

Hudson (Haven Lodge) Limited

Haven Lodge Care Centre

Inspection report

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22 March 2017

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 23 and 24th February 2017 and was unannounced. It was carried out by one adult social care inspector, an expert by experience and a specialist advisor. Following the first two days of the inspection we gave notice to the provider and registered manager that we needed to return to conclude the inspection. This visit was announced and was undertaken by one adult social care inspector on the 22 March 2017.

Haven Lodge provides accommodation and personal/nursing care for up to 108 people.

At the time of the inspection there were 41 people living at the home. The accommodation at the time of the inspection was arranged over two floors. The first floor is Willow unit and the second floor is Sycamore unit. The third and fourth floor were not being used at the time of the inspection.

Both Willow and Sycamore units had a communal lounge, dining area, bathrooms and toilets.

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 carried out a comprehensive inspection of this service on 10, 11 and 14 November 2016.

Breaches of legal requirements were found as people were not receiving safe care and treatment in relating to their nutritional needs, skin care and medicines. There were unsafe recruitment practices in place as staff were not receiving checks prior to starting their employment. There were insufficient numbers of staff to keep people safe and meet their needs. We also found ineffective quality assurance systems were in place to make sure any areas for improvement were identified and addressed.

After the comprehensive inspection, we placed the provider on notice of urgent action. This was because people were receiving unsafe and inadequate care. The management of the home was inadequate along with the quality assurance systems in place. The provider provided an action plan of how they were going to address the significant risks found during that inspection.

We undertook this focused inspection to check the service was now safe and well-led. We also checked to ensure the provider was meeting their legal requirement. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk

We found some actions had been taken to improve how safe and well-led the service was but improvements

were still required to meet legal requirements.

The management of medicines was not always safe due to stock no longer required being held by the service. Record keeping was poor, medicines were not dated when they were opened and fridge temperatures were not being recorded.

Personal evacuations plans were not always in place and contained old and out of date information.

People at times had to wait for support and assistance from staff during meals times.

Quality assurance systems were not always in place and effective as we found shortfalls relating to personal evacuation plans and medicines management. There was no system for checking the building, health and safety, fire safety and the cleaning of equipment such as hoists. Some audits were sent following the inspection; these identified actions required. We will review the actions completed and the effectiveness of these new audits at our next inspection.

People were receiving improved care relating to their nutrition and hydration and people were putting weight on.

People were being supported with repositioning when at risk of developing pressure related although records required some improvements.

People were supported by staff who had checks undertaken prior to working in the service. Improvements had been made to reduce the use of agency staff and there were some weeks when the provider had not used agency staff.

People and relatives felt improvements had been made following the recruitment of the registered manager and new staff. Comments from people included, "The carers are very kind they treat us just like family", "Nothing is too much trouble for them" and "Things have improved remarkably since the arrival of the new manager." Relative's told us, "The morale of the carers has improved no end, and as a result the care is better now" and "I feel [Name] is safe as there are staff around to help them when required".

Feedback from staff and relatives was that the registered manager was approachable and accessible.

Meetings were being held with relatives and staff and minutes of these meetings confirmed they were an opportunity to raise questions with the registered manager.

The provider had not met all the legal requirements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there was not enough improvement to take the provider out of special measures.

CQC is now considering the appropriate regulatory response to resolve the problems we found.

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 always safe.

The management of medicines was not always safe.

Personal evacuation plans were not always in place, current and up to date.

People had to wait at times for support and assistance from staff.

People were supported by staff who had checks undertaken prior to working in the service.

People we reviewed were putting weight on.

People were being supported with repositioning when at risk of developing pressure related wounds although records needed improving.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The audits were failing to identify shortfalls found during the inspection relating to unsafe medicines, missing and inaccurate personal evacuation plans for people and infection control risks.

Relatives, people and staff felt the registered manager was approachable.

The registered manager confirmed the vision for the service was to provide good care and that this started with employing the right staff.

Haven 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.

This inspection took place on 23 and 24th February 2017 and was unannounced. It was carried out by one adult social care inspector an expert by experience and a specialist advisor on the first day. On the second day there was an adult social care inspector and a specialist advisor. A specialist advisor is a person who has a specialist skill. Their specialism was a nurse. A second adult social care inspection visited on the 22 March 2017 this was announced.

We undertook this focussed inspection to check people were receiving safe care and that improvements had been made to the managing of the service. This was after our comprehensive inspection on the 10, 11, 14 November 2016 where we found people were receiving unsafe care and the service was not being well-led. We inspected the service against two of the five questions we ask about services: is the service safe and is it well led. This is because the service was not meeting legal requirements.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including their action plans following the last inspection which detailed the improvements they intended to make. We also reviewed reports from the local authority who were regularly visiting the service following our last inspection.

Is the service safe?

Our findings

At the last inspection of this service on 10, 11 and 14 of November 2016. We found breaches of Regulations 12, 18, 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because there were not sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Robust recruitment procedures were not being followed. Medicines were unsafe. People were also receiving unsafe care relating to their nutritional needs and skin care. During this inspection we found some improvements had been made relating to people gaining weight and their skin care, access to snacks and drinks in between meals and safe recruitment practices were being followed. People and relatives felt the care had improved following the appointment of the new manager. However improvements were still required to the management of medicines, personal evacuation plans, records and care plans.

The provider had developed a clear action plan for the service following our last inspection. This covered all areas which required improvement and who was responsible. As the registered manager and provider had worked through their plan, they had provided us and the local authority with regular updates. During this latest inspection it was evident the actions being taken had started to make the improvements required although some actions were still required.

At our last inspection we found people were receiving unsafe care relating to their medicines because medicines had been signed for before they were administered. Medicines trolleys were not always securely locked to the wall. There was a lack of staff responsible for administering medicines and a copy of their signatures. There was poor recording keeping relating to when medicines had been opened and those that required stricter controls.

During this inspection we found some improvements had been made although some areas still required action. At the time of the inspection people from both floors; Willow and Sycamore, were receiving medicines. Medicines were ordered, stored and dispensed on each of these units. Each unit had a dedicated medicines room for the storage of medication. These rooms contained a medicine fridge and controlled drugs cabinet. Medicine trolleys were also stored in these rooms and were securely locked.

We found not all medicines had been dated when opened. For example, we found on Sycamore unit one out of eight bottles opened had a record of the date when opened. Recording the date is important as some medicines have an expiry date and require disposing of after that expiry date.

We also found the master signature list for Willow unit did not contain the name, signature and initials of the member of staff who was administering medicines during the inspection. A master signature list is important because it may be necessary to clarify who administered the person their medicine should a problem arise.

Medicines which required storage within the fridge were not always having their optimal temperatures checked and recorded. For example, medicines stored on Willow unit had clear records relating to the temperature of the medicines room and the fridge where medicines were stored. These had been recorded

on a daily basis, but on Sycamore unit we found a total of nine days where there were no recorded temperatures of the medicines room or the fridge. Recording temperature checks is important as it ensures that medicines are kept at optimal temperatures.

We found five medicines that required safer storage had not been disposed of when they were no longer required. Medicines that are no longer required should be sent back to the pharmacy as it prevents stock levels building up when the medicines are no longer required. We raised this with the registered manager who took immediate action to dispose of the excess stock. We checked the administration of controlled medicines on each unit. Where medicines required additional recording for security each floor had a number of medicine recording books available for staff. For example, we found two medicines recording books on Sycamore unit and three medicine recording books on Willow unit. By having a number of medicines recording books in use meant there were delays in finding the correct information relating to stock balances and there was the potential for duplicate recording. Six medicines administration charts that we checked recorded which medicines had been administered and detailed how many remained. This meant medicines that required safer storage were being administered as required. However, because the service had several medicines recording books in place on each unit, records and stock could be unaccounted for due to duplication of records.

During the last inspection in November 2016 we found the service was not ensuring body maps were completed for people. At this inspection we found some improvements were still required when people had creams administered. For example, we found body maps did not always contain important information relating to where the cream was required, the name of the cream, how often and the reason for administering the cream. This is important as staff who are required to administer creams need guidelines in place so that they can administer the cream safely. We found one person had no record of receiving their prescribed cream for 17 days. The staff member confirmed cream should be applied regularly throughout the day. Their medicines administration chart confirmed, 'as directed'. No records were in place giving staff guidance of when the cream should be applied and where. We fed this back to the registered manager so they could take the action necessary.

Records relating to medicines were not always accurate and complete. For example, we found Willow unit did not consistently record the date when the person's photo was taken. This is important as staff rely on photographs as a means of identifying the person they are administering medicines to. If the photo is old or out of date then staff might not be able to verify the person's identity. This is particularly important if the staff member is new or is an agency member of staff as they would rely on these records for identity.

We raised our findings with the registered manager on the first day of our inspection. During the second day the registered manager confirmed a lead nurse would be responsible for administering medicines on Sycamore unit. They also confirmed a lead senior carer would be responsible for ordering, storage and disposal of medicines on Willow unit. Staff would be reviewed regarding their knowledge of covert medicines and people's medicines records and paperwork relating to body maps would be checked. The registered manager also confirmed they were in the process of changing the pharmacy who provided medicines to the home.

At our previous inspection we found personal evacuation plans (PEEPs) for people did not contain necessary information for staff to follow. To enable them to evacuate people quickly and safely. During this inspection we found none of the required improvements had been made. For example, on Willow unit we found the PEEPs file had 11 old plans for people who no longer lived at the home. Three people's personal evacuation plans contained inaccurate information relating to wrong room numbers and their mobility and support needs. On Sycamore unit people's evacuation plans were in their care plans. Out of the 13 care

plans we reviewed we found seven did not contain personal evacuation plans for the person. This meant if there was an emergency situation staff had no guidance of what support and assistance they should provide those seven people with. One person's current evacuation plan contained inaccurate information. The PEEP dated 2014 recorded they were able to walk unassisted and stated they did not require equipment. One staff member said the person required assistance from two staff and needed equipment. This meant the information within the plan was old and out of date. We fed back our concerns to the registered manager who was unaware people did not have personal evacuation plans in place. Following the inspection the registered manager confirmed personal evacuation plans for people had been put in place. This meant prior to our inspection people could have been at risk in an emergency situation but action had been taken afterwards.

At our last inspection in November 2016 we found people were not receiving adequate nutrition and hydration and people were losing weight. At this inspection we found improvements had been made and the majority of people were putting weight on. For example, 20 people had gained weight and there was fresh fruit, biscuits and fluids available for people throughout the home. People who were at risk of losing weight were being weighed each week. This was so any weight loss could be quickly identified so action could be taken. People who had been identified at risk of losing weight had referrals made to professionals such as the speech and language therapists and dieticians. Where people had a prescription fortified build up drink a comprehensive action plan had been developed by external professionals to assist with dietary and fluid intake. Staff felt improvements had been made to encouraging and supporting residents to eat and drink more. People had laminated signs if required in their rooms prompting staff to offer food or fluids at every opportunity. Some improvements were still required to how staff recorded the person's daily food and fluid intake as some charts had missing entries, totals and target amounts. This is important as it allows the service to monitor and review people's individual intake each day to identify any shortfalls. We fed this back to the registered manager who confirmed following the inspection they would undertake audits of these records.

At our last inspection in November 2016 we found people were at risk of developing pressure related wounds because special air mattresses were not set correctly. At this inspection we found improvements had been made. For example, 11 out of the 12 mattresses were set correctly for the persons' weight. We spoke with the registered manager regarding one person's mattress that was incorrectly set. The registered manager informed us that they planned to put the appropriate mattress settings clearly available for each resident, possibly on the MARs chart as these were used on a daily basis. This meant most people who were at risk of the developing pressure sores had specialist equipment which was set to the correct setting although some improvement was required to the recording of this.

At our last inspection in November 2016 we found people were at risk of not having their care needs met when they required support and repositioning when at risk of developing pressure related wounds. During this inspection we found improvements had been made where people required repositioning although some documentation required improving. For example, we found most people who required repositioning had received care in line with their support plan. During the inspection 16 people required repositioning. Out of those 16 people we found two people's charts on the first day of our inspection had not been filled in as required. We raised this with the registered manager as it is important that records are current and up to date. We checked these records on the second day of our inspection. We found the previous days gaps had been completed, confirming the care people had received or been offered.

At the last inspection in November 2016 we found people's care plans did not always contain risk assessments or support plans and guidance for staff to follow. At this inspection we found some improvements were still required to records including wound plans, pressure sores and body maps. For

example, staff did not photograph one person who had a pressure sore so that it could be monitored for any changes. They also had a bed rail assessment but there was no record of it being signed by the person or their relative. The care plan had been evaluated but had failed to identify those shortfalls. Another person who had an identified blister/lesion had no body map or photo of the area or a wound plan to support staff with how they should support the person with this care. We found care plans to be disorganised and difficult to locate relevant information as they contained old information and paperwork. We fed this back to the registered manager who confirmed care plans still required actions. However both of these care plans had a dependency tool and individual risk assessments, relating to choking, falling, malnutrition and manual handling. One care plan had a comprehensive 'This is me' document. This gave staff information relating to the person's life history including activities, hobbies and family.

People with diabetes received support from staff who demonstrated a caring, dignified and personalised approach. Records were accurate and reflected how often to person was having their blood monitored. Where people had allergies these had been recorded along with the name and contact details of the person's doctor.

At the last inspection in November 2016 we found the provider did not have sufficient numbers of suitability trained staff to keep people safe and meet their individual needs. At this inspection we found some improvements were still required when people required support with their individual needs. For example, during the first morning we observed six people within the dining area who had part eaten food on their plates. Within the dining area two staff were preparing breakfasts for people who wished to have breakfast in their bedrooms. No other staff were within the dining area providing support or encouragement to those six people who had not eaten their breakfasts. During lunch on the first day, we observed two people calling for help. Staff were in the dining area talking to each other whilst the two people were calling for assistance and help. One person told us they had been left waiting 20 minutes for their meal. During the third day we found one person was calling out for staff to help whilst they were eating their lunch. The person had their meal in front of them but every few minutes they called "help" for staff assistance. At times the person called out five or six times before a member of staff was able to reassure them. This continued for around 30. Each time a different staff member would walk past and reassure the person. We fed this back to the registered manager for them to review the support people required during meal times.

People and relatives felt improvements were still required during meal times. Relatives told us without visiting and providing support and assistance during meal times they felt the person might not get the support they required due to staff not having the time. We fed this back to the registered manager. Following the inspection they confirmed they were looking at introducing two lunch time sittings for people.

We reviewed the staffing levels for the home. The registered manager confirmed on Willow unit during the day one senior carer, a unit manager and three care staff were required. At night one senior carer and one carer were on duty for 16 people. On Sycamore unit during the day one registered nurse, one senior carer and five carers were on duty. At night one registered nurse and two carers were on duty for 26 people. We reviewed the dependency assessment undertaken in February 2017 for Sycamore unit. The dependency assessment confirmed 21 people who lived on sycamore unit were high dependency and most had nursing needs. Of the 26 people living on Sycamore unit all required support and assistance from two staff with most aspects of their daily care needs. This meant with the seven staff working on this unit only three people could be assisted and supported with their mobility, personal care, dressing, nutritional and incontinence care at one time which could mean the remaining people would have to wait to be supported and assisted. We fed this back to the registered manager for them to review people's individual needs throughout the day including when they might become upset and anxious and required staff assistance.

The provider had undertaken a recruitment campaign and was aiming to eliminate the use of agency staff. The registered manager had not been using agency staff from 24 February up until the week commencing 13 March. They said, "We had not been using agency staff but last week we used 1.6% nursing staff and chef cover." People felt improvements had been made to the staffing in the home. They told us, "Things have improved remarkably since the arrival of the new manager" and "The present manager is very good and has made a big difference". One relative told us, "Good changes. Staff worked incredibly hard, totally a different place, you can feel it. There is good permanent staff." Another relative told us, "Since the new manager had arrived things are much better. The care is better and there is more entertainment in the lounge for residents."

At the last inspection in November 2016 we found that accidents, incidents and safeguarding issues had not been analysed since August 2016 to identify whether there were any trends and see whether any lessons could be learned to reduce risk. At this inspection we found incidents and accidents were being recorded and analysed so that any trends could be identified and actions taken.

People told us they felt safe and supported by staff who were kind. People told us, "The carers are very kind they treat us just like family." Another person said, "Nothing is too much trouble for them." Another person said, "Things have improved remarkably since the arrival of the new manager." One relative told us, "The morale of the carers has improved no end, and as a result the care is better now." Another relative told us, "I feel [Name] is safe as there are staff around to help them when required." The registered manager confirmed staff would be attending safeguarding training over the next few months. One member of staff we spoke with was able to demonstrate their understanding of abuse and who they would go to. This meant people felt safe and the registered manager was in the process of ensuring all staff had received training in safeguarding adults. We will review their progress at the next inspection.

During lunch people listened to music. This seemed to create a calm and peaceful atmosphere. We observed people had access to snacks and drinks in between meals. These were positioned where people were passing so that as they passed them they could stop and pick something to eat. People received the drinks of their choice. For example, one person wanted hot chocolate with their cake in the afternoon. This was provided for them. One relative commented that improvements had been made to the environment. They told us, "The bedrooms are clean now and the rest of the home is good." We found during the inspection the environment was clean and odour free.

At our previous inspection in November 2016 we found the provider did not have effective recruitment procedures to ensure people of the right character were employed. At this inspection we found improvements had been made and staff were being employed once checks had been completed. For example three staff files confirmed that checks had been undertaken with regard to criminal records, proof of identification and references. This meant that there were effective recruitment and selection processes in place.

Is the service well-led?

Our findings

The service was not always well-led.

At the last inspection of this service on 10, 11 and 14 of November 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because significant areas of concern had not been identified to mitigate the risks relating to poor care and welfare, unsafe medicines, inadequate staffing and unsafe recruitment practices. At this latest inspection we found some action was still required to address shortfalls identified during the inspection.

The provider had developed an action plan for the service following our last inspection. This covered areas which required improvement including who was responsible for ensuring actions were made. The provider had worked through their plan and had addressed some actions, although during this inspection improvements were still required to the quality assurance process within the home.

For example, during this inspection we found shortfalls in the safe management of medicines. Shortfalls we identified included poor record keeping for recording optimal fridge temperatures, incomplete body maps for administering medicines, medicines that were no longer required had not been returned to the pharmacy and duplicate books for medicines that required safer control measures were being used. During the first two days of the inspection there were no quality assurance system in place relating to medicines management. When we returned on the third day in March 2017 the registered manager confirmed a medicines audit had been undertaken, but they were unable to locate it and they would send us a copy following the inspection. The registered manager confirmed the home would have a new pharmacy providing medicines in the next few weeks. The new pharmacy planned to undertake a base line audit to check the current medicines compliance. This meant at the time of this inspection the provider was not ensuring audits were identifying shortfalls found during the inspection relating to the safe management of medicines. We will review the effectiveness of these audits at our next inspection.

We reviewed the quality assurance system in place for checking people's care plans. We found where checks to people's care plans had been completed they had failed to identify the shortfalls found during this inspection relating to personal evacuation plans. For example, the audit undertaken on the 22 February 2017 covered four care plans. It had identified shortfalls relating to the care plan not having an adequate index and a missing property sheet but had failed to identify where three people had missing personal evacuation plans. This meant the quality assurance systems were failing to identify shortfalls found during this inspection.

We reviewed the quality assurance systems in place for infection control. The audit completed in January 2017 had failed to identify shortfalls found during the inspection relating to inadequate moving and handling equipment for people. For example, we found a number of slings on a chair in the sycamore unit. The slings were an infection control risk due to being heaped together. We also found that where people required a sling to support them with their mobility, they did not have their own individual slings. This is important as slings are available in different sizes and for different uses and people should be assessed by a

trained member of staff to ensure the sling is safe for them to use. We found the infection control audit had failed to identify the shortfall. We raised our findings to the registered manager. They confirmed following the inspection they would check and ensure each person had a personalised sling that was fit for their use. Following the inspection the registered manager sent us a copy of a completed infection control undertaken in March 2017. This identified shortfalls, actions required and timescales. We will review the effectiveness of this audit at our next inspection. This meant during this inspection some improvements were still required to the effectiveness of quality assurance systems as we found shortfalls relating to infection control, personal evacuation plans and medicines management.

We found there were no quality assurance systems in place for checking the building, fire safety and the cleaning of equipment such as hoists. These audits are important because a thorough quality assurance process would ensure all areas of the service were checked to identify shortfalls. We raised our findings to the registered manager and the provider, who confirmed following the inspection they planned to implement a repairs and maintenance book, and fire audit and cleaning schedules.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014.

Following our inspection the registered manager sent us various audits they had undertaken in January to March 2017. Audits included environment checks, staff conduct, and checks that people had been offered choice and treated with respect. Where shortfalls had been identified, actions were recorded but there were no timescales set or person identified who was going to complete this action. This is important as having an action plan with what needs to be completed, by when and by whom allows the service to monitor progress.

The health and safety audit undertaken on the 16 March 2017 by an external health and safety auditing company had identified shortfalls. These included needing a health and safety policy, a premises risk assessment, recording maintenance tasks and some actions relating to Legionella. Actions required were rated in order of priority with three areas needing urgent and immediate management actions. The registered manager confirmed they would be prioritising those urgent actions. We will review the effectiveness of this audit at our next inspection and the shortfalls identified.

During our inspection we feedback to the registered manager how we had observed people calling for assistance and having cold food uneaten in front of them during all three days of the inspection. The registered manager following our inspection sent a copy of an observation undertaken of people's dining experience. This had been undertaken in January 2017. It had identified shortfalls including lack of condiments for people and lack of plate guards when food was being taken to people's rooms. However had not identified shortfalls we found during people's lunch experience around people awaiting assistance or asking for staff support. The registered manager told us they would review people's individual needs around specific times of the day.

The home was managed by a registered manager who was supported by a deputy manager, unit managers, seniors and a team of care staff. There were also catering staff, cleaners, a handyman, an office administrator and two home makers. The registered manager was responsible for overseeing the day to day management of the home. People, relatives and staff felt improvements had been experienced following their appointment. People told us, "The manager is approachable" and "Things have improved remarkably since the arrival of the new manager, and they hoped it would continue to improve even more." Relatives told us, "Since the new manager has arrived things are much better" and "The manager is usually around and I have spoken with her and she has instigated relatives meetings again which has been good for the home to share their vision for the future." Staff told us, "I can always go to [Name] they are very

approachable" and "The support is amazing, there is a good open door policy. [Name] is just brilliant."

The provider and registered manager confirmed their vision for the service was to provide good care and recruit the right staff as their starting point. The provider had undertaken a focussed recruitment campaign to reduce agency use. They felt it was important that people were supported by staff employed, trained and managed by the service. The provider said they had dedicated a focussed approach to this by identifying additional administration support from their head office. This support had ensured that the registered manager was supported through each stage of the recruitment progress. The registered manager confirmed how important it was for staff to be aware the home was on a journey and that staff were part of making that difference. They said it was about ensuring staff showed the right skills and attitude towards people they cared for so that improvements could be made.

The registered manager sought feedback and views from relatives. A meeting in January 2017 discussed the plans for the home, the recruitment of new staff and what relatives felt of the care in the home. Minutes of the meeting showed relatives raised questions and the registered manager's gave their response. This meant relative's views were being sought and changes to the service discussed.

The registered manager had held a staff meeting in March 2017. The meeting had been an opportunity for the registered manager to discuss uniform, personal protective equipment, laundry and keeping people's room tidy, newly recruited staff, staff morale and feedback from local authority visits. This meant meetings were an opportunity for the registered manager to share changes with staff and for staff to give their feedback.

Following our last inspection in November 2016 the home had received compliance monitoring visits from the local authority. These checks were in place to support and monitor the home so any concerns could be addressed. During our inspection these visits were still on going every week. Feedback we received from those involved in the home was that the home was moving in a positive direction and that monitoring visits would continue.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider's quality assurance systems were not in place or effective at identifying shortfalls relating to infection control, personal evacuation plans and medicines management. Some audits had been undertaken during and following our inspection those shortfalls were yet to be actioned.
Treatment of disease, disorder or injury	

The enforcement action we took:

Warning notice issued.