

Mr B Brown

Adelphi Residential Care Home

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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 6 and 7 June 2017 and was unannounced. Adelphi Residential Care Home is located in Chorley in the county of Lancashire. The home is registered to provide accommodation and support for up to 27 people and cares for elderly people including those living with dementia. At the time of our inspection 22 people were using the service.

There was a registered manager in place who had been registered since 28 July 2015. 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 our inspection on 5 February 2016 we found several breaches of legal requirements. The systems for assessing and managing risk were not effective and did not always protect people using the service.

In addition, some people were unable to leave the home when authorisations preventing this were not in place in line with the Deprivation of Liberty Safeguards (DoLS). There was also a lack of understanding around the implications of the Mental Capacity Act 2005 (MCA) where people lacked capacity and the need to seek people's consent for care and support.

There were issues with auditing and checking on the provision of care including safety of equipment in the home and medicines checks. There were also concerns around some of the furniture and fittings around the home that were old and needed replacing.

There were issues with staffing levels that were impacting on the level of care and support that was being provided and the system for the administration of staffing levels was not effective.

A recommendation was made that the service look into ways of engaging people who use the service and providing activities to enhance their wellbeing.

We asked the provider to make improvements in all of these areas and they kept CQC informed of the changes that had been made.

At this inspection we found that significant improvements had been made in these areas but improvement were still required in respect of the provision of activities especially around residents who were not living with dementia and checks the provider should be completing to ensure the service was operating effectively.

We found that people were not being deprived of their liberty inappropriately and DoLS applications had been made. The registered manager and staff were aware of the need to seek consent in line with the MCA.

Proper assessments were being made around ways of protecting people and action had been taken to support people with sufficient numbers of well-trained staff.

However, we still had concerns about the provision of checks to ensure that the service operated effectively and found that the provider was not completing any audits and was leaving responsibility for all checks with the registered manager. This has resulted in a continuing breach of legal requirements.

People using the service said they felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work.

We found that people and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs. Although improvement could still be made there was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The registered manager conducted regular checks to make sure people were receiving appropriate care and support. The registered manager took into account the views of people using the service, their relatives and staff through meetings and surveys. The results were analysed and action was taken to make improvements at the home. Staff said they enjoyed working at the home and received appropriate training and good support from the registered manager but further support and input was required from the provider.

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.

Medicines were securely stored, safely administered and accurately recorded.

People told us they felt safe and well cared for. There were arrangements to deal with emergencies and staff were aware of signs of abuse and what action they should take. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were enough staff deployed within the service and appropriate staff recruitment procedures were in place.

There were appropriate assessments in place to support people where risks to health had been identified. Checks were carried out on equipment and the premises to reduce risks.

Is the service effective?

Good 

The service was effective.

Staff had completed an induction and supervision when they started work and received training relevant to the needs of the people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People told us they enjoyed the food and that there was a good choice available. People's fluid and food intake was monitored and staff encouraged people to eat and drink with appropriate action taken if people lost weight.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

Is the service caring?

Good 

The service was caring.

Staff were caring and spoke with people in a respectful and dignified manner.

People's privacy and dignity was respected.

Staff knew people well and were aware of their preferences and routines.

People and their relatives were involved in making decisions about their day to day care.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

There were activities for people to participate in but improvement was required to ensure that these met everyone's needs and abilities.

People knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Not all of the audits and checks ensured that the service was effective or were evaluated at provider level to drive improvements.

There were other appropriate arrangements in place for monitoring the quality and safety of the service that people received.

Staff said they enjoyed working at the home and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

The registered manager carried out checks at the home to make sure people were receiving appropriate care and support.

Adelphi Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting 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 was carried out on the 6 and 7 June 2017. The inspection team on the first day consisted of one inspector and an expert by experience and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We looked at this information together with other information we held about the home including notifications they had sent us. A notification is information about important events that the service is required to send us by law. We also received feedback from health care professionals that we used to help inform our inspection planning.

We spent time observing the care and support being provided to people, spoke with 11 people who used the service. We also spoke with five members of staff, the provider, the registered manager and health care professionals visiting the home. We looked at four people's care records and three staff recruitment and staff training files. We also looked at records relating to the management of the service including audits, incident logs, feed-back questionnaires, staff rotas and minutes from meetings. In addition, we looked at all areas of the building including bedrooms, communal areas, the kitchen, the main office and outside grounds.

Is the service safe?

Our findings

At our comprehensive inspection on 5 February 2016 we found that people were not always protected against known risks as assessments were incomplete and not reviewed. Where risks were identified, staff were not instructed in mitigating that risk. There was also a failure to act upon accidents and incidents and for people to be monitored after an event.

There were no individual fire safety plans in place and there were issues around the infection control at the home where clinical waste was not being disposed of properly.

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

At this inspection we found improvements in the way in which assessments on risks to people were considered and recorded. When asked about matters that the home were acting upon to ensure that people were supported and risks were reduced, the registered manager said, "We have made a real effort to improve this. We are proactive and when people are at high risk they are referred to health care professionals." From consideration of the care files we saw at the inspection we did note that people were supported who were at risk of harm such as by falling. Technological devices were available and could be used to assist staff in alerting them when someone may have been at risk.

People's care files included a wide range of risk assessments in other areas including moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. People also had individualised risk assessments on behaviours that may challenge the service and their medical conditions. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of malnutrition, it was noted that there were plans in place to support them with eating and drinking.

There were arrangements in place to deal with foreseeable emergencies. People had personal emergency evacuation plans (PEEPs) which highlighted the level of support they required to evacuate the building safely. Records confirmed that staff received regular training on fire safety. The home had a fire safety audit conducted by the Lancashire Fire and Rescue Service in March 2017. This advised of some issues around emergency lighting that we saw had been addressed by the service. We saw records confirming that the fire alarm was tested on a weekly basis and the conduct of monthly fire drills.

Records of accidents and incidents that contained information about each incident and any action that had been taken were maintained. The records supported that observations were made when people had had a fall for example and there were records when people had been referred to health care professionals. We saw that the home was clean and tidy and that clinical waste was being disposed in approved bins that were clearly marked for staff to identify.

At the inspection on 5 February 2016, we found issues with the number of staff that were available to

support people and the systems available to ensure safe staffing levels.

This issue amounted to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in this area. We saw there were documented systems in place to ensure that the service employed sufficient numbers of qualified and experienced staff. People using the service and staff told us there were enough staff around to meet their needs and during the inspection we observed a good staff presence. Staff were attentive to people's needs and when people required assistance they responded quickly to provide support to people. The registered manager told us that staffing levels were arranged according to the needs of the people using the service. One person said, "I feel absolutely there is enough staff."

People told us that they felt safe and well treated. One person said, "I feel very safe. Staff help me with my walking frame and wheelchair and are very good with me." A health care professional said, "I've seen improvements at the home since the last inspection. People are safe and secure."

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals and people told us that they received their medicines on time. Medicines were stored in a designated medication room which only staff responsible for administering medicines had access to. The medication room temperatures and medicines fridge temperatures were recorded and we noted that they fell within safe ranges.

We observed medicines being administered to people on the first day of the inspection and saw that their permission was sought before medicines were administered and that people were gently encouraged to take their medicines. We also looked at the medicine administration records (MAR) for four people using the service and found these records were up to date and accurate. These records included a photograph of the person, known allergies and details of staff members authorised to administer medicines. One person said, "I get my medicines at the same time every day and staff help me to take them."

We saw up to date protocols were in place to advise staff when and under what circumstances people should receive any medicines that had been prescribed 'as required' and that this protocol had been approved by a local G.P. Staff and the registered manager told us what they would do when people required an 'as required' medicine.

There were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. The registered manager and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse including whom they would report any safeguarding concerns to. Records confirmed that the registered manager and all staff had received training on safeguarding adults from abuse. A member of staff said, "We are all good at safeguarding here and the manager reminds us all the time of the need to be proactive. The training we receive also helps."

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of three members of staff that worked at the home. The files contained completed application forms that included references to their previous health and social care experience, their qualifications and their employment history. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been obtained for staff to ensure their suitability for their roles.

Is the service effective?

Our findings

At the inspection on 5 February 2016 we found that some people were not free to leave the service and there were no orders in place authorising this consistent with the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Standards (DoLS).

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection, the registered manager told us that the home had made applications to the local authority to deprive people of their liberty. At the time of our inspection the local authority was processing these applications. We saw two of the applications that had been made since the inspection on 5 February 2017 and were satisfied that the home had raised them appropriately and in a timely manner. The registered manager said, "We now consider mental capacity and the need to restrict people in their best interests and work with the person, their family and the GP."

At our inspection on 5 February 2016 we found that the registered manager and staff were not fully aware of their roles and responsibilities around seeking consent from people and care files did not demonstrate that appropriate mental capacity assessments were taking place.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in these areas. People told us that staff asked for their consent before they provided care and we observed this to be the case throughout the inspection. For example, staff checked that people consented to the support they offered in helping them mobilise or with personal care. One person said, "They always ask my consent before they do anything and they are very helpful."

Care files contained a section that dealt with mental capacity that included personal capabilities and issues and where the person may require assistance. The registered manager had completed these and where capacity was an issue it was noted that best interest decisions had been taken in consultation with relatives and relevant health care professionals.

At the inspection on 5 February 2016 we saw that some areas of the home required updating. At this inspection on 6 and 7 June 2017 we noted improvements but that the updating programme initiated by the provider was not complete. For example some bedroom furniture still required updating, a bedroom we saw still looked tired and the outside area needed garden maintenance if it was to be suitable for use by people in the summer.

People using the service said staff and the registered manager knew them well and how best to support them. Visitors told us that staff were skilled at meeting the needs of people at the service and were competent in supporting them with complex conditions. They spoke highly about the care and support at the home. One person said, "They know how to look after me. I have a condition which means I can only eat certain foods and I only get what I should have." A health care professional said, "The manager and staff support their residents well and follow my recommendations properly."

People were supported to eat and drink sufficient quantities to maintain a balanced diet and ensure their well-being. Care plans identified people's nutritional needs and preferences, and how they could be supported by staff to eat a nutritious and healthy diet. A health care professional said, "They are very good at encouraging people to eat and to hydrate."

We observed a mealtime during the inspection and saw that people received plenty to eat and drink. The atmosphere was relaxed and staff were available to offer support to people where required and we observed them gently encouraging people to eat in a relaxed and unhurried manner. We saw that one person was supported to cut their food and staff appeared to know people's likes and dislikes. Most people ate together and appeared to enjoy the mealtime but people were also able to eat alone if they preferred. One person using the service said, "The food is nice and you get plenty. You can also have a drink and snacks when you want to."

The cook told us they spoke with people about their meal preferences. They were aware of people's dietary requirements and received notifications from staff that included any changes to their conditions. They said, "I was a carer and it's a small home so I know people's requirements. When I'm not cooking I help out sometimes on the care side. I still keep my hand in and do all the training that the carers do. This helps me keep up to date and to support residents properly."

Staff training records confirmed that all staff had completed training in areas the provider considered mandatory. This training included safeguarding adults, mental capacity, dementia awareness, health and safety, moving and handling, infection control, first aid and fire safety. Some staff had also completed training on other topics such as administering medicines, end of life care and nutrition and hydration. Training that was considered mandatory was recorded and the records indicated when staff required training updates. This was monitored by the registered manager and action taken if necessary to ensure staff remained up to date with their training requirements.

Staff told us they had completed an induction, which was confirmed by the records we reviewed. One member of staff said, "The induction was a while ago now but was quite intensive and I wasn't allowed to work on my own until I had shadowed senior staff and passed competency tests." Staff told us, and records confirmed, that they received a supervision session with the registered manager every month and an annual appraisal of their work performance. They said this helped them in providing the care and support to people using the service and that they felt well supported by the registered manager. One member of staff told us, "I can approach the manager or senior staff whenever there is a situation I'm uncertain about."

We found that people were supported to maintain good health. Records showed that people had access to

a range of healthcare professionals including a GP, optician, chiropodist, and dentist. Staff also supported people to attend hospital appointments. We noted that records and advice to staff about the process of referring matters to external professionals was documented in the care records and on the people's care plans.

Feedback about the service from healthcare professionals was positive. One healthcare professional told us, "They call on us appropriately and seem to act properly to avoid unnecessary referrals to health care professionals."

Is the service caring?

Our findings

People said that staff were caring. One person told us, "I really like my carers. We have a laugh together and they are very good with me." Another said, "They always go the extra mile. We are well looked after by really caring staff." A visiting health care professional told us, "They are very dignified in their care and support."

People were involved in their care and support plans and where this was not possible it was noted that relatives were also involved. One person said, "My relative was involved in sorting out the care plan because sometimes I can forget things."

All of the care files we looked at included a section on personal histories. This recorded the person's preferred name, hobbies and interests and the jobs they used to do. A health care professional said, "Staff are always cheerful and are actually interested in their residents and their life and interests."

When looking at the care plans we saw that end of life care plans and consent forms requiring the person's agreement regarding their care and treatment were in place. The plans also showed that the home, were appropriate, worked alongside healthcare professionals and people's relatives.

During the inspection we noted that staff knew people well and understood their needs. We saw examples of good care and saw that people were treated with understanding, compassion and dignity. Staff actively listened to people and encouraged them to communicate their needs. For example we observed a member of staff assisting a person to walk to the dining room. The approach was careful and considered with the member of staff reassuring and encouraging the person. We also saw staff responding to people's needs in a calm effective manner supporting them with everyday tasks and responding to requests for drinks and snacks.

We saw staff knocking on doors and calling people by their preferred name and requesting permission to support the person. One person said, "Staff always knock and are very helpful." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said that they explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. A health care professional talking about the home's carers said, "One of the areas I'm impressed with is the way they provide independence encouragement to their residents."

If people could not express their view it was noted that the service ensured that the person's relative was involved. On the occasions when relatives or other supporters were unavailable it was noted that people using the service had access to professional representatives who acted as advocates. It was noted that since the last inspection one person had been encouraged to access the services of a professional advocate because of the unavailability of family support.

People were provided with appropriate information about the home in the form of a service user guide. This

guide ensured people were aware of the standard of care to expect, access to health care professionals, complaints procedure and the services and facilities provided at the home.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the main office and this meant that only authorised staff accessed people's records.

Is the service responsive?

Our findings

At our inspection on 5 February 2016 we found that there was an absence of an activity programme at the home and that not all care plans incorporated details of people's pastimes. We made a recommendation that the service look into ways to stimulate people with meaningful activities.

At this inspection we noted that the service had improved in this area. An activities coordinator had been appointed and there was a daily schedule of activities but it was noted that these activities were designed for people with some degree of mental impairment. They included word association games and nursery rhyme based quizzes. On the first day of the inspection we observed that some people participated in these activities enthusiastically and were supported and encouraged by staff but they may not have been suitable for people with a good degree of cognitive awareness. On the second day of the inspection there was a cake baking competition that seemed to appeal to some female residents but it was noted that there was an absence of male participation.

One person said, "I don't get involved in the activities. I think they are too babyish but I can see how some others enjoy them." Another said, "We used to go out in the minibus but I haven't seen it being used for a long time." Another said, "Entertainers would come into the home and we'd have a sing song but I can't remember the last time that happened."

We recommend that the provider continue with improvements in this area and take steps to ensure that a range of activities are provided for people of all levels of capacity and capability.

We saw that people's health care and support needs were assessed before they moved into the home and this assessment continued and was regularly reviewed. People's care files were well-organised, easy to read and accessible to staff. We saw that people's health care and support needs were assessed before they moved into the home. These assessments covered areas including, moving and handling, mobility, nutrition, communication, sleeping, emotional and spiritual needs, activities, medicines, continence and end of life care. The registered manager told us that care plans were developed using the assessment information and kept under regular review. They contained information about people's medical and physical needs. For example, one person's care plan included information about how a person's susceptibility to falls had increased because of a change in their condition. This meant that the service provided individualised care that was up to date.

People's weight was regularly reviewed and where appropriate referrals were made to health care professionals. We saw examples of how the Malnutrition Universal Screening Tool (MUST) risk assessment tool was completed in order to identify a person's risk of malnutrition. MUST is a five step screening tool used to identify adults who are malnourished or at risk of being undernourished. One person's risk assessment score placed them at high risk of malnutrition and we saw steps had been taken to ensure that the cook was alerted to fortify their food. A health care professional said, "Staff are good at recognising malnutrition issues quickly and this can prevent unnecessary admissions to hospital."

Care plans also included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests. For example, one person's care plan advised staff to call the person by their preferred middle name. There was a section in the plans that provided staff with an 'at a glance' summary of the persons care and support needs, their personal history and likes and dislikes. We noted that this easy read document was copied and available in people's rooms so that care staff could quickly access essential information.

Records we saw showed that people and their relatives were also involved in an annual review of care planning. Views from people and relatives were recorded and confirmed their agreement to the care plan. We also noted daily notes that recorded the care and support delivered to people. A member of staff said that the notes were used at hand over meetings where staff shared any immediate changes to people's needs. They said that these meetings were also used to make sure that all of the care staff were aware of any new admissions and their care needs and any issues that was likely to affect the service maintenance work.

People's care files also included risk assessments and other documentation, for example, records of best interests decisions, end of life wishes and Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms. A DNAR is a legal order that tells a medical team not to perform cardio-pulmonary resuscitation on a patient. However, this does not affect other medical treatments. These had been fully completed, involving people using the service, and their relatives, where appropriate and signed by their GP. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently, if required, to ensure they were reflective of people's current needs.

The provider had a complaints procedure in place that was included in the service user guide. It told people how to complain, who to contact and what would happen. People said they knew about the complaints procedure and told us they would tell staff or the manager if they were not happy or if they needed to make a complaint. One person said, "I know what to do if something is wrong but the manager comes round regularly and I would just mention it to her and it would be sorted out."

The registered manager showed us a complaints file. This included a copy of the procedure and forms for recording and responding to complaints. The records showed that the service had received one formal complaint since the last inspection and a number of notes of concern raised by people relating to the daily support needs. For example, in one case, a person was unhappy about an item of food that had been served. It was noted that when concerns were raised, they were investigated and responded to appropriately. The formal complaint had been dealt in a timely fashion and the complainant was kept updated of developments during the investigation.

Is the service well-led?

Our findings

At our comprehensive inspection on 5 February 2016 we found that the service was not completing effective audits that were picking up on the issues that were found during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements in these areas. The registered manager was completing audits but we noted that the provider hadn't completed any. On occasions this had led to the registered manager auditing and checking their own work. For example, we saw the provider had not completed provider checks of the registered manager's supervisory processes with staff and the registered manager was responsible for all aspects of recruiting and disciplining of staff. It was noted that there was an absence of any documented provider input in the processes. There was also an absence of provider input in meetings with the registered manager and staff when important issues were being discussed such as staff changes of shifts, cover for long term absenteeism and changes in terms and conditions.

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

You can see what action we have asked the provider to take at the back of this report.

The registered manager was completing other audits which included checks on care records relating to the support needs of people, staff training and staff completion of medicine's records. It was noted that remedial action was taken where appropriate and that this included the referral of people to health care professionals and speaking with staff when issues had been established. The registered manager said, "These checks help me to quickly act to resolve issues so we can protect and support people properly." The registered manager was also completing maintenance checks including monitoring the home's water temperatures and cleanliness together with the suitability of fire safety equipment.

Staff told us they liked working at the home and praised the support they received from the registered manager but felt that the service would benefit from increased provider presence and his input on matters such as activities and maintenance around the home. We saw minutes from a recent staff meeting that showed that staff were able to raise issues with the registered manager. Matters discussed at the meeting included staff involvement in cleaning the home at weekends, supervision of junior staff and the accurate reporting of incidents in the home.

There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. One staff member told us, "I am happy with the support and feel comfortable in raising any issues either at meetings or by speaking to the manager privately."

The registered manager took into account the views of people using the service about the quality of care

provided at the home through monthly resident meetings and biannual surveys. We saw the minutes from the residents' meeting in May 2017 when people raised their meal preferences and suggested alternative activities. We noted that these had been acted on. The registered manager said, "I get feedback from residents on a daily basis and adapt to reflect people's preferences but the formal surveys are useful in seeing what I need to do to improve the service on a long term basis."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not completing audits and checks to ensure the service was effective and registered manager checks were not evaluated at provider level to drive improvements.