

Mrs M Ghouze

The Birches

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 10 February 2015 and was unannounced.

The Birches is a residential care home which provides care and support for up to 19 older people who require personal care. Some of these people are living with dementia. At the time of our inspection there were 17 people using the service. The service is located in Mickleover in Derbyshire and accommodation is provided over two floors.

There was a registered manager in post at the time of our inspection. 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.

At the last inspection on 02 April 2014, we asked the provider to take action to make improvements in relation to the premises people were living in and in relation to how the service was respecting and involving people in their care. We found that there was a lack of suitable bathing and showering facilities and that the provider had not ensured that the building was properly secure

Summary of findings

and adequately maintained. We also found that there were limited opportunities for people to participate in organised social activities or to promote their independence and involvement in their local community.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that some improvements had been made. However, we found that some further improvements were needed and additional concerns were identified. We found some further improvements were needed to the premises. We also found some concerns in relation to how people's care was planned and delivered and in relation to how the quality of the service was being monitored.

People's consent was not being obtained. We found that current legislation in relation to people's mental capacity was not being followed. Mental capacity assessments had not always been carried out where needed and no best interest meetings and decisions had been documented. People's care plans did not document their consent to their plan of care or the agreement of their representative on an on-going basis.

Although the service did offer a choice of nutritious meals to people we found that one person was not being adequately supported to eat and drink as they may have required. We found this to be having an impact this person as they were not receiving their meals as required.

We found that improvements were needed in relation to how people's risks were identified and managed at the service to ensure that people were receiving safe care.

Systems were not in place to monitor the quality of the service being delivered. Although audits were being carried out in relation to people's care plans, these did not always reflect changes to people's care needs. The quality of care at the service was not being monitored consistently and further improvements were needed in relation to ensuring quality care was being delivered to ensure people's safety.

Staff told us that they felt supported, however, some did not seem clear on what formal supervisions were and we saw no evidence of these taking place.

There was a lively and positive atmosphere at the home with a lot of activity going on. There was a programme of activities people could be involved with should they choose to. People interacted with each other and we observed that staff treated people with kindness. We observed positive interactions between staff and people using the service. We saw that staff understood people's individual needs.

Staff had received training in key areas of delivering safe and effective care and staff told us that they felt adequately trained and well supported by the registered manager.

We found that people's medication was being managed safely.

People felt safe and staff understood how and when to report any safeguarding concerns. Risks to people had been assessed and documented in their care plans and guidance was in place for staff to help them minimise those risks to people.

We found that Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately at the service and that the registered manager had a good understanding of when these should be considered to protect people using the service from being unlawfully deprived of their liberty

We found that there was a system in place to manage complaints and that there were sufficient numbers of staff to meet people's needs. Referrals were made to appropriate health care professionals.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as referenced in this report. You can see what action we 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?

The service was not consistently safe.

The premises were not being adequately maintained to ensure people's safety and risks to people using the service were not always safely managed.

Steps had been taken to protect people from the risk of abuse and people were receiving their medication safely.

There were sufficient numbers of suitably trained staff working at the service to meet people's needs.

Requires improvement



Is the service effective?

The service was not consistently effective.

The provider was not meeting the requirements of the Mental Capacity Act 2005 to ensure that decisions about people's care and support were made in their best interests.

People were not always being adequately supported to eat and drink.

Staff were trained to deliver safe and effective care at the service. However, staff were not receiving regular supervisions and appraisals.

People's health needs were being monitored and responded to appropriately.

Requires improvement



Is the service caring?

The service was caring

People's privacy was respected at the service. Staff treated people with respect and understood people's individual needs.

There was little evidence in care plans that people were involved in the planning and delivery of their care on an on-going basis, however, we observed that people were consulted in relation to the delivery of their care on a daily basis.

Staff treated people with kindness and compassion and encouraged them to maintain their independence wherever possible.

Good



Is the service responsive?

The service was responsive.

People were engaged in activities they enjoyed. An activities co-ordinator worked at the service to ensure people had access to interests and hobbies they may have enjoyed. There were links with the local community and regular visitors to the service.

We found there to be a lively and pleasant atmosphere at the service.

Good



Summary of findings

There were opportunities for people to express their views about how the service was being run. There was a system in place to manage complaints.

Care plans were in the process of being reviewed to ensure they reflected the individual needs of the people they related to.

Is the service well-led?

There was a lack of management oversight at the service and a lack of quality monitoring in relation to the premises, infection control and staff performance.

People and staff were happy to approach to the management team should they need to and staff felt adequately supported. We did not find any evidence of staff supervisions and appraisals.

Requires improvement



The Birches

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 10 February 2015. The inspection team consisted of two inspectors and a specialist advisor. Our specialist advisor was a registered nurse who had experience of residential care. They reviewed people's care records and looked at how their care was being delivered to them.

Prior to our inspection we reviewed the information we held about the provider. We looked at the statutory notifications we had received from the provider. These are notifications the provider must send to us which inform of deaths at the service, and any incidents that affect the health, safety and welfare of people who use the service. We spoke with the local authority to seek their views on the quality of service provided. We also considered the inspection history of the service. We used this information to assist us in planning our inspection.

We did not obtain a Provider Information Return for this service due to the short time scale we had to plan this inspection. A Provider Information Return is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service and observed staff supporting them in communal areas. We spoke with the relatives of two people using the service. We spoke with five staff members and the registered manager.

Some of the people using the service had dementia and therefore not everyone was able to tell us about their experiences. 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 five people's care records including care plans and risk assessments. We looked at staff training, and staff recruitment records. We also looked at records in relation to the management of the service.

Is the service safe?

Our findings

At our last inspection on 02 April 2014 we found that improvements were needed to the premises people were living in. We found that the premises were not adequately secure and that this may have put people at risk. We also found that improvements were needed to relation to the bathing facilities on offer for people at the service. We found that this was a breach in regulation in relation to the premises in which people were living.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made. We found that the home was secure and that people were safe in this respect. We found that some of the flooring in people's bedrooms had been replaced to suit their needs. We saw that improvements had been made to the bathroom people used on the ground floor. We found that there were still no shower facilities for people as observed at our previous inspection. However, nobody we spoke with during the inspection expressed concern about the facilities available at the service. We saw that, on our arrival, a bath had been run for someone, who was assisted as required.

However, we did identify a number of other concerns with the premises during this inspection. Several people who used the service expressed concern that the guttering at the home needed to be cleared and that this caused water to run down the building. One person said, "The guttering outside my window needs fixing, it's got things growing out of it. It's little bits that tend to get left. Nothing life threatening." Another person told us, "Maintenance isn't done regularly, the gutters need mending, they leak badly right outside my window." We raised this issue with the registered manager who told us that they would look into it. We also found that the stair lift was not working properly and that this was impacting on people using the service. One person said, "I really need it (stair lift) to get up and down the stairs. It's very slow and will sometimes stop. The staff are very concerned. I'm not allowed to go from the ground floor to the first without supervision now." Steps were being taken during our inspection to resolve this issue. We were informed following our inspection that this had been fixed and that the stair lift was now in working order.

During our inspection we found that a door leading to the cellar, where the laundry was done by staff throughout the day, was unlocked. This posed a danger to people using the service as the door opened directly onto steep stairs down to the cellar. The door had a sign on it stating that the door should be locked at all times. However, this was not possible due to staff going down to do laundry and not being able to lock it from the inside. The door was therefore left open when staff were in the cellar. During our inspection we found one person who used the service, opening the door and standing, unsteadily, at the top of the stairs. We alerted a member of staff and this person was redirected to the communal lounge. We expressed concern about this to the registered manager at the end of the inspection, who said that this risk would be addressed.

There were no regular checks carried out on the premises documented at the service and therefore it was not possible to determine how the risks to people posed by the premises were being managed on an on-going basis. People were not being adequately protected from the risks of unsafe or unsuitable premises.

This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some risks to people who used the service were appropriately assessed and managed. We looked at care records for people who were using the service and found they included risk assessments which identified potential risks to people's health or welfare. These risk assessments were different for each person as they reflected their specific risks and detailed the action that should be taken to minimise the risk. There were systems in place to assess risks to people safety in relation to the delivery of their care. However, we found that risks were not always reviewed and updated thoroughly and we found many detailed as "no change." When we looked at this in more detail we found that this was not always the case and that people would benefit from a more in-depth review of their risk. One person, for example, had not been weighed for some time despite them having intervention from the dietician. When we asked the registered manager how often this person should be weighed they were not sure

Is the service safe?

and it was not detailed in the person's care plan. This person had been identified as being at nutritional risk but this risk had not been fully assessed and was not being safely managed by the service.

The person whose weight was not being monitored was also at risk of aspiration due to swallowing difficulties. Because of this their care plan stated that they should be on a "fork mashed diet." However, this person did not receive a fork mashed diet during lunch and we observed them fail to eat their lunch. This person's health was put at risk by the service failing to provide their meal in the way in which they required it. We raised this with the registered manager who was not aware of this and who told us that they would look into this.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that accidents were reported at the service but that there was no system in place to monitor and analyse these with a view to looking at people's safety. We noted that the majority of accidents which had occurred were falls and there was little detail available about how this was being managed to reduce the risks to people.

We looked at safeguarding concerns involving people at the service and found that these had been documented and reported as required. Staff were able to name types of abuse and knew how to report these should they need to, both internally and externally. Staff had been trained in safeguarding people who use care services. Steps had been taken to protect people from the risk of abuse. None of the people using the service had any concerns about abuse at the service. People told us that they would raise concerns with the registered manager should they need to.

We found that there were sufficient numbers of staff working at the service. The registered manager and some

of the staff told us that there had been some staff shortages in recent months but that this had been resolved recently. We found that people's needs were met in a timely manner and that staff had time to spend engaging with people. One staff member told us, "We're staffed now yes. We went through a rough patch just after Christmas where a few staff left together."

People using the service told us that they felt there were enough staff to meet their needs and that their call bells were answered promptly. One person told us, "Some days they're a bit short but I think that's due to sickness. It's the exception rather than the rule. I do buzz occasionally, sometimes I have to wait but not generally." Although people mentioned that the service had been short staffed nobody felt this was still the case and we saw no evidence that staffing levels were having a negative impact on people using the service. We observed people receiving care as required by the staff on duty during our inspection.

We looked at how medicines were being managed at the service. The registered manager informed us that they were in the process of arranging updated medication training for all staff. We observed a medication round being carried out by a senior care worker who was trained in administering medication. We found that medication was being administered safely to people and that people were getting the medication they required when they needed it. The service had an appropriate fridge to store medicines that required to be kept cool. We looked at the temperature recording for this fridge and found that on two days during February the temperature had not been recorded. We did not see any evidence of medication checks on staff to ensure their competency, however, medication audits were carried out by the registered manager. We raised this with the registered manager who said that they would ensure this was done regularly in future.

Is the service effective?

Our findings

At this inspection we looked at five people's care plans. We did not see evidence that people were consenting to their plans of care at the service. We found that where people may have lacked mental capacity to consent to their plan of care, no mental capacity assessments had been carried out in relation to decisions about their care at the service. We did not see any evidence of best interests meetings being held for people in relation to decisions about their care. People's representatives were not agreeing to their plans of care where this would have been appropriate. This meant that decisions about people's care had not been made with them or with people who represented them. It was not clear from looking at people's care records how decisions had been made and who had been consulted in relation to these decisions when the person lacked the capacity to consent. We did observe staff consulting with people when delivering their care although people using the service we spoke with were not clear about the contents of their care plan. The principles of the Mental Capacity Act 2005 (MCA) had not been followed at the service.

We found that consent to people's care was not being obtained at the service. People's mental capacity was not being assessed and the provider was not meeting the legal requirements of the MCA.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fire safety training was being delivered to staff during our inspection and people using the service were asked whether they minded this taking place within a communal area of the home. People were able to stay and listen to the training which gave them a sense of inclusion. We reviewed staff training records and found that staff were being trained in key areas to deliver safe and effective care.

Staff told us, and we saw records which confirmed, that they had received training in dementia care, moving and handling, fire safety, infection control and safeguarding, amongst others. Staff felt supported by the manager and they told us that they could approach them should they need to. Staff we spoke with felt adequately trained and

skilled in their roles and we observed staff moving and handling people safely and observed them speaking to people respectfully. This reflected the training they had received.

We asked the registered manager to provide us with records of staff supervisions and appraisals which had taken place at the service. The registered manager could not produce any records that related to these taking place, although they told us that they had carried these out with staff. Staff we spoke with were not clear on what a supervision consisted of and so it was not possible to evidence that these were taking place at the service. There were no systems in place to monitor staff performance on an on-going basis to ensure staff competency.

We looked at how people were supported to eat and drink at the service to ensure that people were receiving a balanced, nutritious diet. We spoke to the cook on duty during our inspection and looked at the food stocks at the service. The cook explained that meal options were put on the notice board in the communal hallway each morning and that they went to each person and explained their meal options to them each morning. There was a choice of meals each day and we found that there was fresh fruit and fresh vegetables for people.

The cook told us, "We do try and put new things in but it's mainly what they like." People who used the service were asked about their lunch-time meal during our inspection. One person said, "I didn't really like my dinner. My veg grill was given to someone else. The custard was hot on the pudding but it wasn't very gingery. It was alright." Another person told us, "I didn't like the meat. I thought it was sausage and then it was disappointing. I don't know what it was but I didn't have it. The banana and custard was lovely." Some people were not satisfied with their meal during lunch and some stated that this was due to the meat being too fatty.

One person who had lost weight in recent months and who had been referred to the dietician was not given the fork mashed diet they required. We observed this person fail to eat their lunch and they were not supported by staff during lunch. We pointed this out and staff did then offer this person soup, which they ate. It was not clear why this person was not given their meal in the way they required it. The registered manager was not aware that this had happened when we told them about this and said that they would address it with staff. This person was not being

Is the service effective?

adequately supported to receive a balanced and nutritious diet. The service had taken steps to refer this person to a dietician, although they did not appear to be following that health professional's advice at the time of our inspection.

We saw that people's health needs were responded to quickly and effectively. There was a GP visiting the service at the time of our inspection who was carrying out a regular review with people who used the service. We saw that people's physical and mental health needs were being monitored and responded to when needed. Referrals had been made to health professionals, such as dieticians and the district nurse, where necessary and people and their relatives told us that health needs were responded to. One person said, "You just need to say in the morning and the senior will phone the surgery for you to see a doctor." The

relative of someone using the service told us, "They keep us informed about anything." They went on to say that their relative's health needs were attended to on an on-going basis.

We found that Deprivation of Liberty Safeguards (DoLS) had been applied for when appropriate to ensure that people were not being unlawfully deprived of their liberty. The registered manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and understood the processes involved. They demonstrated to us that they understood how to safeguard people in line with this legislation and talked to us about people they had made application to the DoLS team for. We looked at two of the DoLS in place at the service and found these to be in place to protect the welfare and safety of people using the service. The conditions of the DoLS we looked at were being adhered to at the service.

Is the service caring?

Our findings

Staff displayed a kind and caring approach to people using the service. People using the service and their relatives all spoke positively about the staff who cared for them. We spoke with two relatives of people and they were both equally complimentary about the staff who cared for their relatives. One told us, "We feel lucky with the staff who are brilliant." Another relative said the staff were, "Always nice to talk to. Yes we feel like we're listened to." People who used the service described how they were treated with respect by staff. One person told us, "They are patient, we've got some awkward customers and they are very good to them and that's nice. They always knock before they come in." Another person who used the service commented that, "They never come in at any time without knocking." People's privacy was respected at the service and their dignity maintained.

We observed staff treating people with respect when delivering their care and saw that they assisted people where necessary. People were encouraged to do those things they were still able to do for themselves in order to maintain and encourage their independence. People and staff had a good rapport and there was a positive and lively atmosphere at the service.

We reviewed care plans during our inspection and looked to see whether people were involved in the planning and delivery of their care. We found that there was little evidence of people's involvement in the care plans we reviewed. People we spoke with were not familiar with the contents of their care plans. However, people were

consulted on a day to day basis about the delivery of their care as we observed this happening during our inspection. Some people using the service were fairly independent and they described being able to decide on how they spent their time and how they had their care delivered to them.

People's privacy was respected at the service and people had space to be able to spend time alone with relatives. People were able to go to their bedrooms whenever they chose and some people chose to spend much of their time in their rooms. The rooms we looked at were comfortable and filled with people's personal possessions. We were told that people were able to choose how they spent their time and how they had their rooms decorated.

Although there wasn't evidence in care plans of people being involved in the care planning process people told us that they were comfortable approaching the registered manager of the home should they need to. One person said, "I think they listen. You can always go to the manager and say what about trying this or that. You might not get anywhere but they listen. Light bulbs she has sorted out. We've just started a residents meeting. It's been tried a few times and fell by the wayside, but we're giving it another go." Other people told us about meetings held for people using the service and the fact they could express their views at these and they felt listened to and respected. People were able to live independently where this was possible.

We found that whilst some of the people we observed were often not engaged in any activity due to their condition, staff were always available should they need them and treated people with kindness and respect.

Is the service responsive?

Our findings

At our last inspection on 02 April 2014 we found that there was a lack of social activities for people at the service and that there were limited opportunities for people to be involved in their local community. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

During this inspection we found that a number of improvements had been made. There was now an activities co-ordinator working at the service and we saw a programme of activities on offer for those who wished to take part in them. People using the service chose how they spent their time and the service had taken steps to provide activities for those people who wanted to engage in them. At the time of our inspection a petting dog was visiting the service. We spoke with the pet's owner who told us that they regularly came into the home and that they knew some of the people at the service well. People seemed to enjoy the visit and we observed people interacting with the visitors and with each other whilst this was taking place.

We asked people about how they spent their time at the service and people described having opportunities to engage with the local community. There were several visits from friends and relatives of people during our inspection and people were engaged and active where this was possible. One person who used the service told us, "The daughter of a resident runs activities and about six out of 17 go. We have dominoes and cards and we're doing a scrapbook. We're doing one for valentine's day tomorrow. We don't go out all that often. There was a Christmas lunch. I went out shopping with my daughter yesterday." Another person told us, "A friend of the home, a volunteer who has their mother in here runs some games. I went out at Christmas to a hotel for lunch." We spoke with the relative of someone using the service about whether they felt there was enough for their relative to get involved with at the service in terms of activities. They told us, "She says she does what she wants to do. They do organise activities." We found people to be engaged in activity during our inspection where they were able to be. Some people were

carrying out activities in their individual rooms and some were engaged in activities within the communal areas of the home. There was a lively and positive atmosphere at the service.

We looked at people's care plans during our inspection and found that these contained relevant information about people's health and care needs. We saw that these plans and risk assessments were regularly reviewed. However, we did note that some of the reviews lacked details for staff on changes to people's conditions. We found that care plans were not always person centred and that they lacked some personal details about the people they were about. This meant that staff did not have a clear and accurate view about the person they were caring for and their preferences were not always recorded. The registered manager explained to us that they were in the process of re-designing all of the care plans at the service to ensure that they reflected people's individual needs. Steps were being taken to ensure that care plans reflected how people would like to receive their care at the service.

We found that people's behaviour which may have challenged was included in the risk assessments in place at the service where appropriate, and that guidance was available for staff on managing behaviour which may challenge. We found that people were calm and relaxed during our inspection and that staff were equipped to deal with the people they were caring for.

We saw evidence of regular meetings held for people who used the service and their relatives or representative and these had been documented. We saw evidence that issues raised in these meetings had been addressed. People we spoke with described being able to express their views during these meetings and told us that they felt comfortable raising issues with the staff and registered manager should they need to. One person told us, "I haven't raised any concerns, but I would if necessary. There's also the resident's meeting." Another person said, "I've no problem talking to the manager or the staff. They generally sort it out. I think we've had one survey."

We discussed complaints with the registered manager who told us that they had received no formal, written complaints over the past 12 months. There was a complaints policy and procedure in place and this was displayed in the communal hallway for people and their relatives to view should they need to. People told us they would feel happy to raise a complaint should they need to.

Is the service responsive?

One person said, “Yes there is a complaints procedure, we’ve been told. I speak to the manager. You can call CQC if necessary. I’ve never got that incensed, it’s usually sorted.” We found that there was a system in place to ensure that complaints and concerns were handled appropriately.

Is the service well-led?

Our findings

Although staff described being well supported by the registered manager at the service and said that they could approach them with any issues we found a lack of evidence of any supervisions and appraisals being held with staff. Staff were unclear about the process for supervisions and the registered manager was unable to supply us with evidence that these had taken place. We did not see evidence of systems being in place to monitor and evaluate staff performance to ensure that safe and effective care was being delivered at the service.

Care plans were being reviewed at the service, however, we found that some changes to people's care needs had not always been thoroughly documented. For example, one person who was at nutritional risk and who had been referred to the dietician did not have clear guidance in their care plan to guide staff on monitoring their weight. We highlighted this to the registered manager who told us they would address this immediately.

We asked to see what management checks were in place at the service. We saw that care plan and medication audits were taking place, however, the registered manager told that that no other management checks were taking place. There were no checks being done, for example, in relation to infection control, the premises or staff performance. This lack of oversight by the registered manager meant that they were unable to effectively assess the quality of care being delivered.

Accidents were being recorded at the service. However, there was no analysis carried out in relation to these. This meant that although incidents and accidents were being recorded, no monitoring for patterns and potential causes of these was undertaken in order to reduce the risk of similar incidents from occurring again.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us that they would be happy approaching the management of the service should they need to. People felt that the service was well managed and that any issues could be raised. One person responded when we asked them about being able to speak with the registered manager, "She's always around. We can see her whenever we want." We did find during our inspection that some outstanding issues were being resolved at the time of our inspection, such as the stair lift. People described an open management style. Relatives we spoke with were positive about their relationship with the management of the home.

We found that the service had a homely feel and that people were able to make choices about how they spent their time. There was a good atmosphere and people were active and engaged where possible. People had personalised living spaces and staff understood their needs. Staff were able to describe the aims and values of the service. One staff member told us, "They have got everyone's best interests at heart. They come in and always speak to the residents. I think they want a homely place with a pace of life which suits these people." Another staff member described the vision of the service as being, "To support people and give them good quality care ensuring they are happy and comfortable." We found that people were comfortable. There was a homely atmosphere and people were engaged with staff and with one another.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>Care was not being planned and delivered to meet people's individual needs and ensure people's safety and welfare. Regulation 9 (1)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were not effective systems in place to regularly monitor the quality of the services provided to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 17 (a) (b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The premises were not being adequately maintained. Regulation 15 (1) (e)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Consent was not being obtained and the service was not following the requirements of the MCA where people lack the capacity to consent. Regulation 11 (1) (3)</p>

This section is primarily information for the provider

Enforcement actions

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