

Mr & Mrs A Pearce

Five Gables Care Home

Inspection report

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Website: N/A

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out an unannounced inspection of the service on 18 and 19 November 2014. Five Gables Care Home provides accommodation, personal care and the treatment of disease, disorder or injury for up to 16 people. On the day of our inspection 15 people were using the service and there was a registered manager in place.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived

Summary of findings

of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS,

The registered manager had ensured Mental Capacity Assessments were completed where needed but some were too general in their content and did not always contain information relevant to the specific decision being made for each person.

The provider had not ensured that medicines prescribed on an 'as required' basis were appropriately monitored. There was conflicting information provided for staff in relation to the administration of these types of medicines which could result in people receiving an inappropriate dosage of their medicine, placing their safety at risk.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the report.

There were enough staff with the knowledge and skills to provide safe and appropriate care and support. There were systems in place to protect people from the risk of abuse.

Staff had received Equality and Diversity training and when we observed staff interacting with people who use the service, they spoke to them in a respectful way that maintained their dignity at all times. People told us staff were respectful and caring and respected their privacy.

Staff felt supported by the management and each staff member received an induction and training programme that provided them with the necessary skills to provide effective care for people.

People had risks in relation to the decisions they made explained to them by staff. People were encouraged to make independent decisions and could move freely around the home.

The premises were secure and well maintained.

There were appropriate procedures in place to ensure that staff employed to work at the home had undergone the required checks prior to their employment commencing.

People's dietary needs were catered for. People spoke highly of the food. We observed lunch being served and people told us they enjoyed their meal.

People had access to external professionals and referrals, when risks to people's health and safety had been identified, were made in a timely manner.

Information about the service was shared with people. People's views were regularly requested and where appropriate changes to the service provided were made. People were encouraged to comment on the quality of the service provided and were assured that if a complaint was made it would be investigated thoroughly.

A 'consultative committee' has been established where people who use the service, relatives and external professionals meet to discuss the service provided and provide feedback for the management

People were invited to attend reviews of the care and support they received. However we saw some examples where care plan reviews had not been conducted since May 2014 with no explanation recorded why. A new computerised care planning system was being introduced which would address this.

People were asked what they wanted to do and wherever possible staff ensured that people were able to enjoy the things that were important to them.

Recommendations made by the registered manager following an accident or incident were not always reviewed to check whether they had been followed by staff or whether they had been effective.

People were able to access the local community when they wanted to. There were strong links with the local community and school.

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.

Protocols for the administration of 'as required' medicines were not in place.

Staff could identify the different types of abuse and how to report concerns.

The premises were well maintained and secure.

Requires Improvement



Is the service effective?

The service was effective.

People were supported by staff who were trained to communicate with them in a way which they would understand.

Staff felt supported and received appropriate induction and training for their role.

People spoke highly of the food provided.

Good



Is the service caring?

The service was caring.

People received care and support from staff in a dignified, respectful and caring way.

People's privacy was maintained.

Information on how to access local advocacy services was available for people

Good



Is the service responsive?

The service was responsive.

People were able to enjoy the hobbies and interests that were important to them.

People were able to raise complaints and could be confident that they would be investigated in a timely manner.

People received regular reviews of their care and were able to contribute to decisions made.

Good



Is the service well-led?

The service was well-led.

Staff understood the values of the home and how they should incorporate these values into their role.

People were asked to provide feedback on the quality of the service and the management acted on this feedback.

Good



Summary of findings

There were strong links with the local community and people felt involved in decisions relating to the running of the service.

Five Gables Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 November and was unannounced.

The inspection team consisted of two inspectors.

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. In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received

from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and asked them for their views.

Some of the people who used the service had difficulty communicating as they were living with dementia or other mental health conditions. We spoke with six people who used the service, two relatives, two members of the care staff, cook, the registered manager and the provider.

We looked at the care records of four people who used the service, as well as a range of records relating to the running of the service including quality audits carried out by the home manager.

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.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe at the home. One person told us, “I couldn’t fault anything here.” The two relatives we spoke with agreed. One told us, “[Family member] is happy and safe here.” The other relative told us, “I have no concerns about my [family member’s] safety here, this is a lovely home.”

The people we spoke with did not raise any concerns with us in relation to the management and administration of their medicines. However upon reviewing records within the home and speaking with staff, we concluded that people were not consistently protected against the risks associated with the unsafe management of medicines. There were not appropriate arrangements in place for the recording, handling and safe administration of ‘as required’ medicines. A staff member, trained in the administration of medicines, told us there were no protocols in place for staff to follow when administering these types of medicines. The registered manager did not have a process in place to review the reasons why these medicines had been administered.

A person’s medicine administration records (MAR), used to record when people have or have not taken their medicines, contained conflicting information regarding the use of an inhaler which was used to help to prevent attacks of breathlessness or asthma. The pharmacist’s typed record stated, ‘Inhale two puffs twice a day’. However, a member of staff had recorded a handwritten entry of ‘PRN’ (as required) beside the typed record. Whilst the person’s records did not show that an inappropriate dosage had been administered, the information could be confusing for staff and place the person at risk from receiving a higher dosage than was prescribed.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service were protected from abuse by staff who could identify the different types of abuse that people could encounter at the home. The staff we spoke with knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police.

People had been provided with information via a service user guide that informed them who they could talk to, both internally and externally, if they believed they or another

person had been the victim of abuse. When we spoke with people they told us they felt comfortable raising any concerns they had with staff. The registered manager told us they discussed this with people during residents’ meetings to ensure they were aware of the process.

People were supported by staff who, upon identifying a risk to a person’s safety, explained the risks to them and then encouraged them to make decisions for themselves. They also asked people how they would like staff to support them. For example we saw one person did not like the hoist being used when staff assisted them with moving throughout the home. However, staff had discussed the concerns with the person and advised them that staff were unable to move them without equipment as it posed a risk to their and the staff’s safety. The person accepted this and the care plan records gave clear instructions for the staff to follow to assist this person safely.

People’s freedom was not unnecessarily restricted by staff within the home. The staff we spoke with were aware of the risks people faced but ensured that people were able to lead an independent life as possible. One staff member told us that some of the people living with dementia, liked to walk around the home free from staff support. They told us that whilst they may not understand the potential dangers, they ensured that if they wanted to walk around the home then they were free to do so. We observed staff unobtrusively support people throughout the inspection by ensuring that whilst they were walking independently of the staff, a member of staff was always close by to ensure they came to no harm.

The registered manager had processes in place that protected people’s safety through the timely investigation of accidents, incidents and other concerns raised by staff or people who used the service. When risks to people’s safety had been identified, staff were made aware of the risks through a detailed daily handover, regular staff meetings or via staff supervision.

A relative we spoke with told us; “The layout of the home is great. It keeps my [family member] safe and secure but still has that homely feel.” We saw risks within the environment had been considered and planned for to protect people from avoidable harm. External doors and windows were secure and access to the home could only be gained when entry was granted by a member of staff. When people attended the home they were asked to sign the attendance

Is the service safe?

register and sign out again when they left. Fire equipment was regularly serviced and there were regular checks carried out on equipment used to support people to ensure risks to their safety were minimised.

People's safety was maintained because the registered manager had assessed people's needs and ensured the appropriate number of staff were available to support them. The staff we spoke with told us there were enough staff to meet people's needs and the people we spoke with did not raise any concerns in relation to the staffing levels. The provider told us they were proud of the low turnover of staff, which in turn ensured that people received a consistent and safe level of care and support from a stable staffing team.

The registered manager told us people's safety was not compromised as a result of unexpected staff absence. They told us staff were willing to cover shifts when required but if needed, agency staff were used. There were processes in

place that ensured that agency staff were aware of what was required of them during their shift. The registered manager told us that to ensure a consistent and safe level of care was provided, the same agency staff member would be requested. Throughout the inspection we observed staff supporting people safely and in accordance with their needs.

Before staff were employed the provider requested criminal records checks through the Government Disclosure and Barring Service (DBS) as part of its recruitment process. These checks are used to assist employers in making safer recruitment decisions. The provider told us they planned to renew the DBS checks on a three yearly basis to ensure they had the most up to date information available about their staffing team and as a result people could be confident they were supported by appropriate members of staff.

Is the service effective?

Our findings

People who used the service told us they were happy with the quality of the staff. One person told us, “They’re a fine bunch.” A relative we spoke with told us, “I like the staff here, you can’t fault them. My [family member] tells me they are happy here.”

People’s needs and preferences were met by staff who were supported to carry out their role effectively. Staff told us they received training such as dementia awareness and equality and diversity and they used this training to enable them to be more aware of each person’s individual needs. A member of staff we spoke with told us, “I feel really supported in my role. I have had lots of training including; dementia awareness, tissue viability and diabetes. I also regularly have my work reviewed.” Regular supervision of staff member’s work was undertaken by the management team and any concerns that management had with staff performance was either discussed on an individual basis or during regular staff meetings. We saw the minutes of the staff meeting records and saw staff were encouraged to contribute to the discussions.

People received effective care and support from staff who had undertaken an induction. The induction provided staff with the required information and skills to support people in a way they wanted. The registered manager told us the staff induction was carried out in line with the **Skills for Care’s Common Induction Standards**. These standards are designed for people working in adult social care and need to be met before they can safely work unsupervised. The registered manager told us they had recently introduced a process where they tailored the induction to include areas of improvement which had been identified during staff supervisions.

There were processes in place to protect people by ensuring volunteers who wished to work at the service received the appropriate training and support before commencing their role. The registered manager told us they were in the process of producing a leaflet for volunteers to ensure they were aware of what was expected of them when they attend the home and how they can make a positive contribution to the people that live there.

Records showed that some staff had attended ‘effective communication’ training. The registered manager told us

that this training enabled staff to learn the most effective ways to communicate with people. Further training was being planned for all staff. We saw staff use a variety of techniques and approaches to communicate with people and people responded positively to them.

We reviewed the records of five people to check whether the provider had ensured that where required an assessment of a person’s capacity was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. We saw these had been completed in a number of areas such as whether a person required assistance with maintaining their personal hygiene. Some of the records we looked at contained detailed assessments of people’s ability to make informed decisions although we did see examples of assessments where more detail was required in relation to the decision that was being made. The staff we spoke with could explain how they used the MCA to ensure that people were involved in decisions about their care. We observed staff interact with people and they showed a good understanding of people’s needs and their ability to give consent to decisions about their care.

The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The registered manager could explain the processes they followed when applying for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect people within the home. They told us they had DoLS in place for one person whose safety they had assessed would be at risk if they accessed the community alone. This had been authorised by Nottinghamshire County Council. We reviewed the documentation and saw that the terms of the agreement were being adhered to.

People spoke positively about the food provided. We observed people eating their lunchtime meal and noted their positive reaction to the food they were given and their interactions with staff. One person commented to their friend that they liked their tea, “Boiling Hot,.” When it was provided they said, “Oh that’s lovely.” Staff gave people options and if people did not want what was offered they

Is the service effective?

could request an alternative. We watched staff take people's orders for the evening meal. People asked for a variety of food and this was provided for them. The staff had a flexible approach which encouraged people to choose the food they wished to eat.

People's dietary needs were catered for. If people required support with eating and drinking this was provided. We saw staff provide a straw for a person who required it to drink independently. Assessments of people's ability to swallow their food safely were conducted and where required, referrals to external professionals such as dieticians or speech and language therapists had been made. People received support in line with professional guidance when a risk had been identified.

People were provided with information about their day to day health needs.

The registered manager told us that when people required an appointment that can be conducted externally, a member of staff will go with them to support them and to offer advice or guidance when it was needed. The registered manager told us they had recently attended a hospital appointment with a person, with the person's consent. They reassured the person that the care and support provided by staff at Five Gables Care Home would reflect the guidance given by the external professional. The registered manager told us plans were immediately put in place to support this person and their health had improved as a result.

Is the service caring?

Our findings

People told us the staff treated them with respect. One person told us, “They [staff] don’t look down on you.” Another person told us they were assisted to be as independent as possible, but if they needed assistance, “They [staff] will go to my room and fetch things for me.”

We observed staff interact in a kind and caring way with people throughout the inspection. We saw one member of staff compliment a person after they had just had their hair done and the person was clearly pleased with the positive comment received from the staff member. We saw staff talking with a person about how they were feeling whilst they were assisting them in their wheelchair. The interaction between them showed the staff member knew the person well and showed a genuine interest in their well-being.

We saw staff take the time to sit with people and engage in meaningful conversations that did not solely revolve around the care and support provided. We observed one member of staff discuss a person’s favourite flowers with them and the person welcomed the staff member’s conversation. Other interactions included staff sitting reading with a person and watching television and commenting on the programme they were watching.

We observed staff interact with and provide care and support for people with a wide variety of needs. We observed staff assist people living with dementia, showing patience and a good understanding of each person whilst providing support in a caring way. We saw people assisting with cleaning of the home and staff told us they ensured people were included in all aspects of daily life at the home.

People were supported by staff who showed a genuine interest in them and used that knowledge to form meaningful relationships. A staff member told us they had recently attended a ‘holistic care planning course’. They told us this course gave them the training they needed to ensure that they could plan care for people which took into account a whole range of their needs including their physical, spiritual and emotional needs. We asked the person to explain the likes and dislikes of five people who used the service and they could do so with ease.

People were treated with dignity and respect by staff who were observant to people’s every day needs. We spent

some time with a person in their bedroom. During this time they called out for a member of staff to attend as they required some assistance. We spoke with the staff member who attended and they advised us the person didn’t use the emergency call bell so staff regularly monitored them in case they needed assistance. Upon entering the room, the staff member noticed the person’s glasses needed cleaning and offered to clean them. It was clear that the staff member and the person got on well together and the person responded positively to the staff member’s interactions. We spoke with the person once the staff member had left the room and they said, “The care is good.”

There was an area reserved within the home where people could read information about the services available to them. Information about local advocacy services were provided. The care plan records we looked at showed people were involved with decisions about the care and support they received. We observed people interacting with staff and they listened and acted on people’s wishes.

If people required privacy there was enough space available to them. The registered manager told us there was a specific process in place for a person who had made it clear that their privacy was very important to them. We spoke with a member of the care staff about this process. They told us, “I would never knock on their door and just walk in. If their door is partially open we know they are ok to be disturbed; if it isn’t open, we leave them alone.” We observed staff knock on people’s bedroom doors and ask if it was ok to come inside before entering. This ensured people’s privacy was maintained at all times.

There were no restrictions in place for people’s relatives and friends to visit the home. A relative we spoke with told us, “I can come here whenever I want to, there are no restrictions.”

The provider told us they had a procedure in place that showed compassion and sensitivity when a person had died and the process they had in place supported that view. The provider told us, “We phone the relatives and the doctor. With the families permission we clean the body, draw the curtains and then lock the door. When the family arrive we ensure they can have as much time with them as they want. We offer to contact a funeral director and also offer to have the wake at the home. We will do the buffet if

Is the service caring?

they want us to. We make sure the other residents are aware of what has happened and let them know when the funeral is and make arrangements for them to attend if they want to.”

Is the service responsive?

Our findings

People were involved with the process of setting up their care plans and where appropriate relatives or other appropriate representatives were consulted. A relative of a person who used the service told us; "I am always involved with the decisions about my [family member's] care."

We reviewed the care plans of five people and saw that people contributed to regular reviews and assessments of their care and support. For example we saw a person had attended a review about how they could maintain as much of their independence as possible when mobilising around the home. The registered manager had ensured that an external health care professional attended the review and gave guidance for staff and for the person about how they could work together to ensure the person remained as independently mobile as possible. We observed staff support this person when they moved around the home. They were encouraging and supportive and ensured that the person was in control of what they wanted to do.

We spoke with a person who told us they contributed to the planning of their care as much as they could. They told us they had discussed plans with staff plans to undergo laser eye surgery. Staff supported this person's choice and ensured they were informed of all the appointments they were required to attend. The person told us they were pleased with the support they had received from the staff.

When people first come to the home their personal interests, preferences and hobbies were discussed with them and staff supported and encouraged people to follow these interests. The provider told us they did not have an activities timetable but tried to plan social interaction with people in a way that was important to them. For example a person had expressed a wish to do some flower arranging and another wished to visit the local library, both had been arranged for them. People had been consulted as to what trips they would like to go on. This resulted in an option for people to attend the theatre for a Christmas pantomime.

If people wished to attend activities outside of the home then this was arranged for them.

We were told by the registered manager that a person liked to use their own visiting hairdresser, which the home

facilitates. This person also uses their own chiropodist outside of the home, this is arranged for them and staff would then take the person out for afternoon tea, which is a personal interest of theirs. It was clear the provider, registered manager and staff had a process in place which meant people's hobbies and interests were met by encouraging people to tell them what they wanted to do and incorporating this into the daily routine at the home.

We observed staff actively encourage people to join in with group discussions and asked people if they wished to come out of their room to avoid being socially isolated. We observed a lively discussion in the lounge area before the evening meal was served. Care staff, as well as the provider, sat with people and they discussed a wide range of topics. The atmosphere was relaxed, friendly and welcoming.

The provider had ensured that people's religious needs were met. A monthly church service was provided for people at the home. The registered manager told us if people wished to attend a service more regularly outside of the home then this would be arranged. They also told us that if people wished to attend external events they would ensure that there were enough staff to meet people's needs at the home.

The provider told us they responded to people's individual needs by ensuring the home had been developed so that people could move freely if they were using a wheelchair or stand aid. We saw people move freely around the home both with the support of staff or independently.

The registered manager showed us plans for future training for staff to ensure they provided care that was person centred and responded to people's individual needs. The registered manager told us that all care planning documentation will then be reviewed in order to ensure they meet the most current guidance on person centred care planning.

People were encouraged to raise complaints. We saw the registered manager responded to complaints in a timely manner. The people we spoke with did not raise any concerns with us in relation to the complaints process or how complaints were handled by the registered manager.

Is the service well-led?

Our findings

People were actively encouraged to assist with the development of the service. A 'consultative committee' was set up which met twice a year. The committee consisted of two people who used the service, a relative and external, independent professional person. The committee discussed all aspects of the service and provided feedback to the registered manager and the provider in order for improvements to be made where appropriate. The registered manager told us the feedback from the committee, independent of managerial input, was vital to ensure they received views from a range of people who were associated with the home and to help them to continually make improvements to the care and support that people received.

We saw there were strong links with the local community. For example there was regular contact with the local schools, including the primary, secondary and a school that provides support for people with special needs.

We were also told by the registered manager that a person who used the service met with children from one of the local schools who wished to undertake some volunteering work at the home. The person listened to the children's reasons for wishing to volunteer and then discussed them with other people at the home before agreeing to them attending. The registered manager told us it was up to the people living at the home to decide who they wanted to attend to volunteer to help.

One person we spoke with described the home as having a "lovely atmosphere." The provider told us they wanted people to live in an environment that as close as possible reflected their own homes. They told us the values of the home, 'friendly and family run', were key to ensuring that people received support in a way that did not make them feel institutionalised. The provider told us the home's values were discussed during team meetings and both they and the registered manager regularly viewed staff interacting with people to ensure their attitude and behaviour reflected the core values of the home. The staff we spoke with understood the values and what was expected of them. During our observations and discussions with staff, it was clear the staff provided care and support in a way that ensured people were treated with compassion, respect and dignity at all times.

People who used the service were made aware of what was happening within the home. The provider told us there was an open and transparent approach in the home. They told us the minutes from staff meetings were made available for people to view and we saw these near the entrance to the home.

People were protected as a result of the provider's open and transparent approach to dealing with mistakes when they occurred. The provider told us that when mistakes were identified they ensured the staff member was made aware of the mistake and how they could improve. They also told us that if required, they addressed the mistakes with all of the staff during team meetings in order to ensure that people's safety was not placed at risk by staff committing the same mistake again.

Throughout the inspection we saw the registered manager and the provider interact with people who use the service, their relatives and staff. It was clear that people enjoyed seeing the management actively engaged with the day to day routine at the home and welcomed the opportunity to have a conversation with them.

Residents' meetings were held for people four times a year and we saw minutes of these meetings which showed that people were asked for their views on a variety of issues such as the quality of the food and whether they would like to go out on any trips out of the home. The registered manager told us they ensured people were aware that if they needed to speak to a member of staff about anything that was concerning them then they could do so whenever they wanted to.

The registered manager and provider were aware of the risks and challenges that the home faced and they had plans in place to address them to ensure people received a high quality service. They told us they were proud of their achievements and continually strived to develop the service and improve people's lives. One area they were looking to improve was the recording of information within people's care plans. At the time of the inspection the provider was in the process of transferring all of the care plans, currently recorded on paper, onto a computer database system. The registered manager told us the computer based system would allow them to continually analyse the risks to people and to improve the quality of the service they received.

Is the service well-led?

People were invited to regular reviews of their care plans and records reflected their attendance. The registered manager told us they welcomed people's input into decisions about their care and would implement any changes or suggestions made.

However there were examples where care plan reviews had not been signed off on the paperwork since May 2014. We did see evidence that care plans had been reviewed by the manager during the care plan auditing process, where it recorded if any care plan changes were required. The registered manager acknowledged that more was needed to be done in order to ensure that the entries recorded in people's care plans, accurately reflected the care and support that was provided. They were confident that the new computerised system of care planning would reduce this risk.

People's safety was maintained because accidents and incidents were recorded appropriately and investigated. The registered manager was aware of the process for reporting incidents to the CQC. We reviewed the provider's records and established that on all but one occasion notifications had been reported to the CQC appropriately. The registered manager ensured they notified us of the one incident identified straight after the inspection.

The registered manager told us they regularly reviewed the risks that could have the most impact on people who use

the service. They regularly monitored the way staff spoke to or about people and also the length of time it took staff to respond to call bells. During this inspection we had no concerns in relation to either of these risks.

There were a number of quality assurance processes in place, including audits for the cleanliness of people's bedrooms and the kitchen area and overall review of the information recorded in care plans. Whilst we saw these audits were regularly completed, there was little evidence of the recommendations made by the registered manager being reviewed to check whether they had been completed or whether they had been effective.

People's views had been formally requested and used by the provider to assist them in driving improvements at the home. Six people provided responses to the most recent request for feedback made by the provider. All six people stated they were satisfied or very satisfied with the standard of care, five stated their individual needs were met and six stated they were happy that their social interests were met at the home. The registered manager told us they actively requested people's views on an on-going basis, but used the information gathered formally to make longer term plans for improvement and development.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	The registered person did not protect service users against the risks associated with the unsafe use and management of medicines by ensuring that appropriate arrangements were in place for the recording and handling of medicines used for the purpose of the regulated activity.
Treatment of disease, disorder or injury	