

Embrace Wellcare Homes Limited

Greenheys Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

This comprehensive inspection took place on the 3 and 9 May 2016 and was unannounced. Greenheys Lodge is registered to provide accommodation for persons who require nursing or personal care. The home is registered to provide accommodation and care for up to 33 people, there were 30 people living at the home at the time of this inspection. The building has two floors with a lift to access the first floor.

The manager was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

We looked at records relating to the safety of the premises and its equipment, which were correctly recorded. We spent time conducting a full tour of the home; the basement area where the laundry room was located, lacked ventilation.

People received sufficient quantities of food and drink and had a choice in the meals that they received. Their satisfaction with the menu options provided had been checked. Where people had lost weight this was recognised with appropriate action taken to meet the person's nutritional needs; however two records checked were not fully completed and so did not inform staff of the food and fluid intakes consumed at the end of the day.

Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal on the menu for that day. People we spoke with said they always had plenty to eat. We observed the lunch time meal where staff were observed to support people to eat and drink with dignity.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in order to maintain people's rights.

We found that the care plans and risk assessment monthly review records were all up to date in the four files looked at there was updated information that reflected the changes of people's health.

People told us they felt safe with staff and this was confirmed by people's relatives who we spoke with. The registered manager had a good understanding of safeguarding. The registered manager had responded appropriately to allegations of abuse and had ensured reporting to the local authority and the CQC as required.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidences. Staff knew what to do if any difficulties arose whilst supporting somebody, or if

an accident happened.

We found that medicines were managed safely and records confirmed that people received the medication prescribed by their doctor.

The staffing levels were seen to be sufficient in all areas of the home at all times to support people and meet their needs and everyone we spoke with considered there were adequate staff on duty. However staff did not have time to provide activities or one to one stimulus to promote wellbeing. People were not having person centred activities provided, to promote their wellbeing.

The home used safe systems for recruiting new staff. These included using Disclosure and Barring Service (DBS) checks and annual self-disclosure checks made with the manager. The staff files did not include a photograph of the staff. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home. Staff told us they did feel supported by the deputy manager and the registered manager.

People were able to see their friends and families when they wanted. Visitors were seen to be welcomed by all staff throughout the inspection.

Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out.

The four care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. People were all registered with a local GP and records showed that people saw a GP, dentist, optician, and chiropodist as needed.

There were resident's meetings seeking the feedback of the people living at Greenheys Lodge. There was evidence this had happened frequently over time however records looked at and in discussion with the registered manager informed that there was not a good response to residents or relatives/friends attending.

We requested information from the provider after the inspection. The information sent by the manager was the staff training matrix with staff qualifications, local authority audit, health and safety audit and Deprivation of Liberty Safeguards monitoring record (DoLS).

At this inspection we found a breach of 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Person centred care). Relating to people not being provided with person centred activities for stimulation and to support their wellbeing. 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.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

The home was clean, comfortable and well maintained.

Is the service effective?

Good ●

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

Menus were flexible and alternatives were always available. Most people we spoke with said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly.

The environment was decorated to meet the needs of the people living there. There is a cyclical decoration programme and works were taking place.

Is the service caring?

Good ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

Most people we spoke with praised the staff. They said staff were respectful, very caring and helpful.

We saw that staff respected people's privacy and were aware of how to protect people's confidentiality. People were able to see personal and professional visitors in private.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.
Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs.

There was a lack of activities and stimulation for people, which did not support their wellbeing

People told us that staff listened to any concerns they raised, these had been followed up and information fed back to the person. The complaints procedure at the home was effective. The home worked with outside professionals to make sure they responded appropriately to people's changing needs.

Is the service well-led?

The service was well-led.

There were systems in place to assess the quality of the service provided at the home. People who lived at the home, their relatives and staff were asked about the quality of the service provided.

Staff were supported by the deputy manager and the registered manager.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good ●

Greenheys Lodge

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 checked 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 3 and 9 May 2016. The inspection team consisted of an adult social care inspector.

Before the inspection we looked at information the Care Quality Commission (CQC) had received since our last visit and information provided by the registered manager. The local authority informed us that the home was compliant in all aspects of their contract. The local authority had not received any concerns regarding this provider and CQC had not received any complaints or concerns about this service.

We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for.

During our inspection we spoke with six people who lived in the home, five visitors, four care staff, a housekeeper, the chef, the maintenance person, the deputy manager, the registered manager and two regional managers. We observed care and support in communal areas, spoke with people in private, looked at the care records for four people and looked at four staff records. We also looked at records that related to how the home was managed.

Is the service safe?

Our findings

People we spoke to said they felt safe when supported by the staff. When asked if they felt safe, one person told us "Yes always". Another person said "I think so". A relative commented "The building is secure and staff monitor who has access into it. All of the visitors told us either they visited the home or that another relative or friend did on a regular basis.

We spent time in all areas of the premises and could see that Greenheys Lodge was comfortable for the people living there. Health and safety of the environment had been checked through various risk assessments and audits. There was a designated maintenance member of staff who was responsible for checking the environment. We saw records of audits that had taken place daily, weekly and monthly. Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment. We found that the home was clean and provided a safe environment for people to live in. The catering arrangements had received a five star food hygiene rating. A fire risk assessment was in place and had been reviewed and updated in April 2016. A premises risk assessment was dated June 2015. Information was available for staff in case of an emergency and gave details of people's mobility needs.

Hot water temperatures were monitored weekly and monthly in all areas of the home. A legionella check was completed 27 November 2015. We were given information on the monitoring of the water temperatures

We spent time in the laundry that was a very warm environment. The three staff working in the laundry told us that they had discussed the lack of ventilation in the laundry with the managers. They had been informed that there were plans in place to install a door but nothing had been done in a long time. We discussed the ventilation with the deputy manager and regional manager who told us that plans and works were being costed for and the works were going to take place.

We found staff were using the empty physiotherapy pool and room, as a storage area for items including paints and COSHH liquids. The deputy manager and regional manager told us that they would initiate it be cleared straight away and would ensure nothing flammable would be stored in the room.

Records showed that all staff had completed training about safeguarding adults. The provider had a policy on safeguarding and this was dated April 2014. We were told that the policies were updated to reflect any changes in legislation. Staff we spoke with were aware of the need to report any concerns to a manager and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We saw that risk assessments had been completed which had identified risks to people's safety and well-being. Action plans did show how staff should minimise the risks identified. The risk assessments had been dated and marked as reviewed in all of the four care plans we looked at. Any changes to the care plan were recorded. The registered manager told us that all care plans are reviewed monthly and changes to the care would be discussed with staff.

The original risk assessments had been completed with regard to moving and handling, the environment, medication, bed rails, equipment and people's physical and mental health. We saw that the registered manager had accident records that were completed in full showing what the incident was and how they had investigated, made referrals to other professionals and reported where required.

The registered manager and the administrator were aware of the checks that should be carried out when new staff were recruited. We looked at four staff recruitment files including a staff file of a recently recruited staff member, which we saw had the correct evidenced that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

We observed the staffing levels on both floors. We saw that staff were busy supporting people. All the people we spoke with told us that there were adequate numbers of staff most of the time. One person told us "Staff are really busy and I have to wait for them to reposition me sometimes". Another person said "Staff are always very busy but they are really good".

We spent time with the deputy manager who was responsible for medication at the home on the day of our inspection. We saw that medicines were stored safely in the medication room. Records were kept of medicines received and disposed of. We looked at the medication administration records (MAR) for six people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. Some people had items prescribed to be given as required (PRN). This was not written on the reverse of the medication administration record sheets for two people but recorded on the MAR sheet. We looked at the controlled drugs records and medication. These were stored in a secure drugs cabinet in the medicines room and saw that all of the controlled drugs had been administered appropriately.

The cleanliness and hygiene of the premises was good; all of the areas were seen to be clean on the days of the inspection. There were sufficient hand sanitizers within the corridors for staff and visitors to have the opportunity to disinfect their hands appropriately. People were protected as the staff followed universal safe hand hygiene procedures. The registered manager and the deputy manager were designated as the infection control leads and carried out infection control audits, daily, weekly and monthly. The housekeeper showed us records that had been completed daily, weekly and monthly. The housekeeper told us that all staff worked hard at the home to make sure it was clean for the people living there.

Is the service effective?

Our findings

We asked six people about the skills of the staff and if they were competent in their roles. Comments received included "Extremely good staff", and "All staff lovely and approachable". A person's relative told us "Staff treat my relative in the right way". Another relative said "Couldn't get better staff they really look after my relative".

People were supported to have sufficient food and drink. People had access to food and drink throughout the day. On the day of our inspection we spent time in the dining room at lunchtime. The staff were seen to ask people what they wanted. We saw that staff that were supporting two people to eat their lunch in the dignity dining room adjacent to the main dining room. The member of staff communicated with both people throughout the meal. There were menus on display on two notice boards. In discussion with the chef and registered manager we discussed that the menus were very small and difficult to see. We were told they would be enlarged.

Food was prepared in the main kitchen and then transferred by heated trolley to the small kitchenette adjacent to the dining room where the food was plated up. We spent time observing the lunch being served to people. The lunch was on a trolley and then served by staff. This procedure could affect the temperature of the food and in discussion with the registered manager and the chef it was decided that the meals would be served directly from the heated trolley in the dining room.

Comments from people were that the food was, "Its good", "Nice, generally quiet good". The majority of people had their meals in the dining rooms. A relative told us "They provided a lot of food and drinks intermittently throughout the day and evening, making sure my relative eat and drink". Another relative told us "My relative is not keen on the food we have asked recently for food they like".

The provider checked people's weight regularly and made recommendations about their diet to professional nutritionist and dieticians. They supported people with special diets including soft diets and nutritional supplements. We spent time with the cook and discussed specialist dietary requirements for people. She was very knowledgeable and told us how the nutrition for people was provided.

We looked at two observational records for people who were being monitored for food and fluid intakes. Night staff were recording what the person ate and their fluid intake however observational records were not completed thoroughly as the daily calculations for fluid intake were not completed in the records that staff would use as part of their monitoring of the individuals.

We looked at staff training. Staff were up to date in training for providing care and support for people living at Greenheys Lodge. We looked at the training material and saw some of the training was provided in house and some external training was sourced. We were sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. There was an e-learning programme for all staff to complete that was monitored by the management team. Training for staff included health and safety, fire safety, dementia care, personal care and person centred care, Mental

Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control. External training included 'End of Life care' provided by Marie Currie.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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.

We spent time with the registered manager who was knowledgeable about the MCA and had implemented a clear procedure for complying with the Mental Capacity Act with records in place to show what actions had been taken in relation to people's mental capacity. We looked at six care plans and all clearly showed that MCA assessments had been undertaken and when the local authority had been liaised with an application for a DoLS assessment.

The registered manager understood that from the outset in the pre assessment and care planning, if there was an indication that a person may not have capacity to give informed consent then a MCA assessment would be undertaken. If appropriate that would then be followed by the best interests procedure, both of which were documented. The registered manager knew to request these documents from the admitting social worker, or knew that if these were not available then they had a responsibility to ensure the process was undertaken.

The registered manager was acting on guidance from the 'supervisory authority' that was Liverpool Local Authority. The registered manager had made 16 applications in respect of all those in Greenheys Lodge who may be deprived of their liberty. One person was subject to a six month DoLS authorisation.

The staff we spent time talking with were aware of the MCA. All four care staff spoken with had completed training and were aware of what the MCA was and what the DoLS procedure meant if implemented. They always sought people's consent; gave people choice; encouraged their independence and consulted with and involved relatives.

The staff we spoke with had completed the provider's mandatory training for specific subjects. Staff told us that they were happy with the training provided and there was a lot of it. Comments made were "Its good I do lots of training, makes you think of the effect on other people". "The manager informs staff of training that is coming up and puts it on the notice board. Its good". There was an induction programme that included shadowing other staff and completing training specific to their roles. We looked at the records of staff training which confirmed that all staff had completed a range of training relevant to their roles and responsibilities. The care staff we spoke with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

The service employed 14 care staff, 10 of whom had completed a Health and Social Care National Vocational Qualification (NVQ) in care. The registered manager told us that they registered staff for qualifications to ensure they are confident and competent in their roles. The registered manager was aware of the care certificate and this was in place for new staff to complete.

Staff spoken with told us that they had supervision meetings with the registered manager or deputy manager. There was an annual appraisal procedure for staff. We were told by all of the staff we spoke with that they had received an annual appraisal. They told us that they felt supported and that there was an

open door policy at the home where they could talk to one of the management team about any concerns they had. We were also told that staff meetings were held at times when information was required to be shared from the management; we looked at records of meetings provided for staff.

We observed staff interacting with people throughout the day and evening. From their interactions it was clear staff had a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting people to make decisions and being patient. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke with and their relatives informed us that staff met people's individual care needs and preferences at all times.

People were supported to attend healthcare appointments in the local community; however, the manager informed us that most healthcare support was provided at the home. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behavior and acting on that change. There were discussions throughout the inspection about people's health checks. The records we looked at informed the staff how to ensure that people had the relevant services supporting them. The registered manager told us that the doctors visited the home as required.

People had been enabled to personalise their own rooms; we were shown four people's bedrooms by people and their relatives. They told us they were happy with their rooms and if they had an issue with their rooms, they would report it to the managers. We looked at the maintenance records which showed that any issues were dealt with promptly.

Is the service caring?

Our findings

People told us that staff were always respectful and compassionate when attending to them. One person who used the service said "They're all very good, lovely" another person told us they were "Very good staff, very kind". A relative said "They're excellent very caring, respectful compassionate people" another relative told us "Very caring". Another relative commented, "I chose this home for my relative, staff are fantastic, the deputy manager goes out of his way". We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported when necessary, to make choices and decisions about their care and treatment.

We saw when members of staff were talking with people who required care and support, they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner. We observed staff reacting to call bells in an organised way and in a timely manner.

We spent time talking with relatives of the people living at Greenheys Lodge. All were very positive about the care and support provided. We were told that they all visited different times of the day and evening and that staff were always welcoming. Comments made included "I chose this home. As soon as my relative moved in, they [staff] made sure they were settled, excellent". Another commented, "The staff they always make contact if there are any changes and they look after my relative really well".

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges on both floors as they chose.

We observed people being listened to and talked with in a respectful way by the registered manager and the staff members on duty. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they became anxious. The relationship between the staff members and the managers, with the people living at Greenheys Lodge was respectful, friendly and courteous.

The registered manager and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the registered manager that no one had recently utilised this service. The information for advocates was displayed on the notice boards on the first floor, one for family and visitors and on the residents notice board.

People were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if this support was needed.

Greenheys Lodge provided end of life care with the support of other healthcare professionals who would be requested to support the person. The registered manager told us that this was a person's home for the rest

of their life when they moved in, if that was their choice and that the staff could ensure the relevant care and support would be provided. There were regular assessment and reviews by the staff and other professionals ensuring people were receiving the relevant healthcare. We were told that there were no people currently living at the home being provided with end of life care.

Is the service responsive?

Our findings

People we spent time with were happy with the care they received from staff. People told us "Staff ask me if I am OK and do I need anything all the time" and "I would like to go out at times I do get bored ". We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them.

We looked at people's care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. The plans were effective, staff were knowledgeable about all of the people living at the home and what they liked to do, however we did not observe any activities provided on the two days we inspected. One relative told us they took their relative out in the evening as they were concerned that no stimulus or activities were being provided.

We spent time talking with people about activities and were told by them that there was not a lot taking place. Comments included "There isn't a lot to do" and another comment "I would love to go out". One person told us "I don't have much to do just sit here". Relatives we spoke with commented "I would like more activities provided for my relative they are not doing much" Another relative said " My relative does nothing, they are really bored. They love to go out but staff don't have the time to take them out". We spent time walking around the lounges on both floors at different times of the day and early evening and there were no activities being provided. We did see staff talking with people but this was part of them supporting them with personal care. We discussed activities with the registered manager and regional manager we were told that they are looking for an activities coordinator to implement a plan of activities and look at individual stimulus. We discussed providing specialised activities for people with dementia and the registered manager and regional manager told us that they would look at how they could implement a suitable activities programme. There was a sensory room on the ground floor , we asked the manager if it was used and was told not very much.

This is a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Person centred care).

People's needs were formally reviewed monthly or more frequently, if required. There were monthly updates on the care plan records to inform that senior staff had assessed the person and had amended the care plan if there were any changes. When we asked people about their reviews of care and care plans they did not fully understand our questions, however all said they were happy with the care. All the relatives we spoke with told us that they were involved in the care review process and that the care provided was what was agreed.

People told us staff listened to any concerns they raised. There had been six complaints raised at the home in the last twelve months. We looked at the records that showed how the complaints had been dealt with. All of the inform action was in place to record what the registered manager had done to investigate the

complaints raised and the outcomes of them. Four complaints had been closed and two were still on-going. We were provided with the complaints policy and procedure. People we spoke with told us that if they were not happy they would talk to the manager, deputy manager or staff. The complaints procedure was displayed on the notice board by the front door. Also the complaints procedure was given to all of the people living at the home and their relatives.

The registered manager told us that they had a residents/relatives meeting on 3 January 2016 however there were no attendees. We were told relatives and any other people visiting people at the home would discuss there and then with the managers regarding any issues. Issues were discussed and any changes implemented by the registered manager were posted on the notice board for relatives and friends under the heading 'You said we did' . We looked at the records of meetings which documented how issues raised in discussions were actioned and by whom. We saw that the meetings took place every three months and people were made aware well in advance. The relatives that we spent time with told us that staff were good at communicating with them.

The home worked with outside professionals to make sure they responded appropriately to people's changing needs. We observed conversations taking place and telephone calls being made to professionals requesting they attend to people's health needs. We saw visiting district nurses who were able to see the people they were visiting, in private.

Staff completed a daily log for all care given and the entries we looked at were very detailed in describing the care that had been given for each individual. The registered manager told us that staff would discuss immediately any changes in peoples health with her or the deputy manager. All staff we spoke with confirmed this procedure.

Is the service well-led?

Our findings

The people and the relatives we spoke with told us that the managers were always available. People's comments included "The manager is really good", "Really lovely". Relatives' comments included, "Good managers in place; very supportive and issues dealt with immediately" and "The manager is very good at communicating".

There was a three tier management structure at Greenheys Lodge which comprised the registered manager, the deputy manager and senior staff. The leadership was visible and it was obvious that the registered manager knew the people who lived in the home. Staff told us that they had a good relationship with the managers who were supportive and listened to them. We observed staff interactions with the manager which was respectful and positive. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The managers and the staff had a good understanding of the culture and ethos of the home, the key challenges and their achievements, concerns and risks. Comments from staff were "It's a good place to work, I enjoy working here", and "I think we do provide good care here, we all work hard, it's a good team". Another comment was "Great place to work, love coming to work". The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were systems in place to assess the quality of the service provided in the home. These included, weekly medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the audits for January 2016 to April 2016. The audits did show how the registered manager had implemented action plans and documents were in place to inform what they had done to evaluate and improve the service. The manager informed us that the management team acted on issues most of the time immediately. The registered manager told us that she had worked hard with the deputy manager implementing the audit and monitoring system since she joined the home three years ago.

We looked at the ways people were able to express their views about their home and the support they received. One person told us "I am asked if everything is ok every day". We were told that open days and residents /relatives meetings were held every three months. This was confirmed by the resident's records and in speaking to the relatives. Information we looked at showed that meetings took place with staff and people and were asked if they had any issues. We saw that people who lived at the home and their relatives had been provided with feedback forms in July 2015. We saw completed questionnaires six by people using the service and two by relatives. All of the comments were positive, these included "Staff provide good care" and "Staff are respectful" Another relative commented "Excellent staff".

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider did not provide care or treatment that achieved and reflected service users preferences. There was a lack of activities and stimulus that ensured person centred care was being provided to service users.
Treatment of disease, disorder or injury	