

Four Seasons Homes No.4 Limited

# Marquis Court (Windsor House) Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 9 and 10 October 2018 and was unannounced. At the last inspection completed on 4 May 2017 we rated the service Requires Improvement.

At this inspection we found improvements had been made, but more were needed and the service remains rated as Requires Improvement.

Marquis Court (Windsor House) is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Marquis Court (Windsor House) accommodates up to 52 people in one adapted building. At the time of the inspection there were 44 people using the service.

There was a manager in post at the time of our inspection, they had recently been appointed and had not yet completed their registration application, but plans were in place to do this. 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.

Staff were not always available to support people when they needed help. This meant people did not always receive support which was caring. Governance systems were not always effective in identifying concerns and driving improvements whilst some improvements had been made following our last inspection, more were needed.

Peoples medicines were administered as prescribed. Risks to people were assessed and planned for to keep people safe. Staff were safely recruited. People were protected from the risk of cross infection and safeguarded from abuse. The provider learned when things went wrong.

Staff were supported in their role and had access to an induction and training. People were supported to live in an environment which was suitable to meet their needs. People could choose their meals and were supported to eat and drink. People were supported to maintain their health and well-being.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People had their privacy and dignity protected. People were supported to make choices and staff promoted people's independence. Peoples communication needs were assessed and planned for.

Peoples preferences were understood by staff. People had access to a range of activities. People were clear about how to make a complaint and these were responded to. There was nobody receiving end of life care at the service so this was not considered during the inspection.

Notifications were submitted as required and the manager understood their responsibilities. People and their relatives were engaged in the service and felt able to approach the manager.

The location has previously been rated as Requires Improvement. At this inspection the provider had made improvements to those areas, but other areas were found to require improvement. We may consider enforcement action if there is a continued lack of improvement at our next inspection.

## 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 were not always supported by sufficient staff.

People were safeguarded from potential abuse.

People's risks were assessed and plans were followed by staff.

People had their medicines administered safely.

People were protected from the spread of infection.

There were systems in place to learn when things went wrong.

### Is the service effective?

**Good** ●

The service was effective.

People had their needs assessed and planned for.

People were supported by staff that were trained.

The environment had been designed to meet the needs of people.

People's rights were protected by staff that worked within the principles of the MCA.

People could choose their meals and were supported to have their needs for food and drinks met.

People had support to monitor their health.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People did not receive timely support and were left to become anxious.

People could make choices about their care.

Independence was encouraged and people's individual communication needs met.

People had their privacy protected and were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were understood by staff.

People could follow their interests and had access to support with meaningful activities.

People understood how to make a complaint.

There was nobody receiving end of life care at the service.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The systems in place to ensure quality care were not always effective in identifying concerns.

People were able to share their views about the quality of the service and were kept up to date.

Staff were supported by the management team.

The provider notified us of incidents.

# Marquis Court (Windsor House) Care 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 unannounced inspection visit took place on 9 and 10 October 2018. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with seven people who used the service and four relatives. We also spoke with the manager, the deputy, two nurses, the personal activity leader and seven staff.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of six people and looked at four more to check things. We looked at six staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

# Is the service safe?

## Our findings

At our last inspection on 4 May 2017, we found medicines were not managed safely and rated safe as Requires Improvement. At this inspection we found improvements had been made with medicines but there were issues with staffing and the service remains rated Requires Improvement.

People were not supported by sufficient staff that had been deployed safely. People and their relatives told us there were not always staff available when people needed assistance. One person told us, "The staff are often on their own and so if they are helping someone there is nobody in the lounge area, there is one person who sometimes tries to get out of the chair, I have to shout and ask them to sit down as I worry they may fall." A relative told us, "There are often no staff in the lounge. I am very concerned about this as any one of the people could fall or become unwell and there would be a delay in finding them." The relatives told us they had witnessed people fall. We saw people had experienced falls, however steps had been taken to minimise the risk, and these people were not subject to 24-hour supervision. The manager told us they had taken steps to review the person's care and were waiting for other health professionals to visit and assess the person's needs.

Staff also told us there were times when people had to wait for their care and support. They said people had to sometimes wait when they needed two staff to support them, as there were not always two staff readily available. On the day of the inspection we saw people were waiting for assistance from staff in the morning. For example, in two dining areas people were waiting for drinks and breakfast and there were no staff available. One person told us they were thirsty and had not had a drink since they got up, this was 10am and the person had been up an hour. We alerted staff and asked them to get the person a drink. We saw in another dining area people were also waiting a long time for breakfast.

We spoke to staff about this and they told us they were busy getting other people up who needed two staff to support and this was why there were no staff in the dining areas and lounges to offer breakfast and drinks. We spoke to the manager about this and they agreed people should not have to wait for a drink when they got up and they would speak to staff about how they were deployed at busy periods. On day two of the inspection we found staff were available in the dining areas to ensure people had a drink when they came down and did not wait for their breakfast. We looked at the rotas and found staff numbers had been identified using a dependency tool, however the staff had not been deployed effectively and there did not appear to be sufficient staff in the mornings to ensure people's needs were met when they needed support.

These issues constitute a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support from safely recruited staff. We saw the provider ensured checks had been carried out before new staff started work, which included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working within a care setting.

People were safeguarded from abuse. People were happy and content with the staff and told us they felt safe. Relatives confirmed they felt people were safe at the home. Safeguarding procedures were understood and followed by staff, they could describe how to recognise abuse and what actions they would take to report any concerns they may have. One staff member said, "We have had training in understanding abuse and we know the procedures to report any concerns." Records showed where concerns had been raised, these had been investigated and reported to the local safeguarding authority as required.

People and relatives confirmed there were systems in place to manage risks to their safety. One relative told us, "[Person's name] has not had any falls, they have settled well here and are mobilising much better than before." Risk assessments were in place to guide staff with providing safe care and support. For example, one person was assessed as being at risk of choking. Staff could tell us what actions they took to keep the person safe and we saw this information was detailed in the person's care plan. There was clear guidance from the Speech and Language Therapy (SALT) team about how staff should support the person with their meals and drinks and we saw staff followed this during the inspection. In another example, we saw there was one person who may be at risk due to behaviours that challenge. We saw this was clearly described for staff and guidance was in place on the steps to take to keep the person safe and help them become calm. Staff understood these plans and were observed following them during the inspection.

Risk assessments and care plans were updated when people's needs changed. For example, one person was assessed as being at risk of malnutrition, monitoring was in place and there was guidance for staff to seek advice if the person experienced weight loss. We saw advice had been sought for the person and the care plan had been updated when weight loss had occurred. We also saw other professionals had been involved in developing the care plan and the review.

There were systems in place to manage fire safety. We saw a fire risk assessment was in place and regular checks were carried out on equipment. People had individual plans in place to guide staff on how to help them evacuate the building in the event of a fire. There were regular checks on the fire safety procedures and updates to staff training.

Medicines were administered safely. People and relatives told us medicines were given by staff and these were always on time. Staff had been trained to administer medicines and had their competency checked. We saw when administering medicines staff followed people's individual plans and assessments and administered medicines in line with the policy. Medicines were stored safely. Medicines trollies were in use and these were secured in a lockable room. Checks were carried out on the temperature of the storage areas and the refrigerators in use for some medicines. Staff could tell us what actions they took if there was an issue with the temperature. Stock checks were carried out and these were effective in ensuring people had an adequate supply of their medicines available. Guidance was in place which staff followed when administering people's medicines. For example, where people had medicines, which needed to be taken on an 'as required' basis for pain management or to help them calm down, there were detailed guides in place for staff on how and when these should be taken. Medicine administration record (MAR) charts were in place and were completed accurately by staff.

People were protected from the spread of infection. Staff could describe for us how they prevented the spread of cross infection and confirmed they had received training in this area. We observed staff using Personal Protective Equipment (PPE) when supporting people. We found the home was clean and observed staff cleaning communal areas throughout the inspection. Cleaning schedules were in place to monitor the cleanliness of the home.

There was a system in place to learn when things went wrong. We found accidents and incidents were evaluated and peoples' plans were updated and action was taken to ensure the risk of reoccurrence was



minimised. For example, one person had experienced a fall and actions were taken to update the person's risk assessment and care plan, which showed new equipment had been put in place. There was a system in place to check for and identify any themes from incidents, accidents and any safeguarding or complaints. We saw this was completed monthly by the manager.

# Is the service effective?

## Our findings

At our last inspection on 4 May 2017 we found the service was effective. At this inspection we found the service continued to be effective and was rated as Good.

People had their needs assessed and plans put in place to meet them. One relative told us, "They have always involved me in the assessments and care plans, there are no concerns, I am happy with how the care is being delivered." Staff understood people's assessed needs and could describe for us the plans in place to meet them. One staff member said, "[Person's name] sometimes refuses personal care, we know we have to leave them for a while and go back again, and maybe try a different member of staff." Assessments were carried out and these were used to develop care plans. For example, one person had been assessed as being at risk of their skin breaking down. There was a clear plan in place for staff to help prevent this, which staff could describe to us. We confirmed staff followed the plan during the inspection and saw records which showed the person received the care they needed.

Assessments also considered people's diverse needs. For example, the assessment asked people questions about their sexuality and how this was expressed. The information was then used to inform people's care plans. However, we did see that one person refused personal care on a regular basis, their assessment identified this and their daily report noted when this took place but there was no plan in place. The staff could describe how they supported the person, and we saw they did this during the inspection. The manager ensured a plan was documented straight away and put a monitoring chart in place to help identify if there were any patterns to the person's refusals.

People were provided with consistent care. Staff told us they could keep up to date with any changes to people's needs and their care plans, through the handover discussions at each shift change. We saw where other professionals were involved in people's care the staff were aware of their involvement and followed their advice with this being included in people's care plans.

People were supported by staff that had been trained and staff had the skills they needed to meet people's needs. One staff member told us, "We do all sorts of training, we have safeguarding training and moving and handling training, some is eLearning others are face to face." We found newly appointed staff undertook an induction, with staff telling us they felt this had helped them to understand their role. The manager told us they used the care certificate for their induction of new staff. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Staff had their training updated regularly and showed confidence in how they supported people for example, with medicines management and moving and handling. Records showed staff training was monitored and refresher training was given for staff on a regular basis.

People had a choice of meals and drinks. People told us they were happy with the food, one person when leaving the dining room said, "That was a lovely meal, I enjoyed that." Staff were observed offering people different meal choices and changing them to encourage people to eat. People were given the support they

needed and enabled to eat their meals how they preferred. Staff understood where people had risks related to their meals. For example, one person had an allergy to a food type. Staff understood this, and were observed ensuring the person followed the correct diet when making choices about meals. We found where people were having their food and fluid intake monitored staff were kept records and escalated any concerns where needed. However, some records did not have sufficient detail in them. We saw the amount of food people had eaten was sometimes not recorded, we spoke to the manager about this and they said they would speak to the staff concerned and remind them about the importance of recording. We could confirm people had been eating and drinking and had not experienced any weight loss. People's care plans showed the diverse needs and preferences relating to food and drinks and staff understood this and were observed following this during the inspection.

The environment was suitable to meet people's needs. The home had been decorated considering the needs of people living with dementia. For example, doors to store rooms had been painted to blend in with decoration. There was pictures and signage in place to guide people around the home. Bedrooms were personalised and there were en-suite facilities. There were adapted toilets and bathrooms and people could easily move about the home. There was information and images to help people know what day, month and season it was.

People were supported to maintain their health and wellbeing. One relative told us, "There is never a delay, if they are worried they contact a doctor straight away and always let me know." People had been referred to a range of health professionals and their advice had been followed by staff. Care plans and records gave information about people's individual health needs and staff were aware of the plans in place and able to describe how to support people. We observed staff followed these plans when supporting people during the inspection.

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 had their consent sought prior to receiving care and support. We saw staff sought consent when people were offered their care and support. One person was observed refusing care and staff accepted this and walked away. We spoke to staff about this and they explained the person would sometimes refuse care and how they would try at a different time and with a different staff member later in the day. Where people were unable to consent to their care an assessment was completed with decisions taken in people's best interests. For example, one person had been assessed as lacking capacity to consent to their care and support needs being met by staff. A best interest discussion had been held to agree how the person's needs should be met in the least restrictive way possible. This meant the principles of the MCA were followed by staff.

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). People had their capacity assessed when they were having their liberty restricted. We found where there were restrictions in place applications had been made to the authorising body and the information was in people's care plans which ensured the least restrictive option was in place.

# Is the service caring?

## Our findings

At our last inspection on 4 May 2017 we rated caring as Good. At this inspection we found people did not consistently receive support which was caring and we rated Caring as Requires Improvement.

Peoples wellbeing was not always considered as staff were unable to respond to their needs when people required support. We found staff were not able to provide the support people needed it which meant people were left waiting for their support. We saw people were waiting for an hour for their breakfast and there were no staff available to give people a drink. People were anxious and asking for a drink telling us they had been up for a long time and were thirsty. We alerted staff and asked them to ensure people had a drink straight away. The lack of staff available meant staff were not always able to ensure people's needs were met in a timely way.

However, people and their relatives told us they felt staff were kind and caring. One person told us, "The staff here are brilliant, they are kind considerate and worth their weight in gold." Another person told us, "I was asked if I wanted to move to another home but I like it here and I am really happy." A relative told us, "I am really very happy with the care here. Staff are always polite and helpful and they make family members feel very welcome." Staff understood people's needs and had a good relationship with them demonstrating their knowledge of people in all their interactions. We saw people recognised staff, were pleased to see them smiling and reaching out holding staff hands. The staff demonstrated patience they were calm and kept their tone of voice steady and the atmosphere was pleasant and relaxed. We saw one person was walking around and wondering where they needed to be. A staff member was observed going to the person and speaking with them, holding their hand and guiding them to a lounge area. The person became less worried was smiling and happy to go with the member of staff.

People were supported to make choices about how and when they were supported and to maintain their independence. People told us they could make choices for themselves, about what to wear and when to have a shower and where they preferred to spend their time. We saw staff offering people choice for example, at meal times different meals were offered to people on plates and they could choose what they wanted. We saw people choose where to eat their meal and what they wanted to do during the day. People were freely moving around the home choosing where to sit, staff were monitoring but this was discreet and people could maintain their independence. One person was observed eating their meal whilst walking around, the person was more comfortable than sitting at a table and staff enabled the person to do this safely.

People had their communication needs assessed and plans were in place to meet them. there were clear assessments in place with plans to guide staff on the best approach to communicate with the person. The plan identified what support people needed with their vision, hearing and verbal communication and cognition. Staff knew how to communicate with people and were observed following people's plans.

People had their privacy and dignity maintained and were treated with respect. People and relatives told us staff were respectful and treated people with dignity and maintained their privacy. One person told us, "They are always very respectful and knock the door before coming in. If I am in the bathroom they will

shout and ask me if I am decent before entering." A relative told us, "The staff are respectful and always ask before doing things. They look after [person's name] dignity and privacy." We saw staff used people's preferred name to address them, were discreet when offering care and support and respected people's choices and decisions.

## Is the service responsive?

### Our findings

At our last inspection on 4 May 2017 we rated Responsive as Good. At this inspection we found Responsive continued to be Good.

People and relatives were involved in their care and support. People and relatives told us they were involved in the assessment and care plan development. One relative told us, "The staff here are good at listening to what I know about [person's name] I always feel involved and I know they take on board what I say." Another relative told us, "The staff have helped us come to terms with the diagnosis for [person's name] and the need to be in a home. They fully supported us with information and advice which has been invaluable." We found people and their relatives had been involved in assessments and care plans and where needed relatives were involved when things changed and care plans needed to be reviewed.

People's preferences were understood by staff and these guided how care was delivered. Staff could describe what people liked and disliked, they knew details about people's preferred drinks, meals and items of clothing. They also understood people's life histories and used this to help guide how they delivered care. For example, one person had throughout their life undertaken a job which meant they were awake through the night. Staff told us how the person was often more receptive to care during the night as a result and preferred to do things during this time, which staff enabled. We saw the information staff knew helped them to offer personalised approaches to people. We confirmed this information was also in people's care plans. The assessment and care plans also contained information about people's protected characteristics. For example, we found care plans gave detailed information about peoples' cultural preferences and religious needs. Relatives confirmed these were considered by staff when they supported people.

People were happy with how they spent their time. One person told us, "I don't tend to join in many of the activities but that's my choice, they are here if I want them." A relative told us, "I have been really pleased with the way they try and stimulate [person's name]. There is no pressure and sometimes they join in and sometimes they don't." Another relative said, "The activity staff are quite new but they have made a big difference. We had bedding plants in the garden over the summer and I was able to take [person's name] outside to do watering." We saw people had been spending time identifying what they liked to do and people had time with the activity staff on a one to one basis. We observed a singer came in to offer entertainment during the inspection and this was well received, people enjoyed singing along and swaying to the music. The activities staff member told us, "We do have plans, but depending on the type of day people are having these have to be flexible and change to suit people's mood and what they feel like on the day." They told us they had arranged themed days twice a month which had included going around the world, with experiences of different foods. The activities staff member told us they used peoples' life histories and interests to shape what they planned to do with groups and individuals. We saw care plans included an assessment of people's ability to participate in social settings. For example, assessments included information about how people could participate in group settings, discussions and activities and what support they would need. We found staff knew about people's interests and experiences and used this when supporting them. For example, one staff member told us about a person that had been a nurse when they were younger and how they talked with them about their training if they became anxious which helped

to distract them and put them at ease.

People and their relatives told us they felt any concerns or complaints would be addressed. One person said, "If I want something I only have to ask and they will sort it out for me." A relative told us, "If I am concerned about anything I always speak either to the manager, they have always been very responsive." We found where concerns or complaints had been made these had been investigated and responded to with action taken to learn from this and make changes to the service.

We did not review end of life care as there was nobody receiving this at the time of the inspection. The manager confirmed discussions about people's preferences are held in these circumstances and we saw there were future wishes recorded in people's care plans.

# Is the service well-led?

## Our findings

At our last inspection on 4 May 2017, we rated Well-Led as Requires Improvement. This was because the systems in place to monitor the quality and safety of the service were not effective. At this inspection, we found the provider had not made sufficient improvement and Well-Led continued to be rated Requires Improvement.

Staffing levels were agreed following an assessment of people's individual dependency. The manager told us they had recently come into post in September 2018 and had reviewed the dependency levels. They confirmed the dependency tool had identified a need for additional staff to be made available. Despite the tool identifying the number of staff needed to be deployed across all areas of the home had increased this had not taken place at the time of the inspection. The manager told us this was to be implemented the following week.

The systems in place to check people's care plans were not effective in identifying where updates had not been completed. The process had not identified where one person's assessed needs for personal care had not been planned for. Whilst the person received their care from staff this was not documented. The manager told us they had noted care plan audits needed improvement and they were introducing a new audit process to improve this and were looking to adopt an approach which would see everyone's care plan audited at least once monthly.

The manager told us checks on daily records were completed by nurses and senior staff at the change of the shift. However, we saw some records which lacked detail about people's fluid and food intake had not been identified in these checks. The manager told us they would take action to remind staff about the need for accurate reporting and consider if they needed to change the way records were checked or increase their checks.

At our last inspection the service was rated as Requires Improvement. At this inspection the provider had not made all the required improvements. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. We recommend you consider support and guidance available to achieve and sustain an overall rating of 'Good'. Where a location fails to achieve and sustain a minimum overall rating of 'Good', we may consider enforcement action if there is a continued lack of improvement.

These issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us on day two of the inspection the nurses and the manager were also assisting people and they had spoken to staff about different ways to be deployed to ensure people were not waiting for their breakfast, we saw this had been effective on day two of the inspection. This meant that whilst there were insufficient staff in place at the time of the inspection this had been identified by the manager and action had been taken to address the situation. We will check staffing levels at our next inspection.



Medicines were audited on a daily, weekly and monthly basis. We saw checks were carried out on medicine stocks, guidance for staff and the MAR charts. We found these were effective in identifying any issues or gaps in recording and action was taken to address any concerns.

There was monitoring in place of incidents, accidents, safeguarding and complaints. The monitoring helped to identify any concerns and allowed for an action plan to be developed to drive improvement. The manager had to submit this information to the provider so this could be monitored.

There was a system in place to ensure staff had up to date training. Records showed when staff training was due for renewal and we saw this was arranged to ensure staff had regular refresher training available. Staff had opportunities to discuss their role through regular supervision and meetings. Staff told us this was in place and records we saw supported this.

The quality of the service people received was checked. There were audits in place for example, fire safety checks were in place, which included weekly, monthly and annual checks on all aspects of fire safety. There were maintenance checks in place which checked the environment and equipment. Records showed actions were taken to address any concerns identified by the audits. The manager also conducted a series of visual checks. For example, spot checks on the environment, uniform and safe use of equipment. We saw these checks were carried out without notice being given to staff and at all times during a 24-hour period. Other checks included health and safety audits, checks on the dining experience and the manager carried out daily walks around the home. These checks were used to determine where things needed to change and plans were put in place to improve the quality of the service.

People, relatives and staff told us the manager was approachable and they felt listened to, everyone said they knew who the manager was and that they go around and speak to people quite often. One person told us, "I usually try and speak to the manager because I know they will listen and do their best to help me." Relatives told us they felt confident the manager would keep them informed of any concerns or changes with their loved ones. One relative said, "I know that if there are any concerns when I am not here they will contact me immediately." Staff told us the manager was always supportive and they felt able to approach them with any concerns. One staff member told us, "The manager is good, they listen and help with anything we need."

People and relatives were asked about the quality of the service. One relative told us, "I completed a questionnaire recently." Another relative confirmed, "I have recently completed a satisfaction survey." We saw questionnaires were analysed and feedback was given to people and their relatives. The information was used to make changes to the service. Staff also had their views sought through a survey, and the analysis of this had not yet concluded. We found there was a newsletter to keep people and relatives informed about the service and this was widely available.

The provider had submitted notifications to CQC in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.

A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate. The rating of the last inspection was on display at the service.

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
Treatment of disease, disorder or injury	The provider had not ensured the governance systems were driving improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were insufficient staff available to meet people's needs at the times they needed it. People had to wait for their care and support.