Ranc Care Homes Limited

Romford Care Centre

Inspection report

107 Neave Crescent
Harold Hill, Essex
RM3 8HW
Tel: 01708 379 022
Website: www.ranccare.co.uk

Date of inspection visit: 22, 23 and 30 June 2015
Date of publication: 16/07/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This unannounced inspection took place on 22, 23 and 30 June 2015. At our last inspection on 17 October 2014 we found the provider did not meet required standards for care and welfare of people who use services, safeguarding people from abuse, and staffing. During this inspection we found that improvements had been made in each of these areas and the service now met the required standards.

Romford Care Centre is a large, purpose-built care home providing accommodation, personal care and nursing care for up to 114 people. At the time of our inspection there were 49 older people, many of whom have dementia, using the service as the home had been subject to an embargo by a local authority and restricted admissions. When we visited the embargo had very recently been lifted as improvements had been made, and up to two people were being admitted each week.

Each person who lives at Romford Care Centre has their own room with ensuite bathroom, and the service premises are suitable for people with mobility needs. The service premises are divided into five units, however only three were in use at the time of our visit due to the number of people living in the service.

Summary of findings

The service had a registered manager in place. 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.

We found that Romford Care Centre had undergone a number of significant changes shortly before our inspection and these changes resulted in better care for the people who lived there. People were provided with care and support that was personalised and met their needs, and delivered in line with the principles of the Mental Capacity Act 2005. Staff were appropriately checked to ensure they were suitable to work with people in need of support before they started work.

Staff received training and support to ensure they delivered appropriate care. Staff were kind and gentle, and respected people's individual needs, privacy and dignity. The quality of the service was regularly checked by managers and improvements made, and feedback was sought from people who use the service, their representatives and staff.

Activities were a particular highlight of the service, with full time activities staff placed within each unit and a range of one-to-one and group activities offered, both within and outside the service premises.

People were well-supported at the end of their life and the service was building a portfolio to attain 'Gold Standards Framework' accreditation. Staff supported people to eat and drink enough to meet their needs, and supported them to access health services when required.

Staff generally provided safe care, however we found some concerns relating to cleanliness and infection control and have made a recommendation to improve standards of care relating to pressure ulcer prevention and management. We also noted that medicines were often not recorded correctly, however the service had taken steps to address this.

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

Summary of findings

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 mostly safe. Staff knew what to do if they had concerns about a person and generally provided safe care, however we found some concerns relating to cleanliness and infection control and have made a recommendation to improve pressure ulcer prevention and management practices within the service.

Risks associated with people's support were assessed and guidelines were in place for staff to manage these.

Staff underwent a series of checks before starting work to help ensure they were appropriate for their roles.

Is the service effective?

Good

The service was effective. People received support delivered in line with the requirements of the Mental Capacity Act 2005 and their rights were protected through use of the Deprivation of Liberty Safeguards.

Staff received appropriate training and support for their roles.

People were supported to maintain health through appropriate nutrition and hydration, and were supported to access health services when necessary.

Is the service caring?

Good

The service was caring. Staff were kind and gentle and respected people's preferences for their support.

Staff developed positive relationships with the people they supported and an open, welcoming atmosphere meant the service was part of the local community.

Is the service responsive?

Good

The service was responsive. There was a range of stimulating, personalised activities available and people were supported to attend these.

The service provided people and their representatives with information on how to complain if they wished to, and investigated accordingly.

Is the service well-led?

Good

The service was well-led. The quality of the service was regularly checked by managers who made improvements when necessary.

Recent changes to the management team had resulted in a more open, transparent culture.

Romford Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 22, 23 and 30 July 2014. The inspection was conducted by five inspectors, an expert by experience and a specialist advisor who is a tissue viability nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we received information from a local authority commissioner about the service. We also reviewed all of the information we held, including feedback from people who use the service and their relatives, and notifications of events affecting the service that the provider must send us.

During our visit we spoke with 10 people who used the service and nine relatives. Some people who use the service could not tell us about their experiences due to dementia, so we observed their care using 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 spoke with 22 staff, including the service's registered manager, care manager, clinical lead and the provider organisation's regional operations manager. We spoke with seven care workers and senior care workers, three nurses, three activities officers, three domestic staff, a chef and the staff member responsible for maintenance and equipment.

We reviewed 16 people's personal care and support records and looked at nine staff personnel records. We observed care and support being provided in communal areas and in people's bedrooms with their permission, and reviewed records relating to the management of the service such as records of checks and audits, staff training and supervision records, and safeguarding records. We looked around the service premises and checked equipment used, and observed a daily managers' meeting.

Requires improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Romford Care Centre. One person told us, "Yes, I am safe. Kind carers and the nurses are lovely. I feel secure." Another person said, "Oh yes I feel safe. It's pretty good here I always have the door open even when I go out and everything is okay." A relative told us, "Definitely safe, I have never had any concerns."

During our last inspection in October 2014, we found that the service did not meet required standards relating to care and welfare of people who use services, because risks had not been appropriately assessed for people who spend a lot of time in wheelchairs. During this inspection, we saw that these risks had been appropriately assessed and measures put in place for staff to reduce those risks.

Our last inspection also found that the service did not appropriately safeguard people from the risk of abuse due to some people not feeling safe as other people who use the service entered their rooms without permission. During this inspection, we saw that each person now had a lockable cabinet in their room in which to safely keep treasured items and measures were in place to safeguard people. One person told us that other people used to "wander into my room and take things" but this hadn't happened recently. They said, "If staff think someone else is annoying you they call them out of your room straight away." We also saw that most staff had been trained in safeguarding adults within the last year, and knew how to report any concerns. Records showed that all safeguarding concerns had been reported to the appropriate authorities, and the service participated in investigations when necessary.

Our last inspection found that there were not enough staff in order to ensure people were supported safely and in a timely manner. During this inspection, we reviewed the dependency measures in place to determine if there were enough staff to meet people's needs, and found that there were. People and staff told us there were generally enough staff, although there were occasionally issues when staff were not able to work without notice, such as when they were sick. We reviewed staffing rotas and saw there were measures in place to ensure enough staff when this occurred. One person told us, "Staff are very quick at answering the call bells." Another person said, "Staff respond quickly when I press the buzzer, day or night." A third person told us, "Sometimes you have to wait, especially when staff are helping those who need feeding. Don't get me wrong the staff are very efficient." We saw that at least one person was provided with one-to-one support to ensure they, and the other people who used the service, were safe.

During this inspection we noted that, although the service had appropriate policies and procedures in place, cleanliness and infection control were not sufficiently monitored and some equipment and facilities used to support people were dirty. For example, two hoists used to support people to move were visibly dirty and had not been wiped down after use. One sling we looked at, which was still attached to the hoist, had splashes of what appeared to be faecal matter. The registered manager told us that night staff were responsible for ensuring the cleanliness of all equipment, and this was recorded in the night staff handover document, however this was not periodically checked by senior staff.

We also noted that some staff did not follow the service's uniform policy, which increased the risk of transmitting a healthcare associated infection. For example, one staff member wore large hoop earrings and had long finger nails which made gloves ineffective for protection from infection. The registered manager told us this was an ongoing issue that was being addressed through performance management procedures.

We tested the hand sanitiser dispensers which were available throughout the service premises. Four of the five we tested did not dispense hand sanitiser, which left staff, people who used the service and visitors at risk. We also observed that some parts of the premises were dirty or needed replacing which increased the risk of healthcare associated infections. For example, in one assisted bathroom we found a dirty toilet brush, a dirty bath chair and rusty grab rails people used for support when bathing. In one kitchenette, we noted that there was a very dirty area around a bucket in which staff were putting food scraps and other rubbish. Staff were also not aware that pressure relieving mattresses, used to support people at risk of pressure ulcers, had removable covers that needed to be checked and could be changed to reduce risks of infection.

These issues are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service safe?

However, we noted that appropriate personal protective equipment, such as gloves and aprons, was freely available and used appropriately by staff. We noted that cleaning staff used colour-coded equipment to clean different things and were aware of procedures for infection control, such as using blood spillage kits to clean blood. We also noted that most areas of the service premises were cleaned regularly and people told us they felt the service was clean. One person said, "The cleaner comes daily and washes the bathroom down and hoovers and dusts in here." A relative told us, "The cleanliness is very good."

We checked how the service managed people's medicines, and found that there were 12 recent instances where the medicines recorded in people's Medicines Administration Records (MARs) did not tally with stocks available. We asked the regional operations manager about this, who told us this was an ongoing issue and the service had ordered a new electronic monitored dosage system (MDS) which did not allow staff to record incorrect stock levels of medicines. We saw that the new MDS was due to be delivered the week after our inspection and training for staff had been arranged.

We observed staff administering medicines and noted they followed appropriate procedures, for example only administering medicines to one person at a time and immediately recording that the medicine had been administered on the person's MAR. Medicines were also appropriately stored in locked trolleys that were kept in a locked 'clinical room' in each unit, and systems were in place for appropriate disposal of unused medicines. Medicines were administered by staff who had been appropriately trained and assessed as competent to do so.

Risks associated with people's support had been appropriately assessed and measures were in place to ensure staff supported people safely. Each person's records contained a number of risk assessments that were reviewed regularly or when their needs changed. Falls in particular were closely monitored and measures put in place to reduce the risks to people, including pressure alert mats and more frequent checks.

We reviewed how the service supported people who were at risk of acquiring pressure ulcers, and managed pressure ulcers when they were acquired. These occur when sustained pressure is placed on the skin and can result in life-threatening infections. Several people who lived in the service had pressure ulcers, some of which were acquired at the service and some elsewhere. We found that people who were identified as being at high risk of acquiring pressure ulcers had appropriate care plans in place, and records showed these were adhered to. For example, turning records showed that staff supported people to move at regular intervals to reduce pressure on high-risk areas.

People who had acquired pressure ulcers were supported with appropriate equipment and professional support from a community tissue viability nurse and the district nurses. However, we found there were some gaps in care plans to manage pressure ulcers once they had been acquired. For example, care plans did not include specific information about pressure-relieving equipment, such as mattresses and cushions. Care plans also did not include information about pain management for pressure ulcers. We also found that staff with specific responsibilities for pressure area care had not received training to an appropriate level to support them with these responsibilities. Therefore, **we recommend that** the service review their pressure ulcer policy and procedure to ensure these meet current standards, review care plans in this area to ensure all appropriate areas are covered to reduce risks to people, and review staff training to ensure staff receive appropriate, up-to-date training in pressure ulcer prevention and management.

People were supported by staff who had been checked to ensure they were suitable people. We reviewed recruitment records and saw that each staff member completed an application form detailing their employment history in health and social care. Each staff file we checked also contained at least two written references that were verified by the provider, an enhanced criminal record check and proof of the staff member's identity and right to work in the United Kingdom.

Plans were in place for responding to foreseeable emergencies. Each person had a personal evacuation plan which clearly detailed their needs should they be required to evacuate the premises. Fire monitoring equipment was regularly checked and appropriately maintained, and available for use if necessary. The service had an emergency contingency plan which comprehensively detailed actions for named people to take in an emergency that would interrupt care being delivered.

Good

Is the service effective?

Our findings

People and their relatives told us they received care and support that met their needs. One person said, "I've never come across any problem. The staff are very good, they are very patient." A relative told us, "The staff are well-trained and very capable." Another relative said, "I have never had any concerns. [My relative's] behaviour has been very challenging but staff are very patient with her and able to deal with the situation."

Staff sought consent from people, in line with the requirements of the Mental Capacity Act 2005 (MCA), before providing care and support. Each person's records included an assessment of their capacity to understand and make decisions about their care and we saw that appropriate action was taken as a result. Most people who used the service were not able to understand and make decisions about their care, so decisions made in their best interests were recorded. In 15 of the 16 people's records we viewed these decisions were made and recorded according to the requirements of the MCA, however we noted that one person's records included a consent form that had been signed by the person's representative when the person had capacity to understand and make decisions for themselves. We pointed this out to the managers and they told us they would conduct an audit of all consent forms to ensure people's rights were protected.

Staff had been trained in the requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS), which protect people who need to be deprived of their liberty for their own safety. Staff understood these requirements and their role, and knew how to apply for DoLS should these be required. Several people who used the service had DoLS in place and applications had been made for others to ensure their safety and protect their rights.

People were supported by staff who were trained to perform their roles. Staff told us they received induction training before starting work at the service, and records showed this was comprehensive and provided a clear introduction to the service, the people who live there and their needs. We saw that the induction programme consisted of classroom-based training and e-learning, as well as a period of time spent shadowing more experienced staff before working on their own.

Staff received ongoing training to ensure their skills and knowledge were up to date, and their competency was assessed when this was appropriate. One senior care worker told us, "I get enough training to do my job. I can ask for training if I feel I need it." Another care worker said, "They are good at providing you with training." The registered manager kept a training matrix which showed that what training staff received depended on their role and level of responsibility. Staff held appropriate qualifications, such as the Diploma in Health and Social Care to level two or three, or were supported by the service to attain these shortly after employment. The registered manager told us that all staff who were in management roles were being encouraged to enrol in higher qualifications, such as the level five Diploma, and staff confirmed this.

Staff were supported through supervision and appraisal of their work, although these had started again only shortly before our inspection due to a period of management instability. The registered manager had a plan in place to ensure all staff received supervision every six to eight weeks and an annual appraisal, and records showed these were occurring as scheduled. Records also showed that staff practice was regularly observed, and particularly where there were concerns. Staff told us they generally found these useful and were happy they had started again. One care worker said, "When we changed managers we didn't get supervisions. Now we get them every six to eight weeks but if they observe you giving bad practice they will bring you in the office earlier."

Staff supported people to maintain health through appropriate nutrition and hydration. We saw that each person's weight was monitored at least monthly and support sought from a dietitian if staff had any concerns. The service had a rolling menu which changed depending on the season, and food we saw served looked and smelled appetising. People told us the food was good and they could request specific meals when they wanted to. One person said, "The food is quite nice. I always have a choice for breakfast – ask and you get it. I like salads and the chef does it specially for me."

Staff supported people to eat when this was necessary, and did so following the principles of dignity in nutrition. We observed staff supporting people to eat and saw they were not rushed, spoke with the person and asked what they

Good

Is the service effective?

wanted before providing it. People who required specific meals, such as soft foods or high calorie foods, were provided with this and the chef was made aware of any changes to people's needs.

Some people who used the service exhibited specific behaviours around mealtimes, and some of these behaviours, at times, resulted in harm to the person themselves, other people or property. We observed, and records confirmed, that there were management plans in place to ensure people were appropriately supported during mealtimes to reduce risks.

Snacks and drinks were freely available in each unit, and the chef told us they provided sandwiches so that people could have snacks during the night if they wished. The service also offered 'Fruity Fridays' to encourage people to consume more fresh fruit through smoothies.

Staff supported people to maintain health through ensuring they had access to appropriate medical professionals when necessary. The GP visited weekly and also provided emergency support when that was needed.

Each visit by the GP or other healthcare professional was recorded in the person's care notes with outcomes and action for support staff. Other professionals were involved as and when required, such as the dietitian, psychiatrist, physiotherapist, speech and language therapist and podiatrist. People told us medical assistance was called for quickly. One person said, "Once I had pain in my chest, staff called the ambulance and I was taken straight to hospital for a check up."

The service premises were designed to meet people's needs. The ground floor had ceiling hoists people could use to help them to move about and every part of the premises were accessible for people with mobility needs. Each unit had a dining room and a lounge people could use and the gardens were large with several patios people could use for sitting outside in nicer weather.

The service followed many of the principles of better design to assist people with dementia. For example, toilets had large pictures of toilets on the doors and there were many photos to assist reminiscing on the walls.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring. One person said, "Staff are very caring. They have time and cheer me up. They are a happy lot they lighten my day. I get low sometimes but the staff are very good with me." Another person told us, "Staff are very caring. They are good fun on this floor." A relative told us, "It has such a nice feel here. The staff are very warm and caring. I can go away from here and feel at ease."

We observed that the service felt homely and comfortable and staff ensured a lively, jovial atmosphere. Staff chatted and joked with people and ensured they felt comfortable. We observed one person become visibly distressed during our visit, and staff took plenty of time to approach them, make sure they were comfortable, and chat with them to calm them down and ease their distress. One person told us that staff were especially good with people "when they are ill and don't know what they are doing. Staff are marvellous with them, they cuddle them, they never lose their temper even when the residents say horrible things to them".

From speaking with staff, it was clear they were passionate about their work and the people they supported. One senior care worker told us, "We are very passionate about what we do, we are also caring and smile and are approachable and gentle." A nurse told us, "I love working here, I love the residents and making sure they are safe and comfortable. It's just like a big family here." Another senior care worker said, "I love it. I love the residents and joining in the conversations."

Staff were aware of people's communication needs and life histories, and chatted with them during support. We observed that one staff member was not especially friendly with people who used the service, and provided support that was task-oriented rather than focussed on the person. We spoke with the managers, and they were aware of this and showed us they were working with the staff member to address these concerns.

Staff supported people to maintain their independence as much as they could. For example, staff encouraged people to undertake their own personal care tasks when they could, and to undertake daily living tasks such as cleaning their rooms or folding their laundry when this was appropriate. A senior care worker told us, "We encourage people to do what they can do, but are there to help if they need us." One person told us, "I have a shower twice a week. I am able to wash myself with help for my hair and my back from the carer. They are very gentle."

People told us staff supported them in ways that maintained their privacy and dignity. One person said, "The girls always knock on my door before they come in, even when they think I'm asleep. They always treat me with respect."

People's individual needs and circumstances were considered when their support was planned and delivered. People were supported to practice the religion of their choice through attendance at religious services and having clergy come to visit them in the service.

End of life care at the service was managed well and people's preferences about this were recorded when they wished them to be. Some people had completed 'Do Not Attempt Resuscitation' forms in their records and these were appropriately completed and discussion with the person or their representatives was noted.

The service was building a portfolio to attain 'Gold Standards Framework' accreditation for the care provided at the end of a person's life. Once this is achieved, the service will have to demonstrate how they continue to meet the standards to ensure high quality care for people at this stage of their life.

Good

Is the service responsive?

Our findings

People and their relatives told us the service provided personalised care that responded to their needs. One person said, "I have a care plan, we discussed what I needed and what tablets I need to take. How I like to have a wash is in the plan." A relative told us, "Once a month we meet with staff and check the care plan for [my relative]. The home and I work together. Everything is recorded in her file."

People had care plans that recorded their preferences for their support and met their needs. Before each person moved into the service, their needs were assessed using a comprehensive assessment tool. We saw that their needs were periodically re-assessed using the same tool and the care plan revised to include the new assessed needs. For example, we saw that one person's needs had been formally re-assessed just prior to them going into hospital for a short stay, so staff of the service knew the person's current needs and could pass this information on to the hospital staff.

People's care plans were reviewed regularly or when their needs changed. The care plans we viewed were reviewed according to the timeframe on the plan, which for most people was monthly. For example, one person's safe environment care plan was recently updated to reflect they were now checked every half hour after being discharged from hospital. The service used the 'Resident of the Day' model to ensure each person's care plans and other records were updated each month.

People's preferences for their support were recorded throughout their care plans, and each person's records also contained documents titled 'This is the way I have lived and this is how I would like to continue living' and 'The things I am able to do'.

There were lots of appropriately stimulating activities for people to do. Each unit had an activities officer each day and we saw there was a weekly timetable of planned activities advertised on noticeboards. We observed several activities taking place and saw these were well-attended and people enjoyed them. The day before our inspection, the service held a 'casino day' to celebrate Father's Day and many people we spoke with told us about it.

The activities lead officer told us she had recently completed a course on dementia and designed many of the activities with those principles in mind. We also noted that many activities were entirely personalised and that activities staff spent a lot of time with people on a one-to-one basis. For example, one person was a postal officer before they retired and the activities officer had designed and built a postal delivery centre for them with packages they could deliver. We observed another person, whose mobility was severely restricted, being supported to make a lovely flower arrangement in their room.

People told us they enjoyed the activities. One person said, "I like the bingo and the cooking session. In the baking session I make cakes and we all have a go at stirring the bowl. Everyone likes to chat and laugh and eat the cakes afterwards. Last year we got to the dogs and had a good time." Another person told us, "I like doing jigsaws and knitting. I had a go at the mini roulette yesterday. I cannot rate the staff highly enough." Staff supported people to attend activities of their choice outside the service, and day trips were planned throughout the year.

People were asked for their feedback about the service. Information about making a complaint was available and people told us they felt free to raise any issues. We looked through complaint records and saw that each complaint was responded to and investigated by the registered manager. One relative told us, "I have no worries and when I have little problems I get together with the staff and discuss it."

'Residents meetings' were held monthly. People told us, and records showed, that activities, complaints and general issues were discussed at these. 'Relatives meetings' were also held monthly in each unit and relatives told us they participated in these. The service also conducted an annual satisfaction survey to gather feedback from people, residents and staff. The most recent of these was conducted in March 2015, the results analysed and an action plan devised to make improvements.

Good

Is the service well-led?

Our findings

Staff, people and their relatives told us they were happy the service now had a stable management team after a period of some instability. One person told us, "The new manager is interested in getting everything sorted out." A relative said, "The manager is very approachable, I see her around the home all the time." A care worker told us, "The manager is supportive and listens to you, she is approachable and I always go to the clinical lead if I need to."

Staff were clear about their roles and what they were required to do. Very shortly before our inspection the service had employed a care manager to oversee the care and support provided in the service, and appointed a clinical lead to oversee people's treatment. Each of the management positions in the service was held by a registered nurse. The registered manager informed us the service was also about to recruit a dementia care manager who would be required to be a registered mental health nurse, to ensure the dementia care provided was of a high standard.

The service had various staff members in 'lead' positions to oversee that aspect of the service in the area in which they worked. For example, there was a dementia champion system and each unit had a dementia champion to highlight areas of good practice and challenge poor practice in this area.

The management team and senior staff member from each unit held a daily meeting to discuss and plan care, and note changes to people's needs. We observed one of these meetings and saw that essential information was passed on and actions decided, and people were spoken about respectfully and kindly.

Staff told us the culture of the home was improving and becoming more transparent and open with the new management team. One senior care worker told us, "Things are improving and getting better every day." Records showed, and staff confirmed, that staff meetings were held periodically and staff told us they found these useful.

Staff told us they were confident that the changes that had been made to improve the service would continue as the service grew now the embargo from the local authority had been lifted. One care worker told us, "I'm confident staffing levels will be adjusted as more people move in, and the standard of care will remain high." A nurse told us, "It's a good home, and better now the embargo has been lifted."

The registered manager checked the quality of the service and made improvements when necessary. We saw records of audits and checks undertaken by the registered manager, the clinical lead and the care manager and saw these were comprehensive. Audits included a weekly medicine audit, monthly pressure ulcer audit, monthly infection control audit and a quarterly home audit covering all aspects of health, safety and care provision. Periodic checks included a 'dining experience' audit looking at how people experienced mealtimes in the service. The regional operations manager also conducted a quarterly audit to monitor how the service met essential standards of care.

The registered manager monitored accidents and incidents in the service and analysed these monthly to identify trends and make changes to the delivery of care when required. The findings of these were shared with staff through staff meetings.

The registered manager ensured that all requirements of the service's registration with the Care Quality Commission were fulfilled, including submitting notifications of serious events that affect the service.

The service was clearly part of their local community. We noted that a group of local high school students had visited the service the week before our inspection and people told us about how happy the visit made them. One person said, "The school children last week were just lovely. It's so nice to have young people and energy about the place." We saw there were many visitors to the service and visitors told us they were always made to feel welcome.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not appropriately assess the risk of, and prevent, detect, and control the spread of, infections. Regulation 12(2)(h).**