

Essex County Council

Bridgemarsh Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

At the last inspection on 23 August 2016, we reported that the service required improvement in three areas. These were medicine administration, training and supervision and quality assurance checks.

We carried out an unannounced inspection of Bridgemarsh on 7 September 2017 to see if the provider had made the necessary improvements to the service. We saw that improvements had been made to ensure people were kept safe, had effective care and the service was well led in most areas. However, some improvements were still required in relation to the quality assurance process. The service was rated as Good in Safe, Effective, Caring and Responsive but Requires improvement in Well Led with a breach in the Regulation. The overall rating is Requires Improvement.

Bridgemarsh is a residential care service for up to a maximum of 24 adults with a learning disability. At the time of our inspection eleven people were using the service.

The service had a registered manager in post. 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 were protected from abuse and harm as staff had the knowledge and skills to keep them safe. Staff were able to explain to us what they would do to keep people safe and how they would protect their rights. Risk assessments had been completed in order that people's health, wellbeing were monitored to ensure they had the maximum amount of independence and autonomy.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough skilled and experienced staff available to support people to live safely at the service. Medicine management had been improved and people were receiving their medicines in a timely way.

Staff had the necessary training, supervision and support in order to assist people in their everyday lives. They were aware of the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) when people did not have capacity to make their own choices and decisions. The service was meeting the Accessible Information Standard by ensuring people's sensory and communication needs were met.

People had choices about what they had to eat and drink and were involved in shopping, preparing and cooking their meals. Any health issues people had were closely monitored. The service worked well with other professionals by seeking guidance and support from health, social care and voluntary sector professionals and organisations.

People's support was planned and delivered in an individual and personalised way. People were provided with the opportunity to choose and participate in activities which interested them. Records were regularly reviewed and updated and staff were provided with the information they needed to meet people's needs. People were relaxed in the company of staff. Staff were able to demonstrate they knew people well and they were attentive to people's needs and treated them with dignity and respect.

People who used the service and their relatives were involved in developing the service. They knew how to raise a concern or make a complaint if they needed to. We saw that any complaints were dealt with and resolved quickly.

The service followed its vision and values and had clear leadership and a consistent staff team. It was developing new ways of providing accommodation and support to people in line with current good practice known as 'Registering the right support.'

A system for monitoring the quality of the service was in place although some minor improvements were needed.

We identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. You can see what action we 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.

Risk assessments provided staff with guidance to keep people safe and safeguard them from harm.

There was sufficient staff in place who were safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received induction and training in order to do their job well.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet.

Liaison and links with healthcare professionals enabled people to maintain their health and keep well.

Is the service caring?

Good ●

The service was caring.

Staff showed people compassion and sensitivity. They knew them well and how to support their independence.

People were involved in decisions about their care arrangements.

Staff communicated well with people and treated them with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Support plans met people's needs as they were individualised and person centred.

There were varied leisure pursuits to support people's social and emotional well-being.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Some improvements were needed to the on-going monitoring of the quality of the service.

The manager provided visible and open leadership. Staff were valued and were given the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Bridgemarsh Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the 7 September 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information and notifications about the service. Notifications are important events that happen in the service and they are required by law to let CQC know about them. A Provider Information Return (PIR) had been completed by the registered manager in August 2017 and this told us about the service and the improvements which had been made.

During our inspection we talked with people who used the service and the staff. Some people were unable to talk with us so we used observation to understand their experience of using the service including how staff communicated and interacted with them during the day.

During our inspection we spoke with and observed five people who used the service. We also spoke with the registered manager, the business administrator and five staff. We reviewed five care plans, five staff personnel records, audits and quality assurance processes. We spoke with two relatives and received information from two social care professionals.

Is the service safe?

Our findings

People were safe living at the service. They were comfortable with the staff and in their surroundings. One person said, "I am very happy to be living here and have good staff who support me." One family member told us, "Yes, I think they are safe here."

Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Training had been provided to staff in safeguarding people from the risk of abuse and the service had a policy and guidance for staff to follow. Staff knew who they would contact if they suspected someone was at risk of harm. The registered manager knew the process for raising safeguarding issues with the local authority and the Care Quality Commission (CQC) and how investigations should take place.

Staff had the information they needed to support people safely whilst enabling them to have freedom and choice. Risk assessments had been completed to keep people safe. These assessments identified how people could be supported to maintain their independence with everyday activities of daily living both inside and outside the service. They also covered how to minimise any risk and what action staff should take in any given situation. Risks included accessing the community, temperature when bathing, falls, the incidents of nose bleeds, behaviour which may challenge, dealing with money and environmental risks. Staff demonstrated a good awareness of the risks which people faced and how they would support them to keep safe.

People were cared for and supported to live in a safe environment. Safety checks were in place to reduce the risk of avoidable harm to people living at the service such as hot and cold water temperature checks, the testing of appliances and servicing of equipment records. People had personal emergency evacuation plans and these were available in the event of a fire. Fire drills took place weekly and everyone knew where to go should a fire break out in the service. This was evidenced by the fire alarm going off on the day of the inspection with one person burning their toast.

There were sufficient staff on duty on the day of our inspection to meet people's needs. We saw the rotas which showed that enough staff were available to support people with their individual social, leisure and volunteer led activities and access to the community. The registered manager told us that staff from an agency were used and these were staff known to people who used the service so there was consistency of care. Six new staff had been recruited and were at different stages of the induction process.

The provider had a recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references and undertaking a criminal record checks with the Disclosure and Barring Service (DBS) to ensure they were not prohibited from working with people in a health and social care setting. We noted that some staff files we looked at did not have a photograph in the file and some had gaps in the person's employment history which had not been explored. We asked the register manager to review these files to ensure they were up to date with the necessary information required by law. The registered manager confirmed with us shortly after the visit, that they had reviewed and

updated all of the staff files with the required information.

At the last inspection, improvements were needed in the way information was provided to staff and how errors in the medicine records were recorded. The registered manager had improved the medicine administration system. We saw that a new medication policy and procedure had been put in place. This provided information and guidance for staff to administer medicines safely. One staff member told us "The system is working better now and we are getting used to checking all the records and recording any errors which may have been made. It is all of our responsibility to make sure people get their medicines correctly." All staff, except for new staff, had received training in medicine administration with regular checks on knowledge and skills. On-going checks on the competency of staff to give medicines safely were undertaken.

There was the correct storage, ordering and disposal of medicines. People's medicines were in a cabinet in their rooms, together with their medicine administration records (MAR). We checked the MAR against the other records and stocks held. We looked at two medicine records and checked the content. We found that these had been completed correctly. The protocol about medicines which are given 'as and when' needed, such as pain relief, had been improved to include more details about how to tell the person was in pain and the medicines required. Staff told us they were aware of how people who used non verbal communication may tell them if they were in pain. One staff member told us, "We know people well enough to know the signs. We also use pictures and gestures to help identify where the pain is."

Although there was still work to do in terms of auditing the medicine records more frequently, we have addressed this in the Well Led question as it was related directly to the management of the service. People were receiving their medicines safely and as prescribed.

Is the service effective?

Our findings

People told us, "I can do all what I like," and, "I do my washing and sort it out," and, "I really like [name of staff member] we get on."

Staff had the knowledge and skills to provide good care which met people's needs. We observed that members of staff were knowledgeable about the people who lived in the service and they told us in-depth and detailed information about the people they supported.

At the last inspection we found that the system of training and supervising staff was not consistent. At this inspection, we found that improvements had been made to the provision of training for staff and its monitoring. The records showed that staff had undertaken training in a variety of topics since the last inspection including health and safety, first aid, moving and positioning people, safeguarding vulnerable people from harm, medicine administration and epilepsy care. The training programme was up to date with face to face and online training planned throughout the year. Additional training in equality and diversity and the virtual dementia tour (used to understand how a person with dementia might feel) had also been provided to some staff. One staff member said, "We do get lots of training, that's a good thing about working here." Another told us, "I am included in all the training, and I need to keep updated about things that affect me and my work."

There was an induction process in place. This involved getting to know the service, shadowing staff and getting to know people and their needs and circumstances. One staff member told us, "Everyone has been so welcoming and I am really getting to know people and how they communicate, which is really important." The registered manager had implemented a system for new staff without a qualification or training in health and social care to complete the Care Certificate. The Care Certificate was introduced by the Government to help ensure care staff had a wide theoretical knowledge of good working practices within the care sector.

Improvements had been made to the provision of supervision for staff. We saw that staff had received at least one supervision since our last inspection. This was completed in a collaborative way and agreed with both the supervisor and the staff member. We saw that staff had received appraisals in 2016 of their performance and development. Although there was still work to do in terms of formal supervision of staff, we have addressed this in the Well Led question as it was related directly to the management of the service. Staff felt supported and able to access the registered manager for advice and guidance as required.

People received effective care and support from staff who were trained and supported by the senior staff and registered manager. One staff member told us, "I have been really supported to develop my skills and follow a career. The manager has been more than helpful in so many ways to enable me to get qualified." Staff told us that they were well supported to undertake their duties.

We saw that staff had a good awareness of people's needs and were able to demonstrate that they understood how to provide appropriate care and support to meet these needs. For example, one person

was enabled to make choices and decisions about the tasks they were doing that morning, making their bed, having lunch or doing their washing, at their own pace and changing their mind as they went along. We heard the staff member say "It's up to you my friend what you do every day, I'm just here to help you to make your mind up if you need me to or help you when you have decided."

The service was meeting people's information and communication needs. Their needs had been assessed and were reviewed and appropriate equipment, pictorial and visual information was in place to enable them to make their needs known. For one person, the use of Deafblind befrienders gave them independence, reduced their isolation and enabled them to access activities in the community. Pictures, photographs and symbols were seen around the service and used effectively so that people were aware of day to day activities, the staff who were on duty and information relevant to their lives at the service.

The registered manager had good links with other organisations. As the service was part of Essex County Council, information and guidance about good practice was disseminated, for example any changes to the law and regulations requiring action. They used Skills for Care guidance about employment and training and abided by the 'My Home Life' and 'Dignity in Care' principles (two initiatives developed to put people at the centre of their care).

Staff gave people the opportunity and support to make decisions and choices about their everyday lives. Assessments had been completed when people were thought to lack mental capacity to identify how their care could be provided in line with their wishes. When people lacked capacity, the provider had taken action to seek that the care, treatment and support which people received did not restrict their freedom and rights. These decisions were clearly documented with the reason why and what these decisions covered including taking medicines, nutritional needs, medical appointments, dental treatment and restricting people's access to leaving the premises.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The 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 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 the time of our inspection, we found that they were meeting these conditions. DoLS had been applied for by the registered manager as appropriate and these were awaiting authorisation from the local authority. All staff had received training in MCA and DoLS and the registered manager kept up to date with current practice.

People were supported to have a balanced and healthy diet. They were involved in the shopping, preparing and cooking of their meals. People choose to eat with others or on their own in their own flats. People were encouraged to prepare their own food and to clear away after them. Staff talked with them about the dates on food and why these were important. Staff knew people well including their likes and dislikes and knew how to best support them with eating and drinking to avoid choking and other issues at mealtimes.

People's weight was monitored if there were any concerns about their health so that their diet and fluids could be reviewed should this be needed. Where relevant for health reasons, people had their fluid and food

monitored. Staff had received training in diet and nutrition in order to support people to keep well. Referrals to other professionals such as a dietician or a speech and language therapist were made should people require specialist input.

People had access to healthcare professionals as required and we saw this was recorded in people's care plans. Important information about them and their needs called a 'Communication passport' was available in pictures and large print to take to the hospital should the person be admitted. This would enable hospital staff to support the person to meet their needs as well as understand their ways of communicating.

Records showed that people were supported to attend any appointments as scheduled, such as see their own GP, dentist and physiotherapist. People also had access to specialist support such as mental health services, behaviour therapists, and specialist befrienders who worked with people who were Deafblind.

Is the service caring?

Our findings

People were supported by staff who were caring, kind and friendly. One person said, "They [staff] are nice to me." Another person told us, "We go out together." Another said, "That [staff member] is funny and helpful and alright."

The service had a very friendly, welcoming, calm and relaxed atmosphere. We saw during the day of our inspection, warm, caring, sensitive, practical interactions between people who used the service and staff. We saw staff talking with people, laughing and joking with them and people were animated with their responses.

Staff knew people well and how best to communicate with them. Staff were able to describe people's individual personalities, personal histories and likes and dislikes. They spoke about people in a generous and respectful way.

Staff knew how people preferred to spend their time for example what their morning and evening routines were, what they liked best to do, what their social interests were, who liked time alone and who was good at cooking. Staff told us, "There is never a dull day working here and there is always something new to do with people." Another said, [Name] has come on leaps and bounds and really likes the space that they have. They are making their own home within the home."

We observed that staff listened to what people had to say and responded appropriately. Staff were led by what people requested and respected what people wanted to do with their time. For example, on the day of the inspection, one person was choosing to make their bed and do their laundry, another person was going out with a support worker shopping, another was off to the day centre and one person wanted to spend time sitting in a staff member's car. Staff responded to this direction by affirming that they had understood correctly and this gave people self-respect and independence.

People and their relatives were involved in the planning of their care and support needs. One relative told us, "Staff tell us what is going on and we talk to them about if [name] needs anything." Two people showed us their care plans and these were written in an individual way fully involving the person in following their aspirations and ambitions and it was all about them. One person said, "This is me, and I live here and they help me." One social care professional told us, "Staff treated people with dignity and respect. The way they spoke, the tone of their voice and the way they acted towards people was warm, reassuring and dignified."

We heard people and staff engaged in conversations and laughing and joking together. We saw humour used in an effective way, for example to help a person remember what they said they were going to do.

People were supported and encouraged to maintain relationships with their friends and family. Staff told us that people regularly received visits from their family members and went out with them and at times stayed at their homes. Where people did not have family contact, support was available through Essex Guardians to help people with their finances and advocacy services were used so that they had support to make choices

and decisions. Care files and other confidential information about people and staff were stored securely. This ensured people's private information was only accessible to the necessary people.

One social care professional told us, "The process of transition was very smooth and facilitated by both the managers. They took a genuine interest in 'getting it right' for this particular person. I felt confident that the person was treated with dignity and respect throughout, their best interests were met, their family welcomed, involved and kept informed at all stages of the process and the move handled in a very person centred way."

Is the service responsive?

Our findings

Staff responded in a respectful, patient and appropriate way to people who used the service.

Before people went to live at the service their needs were assessed to see if the service could meet them. Once the registered manager had completed the assessment, people would be invited to spend time at the service so that they could see if it would be suitable and they would like it. This would also allow them an opportunity to start to get to know staff and meet other people already living there. One social care professional told us, "[Name] has received a service which I would regard as perfectly adequate and I believe some of the staff have developed a helpful relationship with them."

We saw that detailed written support plans and individual risk assessments were in place. Support plans included information which was specific to the individual about their health, mental health, emotional, practical and social care needs. The support plans were very person centred and had been written with the involvement of people who used the service and their families. Agreements to the support plans had been given by the person or a family member. The support plan highlighted important information about the person, their likes, dislikes, preferences and wishes. It was recorded for one person, "[Name] is vocal in cheerful tones when in the shower." The daily notes about how people had been that day or during the night were written in a respectful way.

Staff were able to explain how people preferred to be supported and demonstrated a good knowledge of people's needs. People were supported as individuals to enhance their quality of life, with specific goals to maintain their independence. Some goals were recorded as achieved, some newly added to the support plan whilst others were on-going, for example to access the community safely and maintain a relationship with relatives. For one person, the goal was for them to take their own medicines and this was being looked into with them.

People's age, gender, culture and religious needs were identified and met. We saw that information had been put together about a person's culture and history. A meeting was held with the staff to discuss this so they all had an understanding of the person's background. We observed that people's individual choices were respected and upheld on a daily basis and people could choose who supported them, a male or female member of staff. However, people's sexual orientation or their end of life arrangements had not been discussed in order to know their preferences or wishes. We discussed this with the registered manager who agreed to consider ways in which this information could be explored.

The service was responsive to people's behavioural and emotional needs as they had plans in place to assist people to manage their feelings and behaviours. The registered manager told us that they and the staff team were confident in helping people with their behaviour and gave an example of how one person's anxiety was lessening through reassurance and clear boundaries. We saw evidence of this and noted that one staff member had recorded, "[Name] is happy, stable and calm this morning."

The register manager told us that they were adapting the building internally to provide people with their

own lounge and kitchen adjacent to their bedroom creating their own small flat. People were happy with their additional accommodation and personal space. We saw that there were opportunities for people to choose their own wall paper and paint. We saw people's rooms had been personalised and decorated to suit their needs. Outside, there were gardens which were maintained. People could freely access the garden as they wished.

People's social and leisure activities included them doing their own hobbies at home as well as going shopping, visiting various places of interest, social clubs and day centres, horse racing and going to the cinema. Group activities were also available for people to choose to go out to should they wish. We saw that some of the activities had been recorded in photographs and these were added to their support plans. This was used as a reminder of the good times they had had and acted as a prompt to help staff communicate and engage with people.

Changes to the transport system had been made in response to the observations of the head of service. In their action plan, they said, "Recently, I have been aware that people are agitated waiting for the transport to collect them to take them to the day centre. I have cancelled the contract and the service is now transporting people to their activity to meet their particular needs and alleviate any stress of waiting. Everyone appears happy with the new system to be introduced. People were now able to go to any activity they wanted when they wanted as the service had its own transport if people needed it.

The service had a complaints process in place that was in picture form and accessible to people who used the service. They told us they could talk to any of the staff or the registered manager if they had any worries. They said, "I get on well with everyone," and, "I would go to [name] if I had any worries," and "Happy here, yes happy here." One relative told us, "We talk to the staff and usually we get things sorted. We have not made a complaint as such."

The registered manager told us that people came into the office or talked to them and any of the staff if they had worries or concerns. These were listened to and dealt with quickly and any actions taken were recorded in the person's support plan. Staff told us that when they were doing the monthly reviews of people's care arrangements, concerns and issues were picked up and dealt with in discussion with people and their families. We did not see any complaints that had been recorded. Although there was still work to do in terms of the recording and monitoring of complaints, we have addressed this in the Well Led question as it was related directly to the management of the service.

Is the service well-led?

Our findings

The last inspection in August 2016 found that some improvements were needed to the quality assurance process. These related to the monitoring of the quality of the service and in relation to medicine audits. Whilst some improvements had been made to the medicine administration and the programme of training, monitoring of medicines and supervision of staff was not sufficient to ensure a quality service was being delivered.

A new medicine administration system was in place and errors and actions taken were now recorded by staff and the registered manager. The deputy managers undertook weekly audits and completed the necessary paperwork. These were reviewed by the registered manager on a weekly basis who also undertook a monthly audit to review if the system was working and to take action where needed. This was insufficient to address and improve the way in which staff were recording, signing and accounting for medicines they administered. The registered manager agreed that there needed to be daily checks by senior staff on duty in relation to medicine monitoring and this would be put in place immediately.

The support system for staff had not been audited to address the inconsistencies and lack of formalised supervision for staff which was identified at the last inspection as requires improvement. The supervision policy written in May 2016 introduced the new performance development plan and a new online system for recording supervision. It stated, "It is the expectation of staff to complete a minimum of six formal 1:1 supervisions within the financial year (April to March). From the files, we saw that some staff had received one recorded supervision in 2016 and in 2017 whilst other staff had received more regular support with up to three sessions but still not the required amount as per their policy. The registered manager told us that they did not have a plan of how often supervision should take place for each staff member and did not know who had been supervised. This meant that the staff teams' personal development, performance and well-being was not being consistently monitored in order to support them in undertaking their duties and responsibilities.

Whilst information was shared and used as part of the review of a person's care and support, there was a lack of recording and monitoring of concerns, issues and complaints made to the service since our last inspection. We did not see that the registered manager had recorded or used verbal complaints or comments as an opportunity to learn and improve the quality of the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance

The registered manager had some quality assurance processes in place and kept under review, for example, maintenance and health and safety checks, care files, the results from the survey and on-going actions being taken forward.

There was good visible leadership at all levels of the service. The registered manager was knowledgeable about people's needs and spent time working alongside the staff team, being accessible, open and honest

in their approach. They were aware of the day to day culture of the service and of their responsibilities.

The staff told us that they were well supported in their work on a day to day basis and any issues they had would be listened to and addressed. One staff member said, "This is a great place to work and [name] is such a nice boss." Another said, "The team are very supportive, we have a laugh, support each other and everyone helps each other out." We saw that staff were motivated and enthusiastic about their work and supportive of the registered manager.

There was a clear vision for the service with values promoting independence, choice, rights and empowerment. We saw that these values were put into practice by the registered manager and staff. The registered manager was well supported by the head of service and the service worked in a collaborative and inclusive way to make identified on-going improvements. One social care professional said, I have always had confidence in this service despite the many changes they have had to face."

The provider had undertaken changes to the service in line with current good practice known as 'Registering the right support'. These changes included reducing the number of people it provided a service to and increasing and developing individual accommodation for people. This had already showed positive results for people's independence, autonomy and their right to a home and family life. We saw that changes to people's accommodation had resulted in improvements to their lifestyle and how they were benefiting from getting the right support. This was discussed with them and recorded for example, "[Name] is helping to cook more and get involved. They are remembering to wash their plate and put away after their meal." We saw one person enjoying their new space and being supported to live in it as independently as possible.

Staff were involved in helping to develop the service and they were listened to and valued. Meetings and training sessions were held to discuss any current changes, on-going developments and new guidance. Handover meetings between each shift, a communication book and diary were used as ways in which staff communicated and exchanged important information about people's needs and circumstances.

People were actively involved in improving the service they received. Regular meetings were held and recorded. Notes of the meeting were in accessible formats such as in picture, symbol and large print formats so that people could remember what was discussed. A survey was completed in May 2017 and people were positive about the service. Comments included, "I like to be here and to go to the Catholic Church. I like my bed and my bedroom," and, "I would like another tea party with family and friends. I like having my new rooms, I like keeping myself to myself."

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 an effective quality assurance monitoring process in place.