in a meaningful way or in consultation with people and others that matter to them. We asked the manager if consideration had been given to completing 'Life Stories' with people who had dementia. The manager told us she was not familiar with this but consider it.

We looked at the opportunities people had to do the things they enjoyed. Our inspection in October 2015 identified improvements were needed but there was no progress evident at this inspection that action had been taken to provide such opportunities for people. Care staff were responsible for organising and supporting people to participate in activities as the provider did not employ a dedicated activities co-ordinator.

There was an activities diary displayed on the wall in the entrance foyer where few people visited. The listed activities were not always provided. Activities listed included chair aerobics, manicure and hand massage, ball games and skittles, bingo, drawing, sing-song and reminiscence. One of the staff started what seemed to be an ad-hoc sing-song in the lounge. However, they did not turn off the television (which no-one appeared to be watching) and this made it difficult for a number of people to fully engage. Another person was supported to do some drawing and we saw a person looking at a magazine. We did not see that books were readily available in communal areas but the manager told us that a daily newspaper was delivered to the home.

Care records indicated that the activities that took place were usually either sing-songs, exercises or reminiscence. There was no records to show what reminiscence activity took place. It was not evident that sufficient thought had been given to trialling new and varied activities and giving consideration to dementia friendly activities, for example the use of 'memory boxes.' We recommend that the provider seek advice and guidance from a reputable source about supporting people in the pursuit of their hobbies and interests.

People and relatives told us they had not had cause to make a complaint but indicated they would approach the manager if they were not happy about something at the home. People told us that the manager was very approachable and they felt comfortable speaking to her. One person told us, "I'd talk to [Manager] if I was worried about anything." Relatives we spoke with told us that they would feel comfortable raising complaints at the service with the manager and felt that the manager would act on their concerns to improve the service.

The manager told us that no complaints had been received since the last inspection. The provider had a formal procedure for receiving and handling concerns but this was not on display in the home. We saw that the procedure was out of date and did not give people up to date information about other agencies they could contact if they remained dissatisfied with the outcome of their complaint. At the inspection in October 2015 the previous registered manager told us there were plans in place to start recording and reviewing all minor concerns so they could identify and monitor trends and identify any improvements needed to the service. The manager told us this had not been implemented. This meant the provider had missed opportunities to gain feedback on the service.

Requires Improvement

Is the service well-led?

Our findings

At this inspection we found that there was a continued breach of this regulation. There were some systems in place to monitor the quality and safety of the service but the overall service provision had not been monitored robustly. The provider had not monitored the service to ensure that account had been taken of previous inspections and the required improvements made. Whilst the new manager expressed a commitment to improving the service there was no improvement plan in place to ensure that the service continued to grow and improve or to identify current priorities for action.

Prior to our inspection we requested and received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This had been completed by the manager and we were told it had been checked by the provider before being submitted to us. We were concerned that the section on how the provider ensures the service was well led was only one sentence long. We explored with the manager if they had looked at our guidance to help them complete the form and they told us they had not.

The provider had failed to set up systems for review or to monitor any incidents and accidents or use information they gained to analyse trends which could prevent the likelihood of negative experiences for people recurring. Issues in respect of the management of risks were not being audited to identify action that could be taken when safety or quality had been compromised. In addition the complaints procedure had not been reviewed. Whilst some audits had been completed, these were not always effective. For example a weekly medication audit was completed but there was no record of what had been looked at or the outcome. The audit that had taken place had failed to identify that guidance related to use of as required medication was not in place and that staff competency to administer medication had not been checked. We asked the manager how good infection control was ensured. We were told that the manager did visual checks but that no written audits were completed. During our visit we noted that some of the chairs in the lounges were damaged and that the foam was exposed, meaning these would be difficult to keep clean. An effective infection control audit should have identified this. We saw that in one bedroom there were some loose wall tiles and that a ceiling tile was damaged. The manager told us these had been reported but was unable to confirm when, or the action being taken. We were informed the service did not have a system of logging maintenance requests.

These issues confirmed that the provider was not ensuring good governance of the service and was in breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

The previous registered manager had left the service in August 2016. The previous deputy manager had been promoted to manager and they told us they were in the process of completing their application to register. However our discussions indicated they had some lack of understanding on the process.

People, their relatives and staff spoke very positively about the approachable and supportive nature of the registered manager. One relative told us, "The manager does a good job. She is actually easier to approach than the previous manager." One member of staff told us, "The manager still works on the floor, she does

not stay in the office. All of the residents love her."

Our inspection visit and discussions with the manager identified that they were not keeping themselves up to date with changes, developments and requirements in the care sector. For example, the manager was not familiar with the care certificate, which is a key part of the induction process for new staff. Our discussions also indicated they were not up to date with best practice in regards to meeting the needs of people living with dementia in regards to the environment and involvement in care planning. The manager was also not aware of some of the options that could have been explored to obtain medication for a person. Advice had not been obtained from all relevant health professionals.

We looked at the systems in place to seek feedback from people. The manager told us that residents meetings were not held but that people had a monthly questionnaire to seek their feedback. There was not a formal system to seek the views of people's relatives. People we spoke with could not remember receiving questionnaires. We looked at some of the completed questionnaires. We saw that the same questions were asked each month and that the forms did not encourage people's comments but were generally based on yes / no answers. The manager told us that staff usually sat with people to ask them the questions and to tick the boxes for them. The manager completed a monthly report of the results. Whilst we saw that the audits indicated people were very happy with their care the questions asked were not linked to what people had been doing or planned to do. For example every person was asked each month if they were able to vote. We discussed with the manager that the current design of the questionnaire may not be fully effective in identifying what improvements people would like to see.

At our inspection in October 2015 Staff told us that staff meetings were held regularly and were always well attended; however, there were no records maintained of issues or developments that had been discussed and addressed or were still outstanding and that any concerns raised or discussed at the meetings were used to ensure improvements could be made. This inspection found that records of staff meetings had still not been maintained.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b) The provider did not maintain a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c)