

Encompass (Dorset)

Foresters

Inspection report

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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 ●

Summary of findings

Overall summary

We inspected Foresters on 21 and 22 February 2016, the inspection was unannounced and completed by one adult social care inspector. The service was last inspected in February 2014, there were no concerns at that time.

Foresters provides care and support for up to 15 people who have a learning disability. On the day of our inspection 15 people were using the service.

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

We spent time with people seeing how they spent their day and observing the care and support being provided. Some people were able to talk to us, but most people had limited verbal communication. We saw people were treated with care and respect by the staff team who they approached for support without hesitation. People told us; "I like living here" and, "It is nice here." While people's relatives said; "The staff are brilliant", "[My relative] would tell me if he was unhappy. Staff are very nice and know him well" and, "I think it is brilliant."

At the time of our inspection there were not enough staff available to meet people's care and support needs in the early morning. The number of people living at Foresters had recently increased and the registered manager had recognised that additional support staff were required in the morning to meet people's care needs. The service had attempted to recruit additional staff but this had been unsuccessful. Staff told us, "We are very busy" and, "I do not think there are enough staff on shift." We saw that while staff were supporting people to get up there was a shortage of staff available to provide support in communal areas.

Current staffing levels also adversely impacted on people at the weekends. At weekends an additional staff member was rostered to provide five hours of support with activities each day. However, this support had regularly not been provided and staff told us, "There is five hours for activities at the weekends but we are struggling to cover the support worker shifts" and, "I think people should be able to get out more than they do."

During the working week people were appropriately supported to engage with a variety of activities within the home and in the local community. Some people received support on a one to one basis to assess the local community while others attended day centres or voluntary work placements that they enjoyed.

Recruitment practices were robust and designed to ensure staff working in the service were fit and appropriate to work in the care sector. Staff received formal induction training and shadowed experienced staff until they felt sufficiently confident to provide care independently. Regular refresher training was

provided to staff and staff told us they were well supported and received regular supervision. Staff told us, "There is lots of training here, I think they are very good with that" and "I am definitely well supported." Staff understood their role in the safeguarding of vulnerable adults and felt confident the manager would act to address any concerns they reported.

People's care plans were extensive, detailed and informative. They provided the staff with sufficient detailed information to enable them to provide appropriate care in accordance with the person's preferences. People's care plans had been regularly reviewed and accurately reflected their current care needs. Daily care records were accurate and information about any changes to people's care needs was shared effectively between staff.

The service was well led by the registered manager who was supernumerary. The manager worked flexible hours within the home and staff told us, "The manager is very approachable, she is very good at her job" and, "The manager is brilliant she cares about all of us. She is the best manager I have ever seen." People and relatives said the manager was, "Really good" and that any concerns they reported were resolved appropriately.

Regular audits and quality checks were carried out to monitor the standards of care provided. Feedback was regularly sought from people and their relatives on the service's performance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not entirely safe. There were not sufficient numbers of staff available, in the early mornings, to meet people's care and support needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

The risks management procedures were robust and designed to protect people from harm while enabling them to engage with the local community, their hobbies and interests.

Medicines were managed in accordance with best practice. People were supported appropriately to manage their finances.

Is the service effective?

Good ●

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

Staff and managers understood the requirements of the Mental Capacity Act 2005.

People were well supported at mealtimes and staff who understood people's dietary needs.

Is the service caring?

Good ●

The service was caring. Staff knew people well and provided kind and compassionate support.

Staff respected people's dignity and promoted their independence.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

During the week people were supported to engage with the local community and attend a variety of day centres and other activities which they enjoyed.

Is the service well-led?

Good ●

The service was well led. The registered manager had provided staff with appropriate leadership and support.

Quality assurance systems were appropriate and people feedback was valued and acted upon.

Foresters

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

The service was previously inspected on 22 February 2014 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the four people who used the service, five people's relatives, eight members of staff, the registered manager and a health professional who regularly visited the service. We also inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

There were not enough staff available to fully meet people's needs during the early morning and to enable people to engage with a variety of activities at the weekend. Staff consistently told us there were not enough staff available to support people to get up in time for activities and day centres placements that people enjoyed. Staff comments included, "We are very busy," "It's manic in the mornings", "You have seen how busy we are" and, "I do not think there are enough staff on shift."

The number of people living at Foresters had recently increased and staff reported that this change had impacted on their ability to meet people's needs. Staff told us that everyone was supported to have a shower or a bath each morning and that five people required support from two members of staff in the morning. On the second day of our inspection we saw that staff were extremely busy in the morning while supporting people to get up. At one point eight people were present in the service's communal lounges and dining area. At this time there was only one staff member present. This staff member was fully focused on supporting people with their medicines. Staff recognised that due to their limited numbers they were not able to provide person centred care on weekday mornings. One staff member told us, "We do it in two sittings during the week. We get everyone up for the day centre up first."

The registered manager was aware of the increased pressure on staff during weekday mornings and had attempted to recruit additional staff. However, this recruitment had been unsuccessful and agency staff had not been routinely used to supplement the service's existing staff. Staff told us, "I think there is a plan to get someone else. It has been advertised several times" and "Today technically we have one staff sick and one vacancy."

On the first day of our inspection a member of staff was unwell and a five hour shift, designed to support people with activities within the service and the local community at the weekend, had not been filled. Support from agency staff had been requested but no staff were available. Staff told us, "People are safe but we don't get to enjoy things with them. If we get the extra staff in that would be fine", "There is five hours for activities at the weekends but we are struggling to cover the support worker shifts" and "I think people should be able to get out more than they do." People's relatives had noticed a decline in activities at Foresters and one relative told us, "There is not so much going on as there used to be." The health and social care professional we spoke with also reported that they felt more activities could be provided. During our inspection we noted there was a lack of activities for people to engage with on Sundays with the exception that three people went on a short drive with one member of staff during the afternoon.

The failure to ensure sufficient numbers of staff were available to meet people's care needs in the early morning and provide appropriate activities at the weekend is a breach of Regulation 18(1) of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Staff received training in safeguarding adults when they joined the service. This had been refreshed at regular intervals to help ensure staff had access to the most up to date information. Staff told us they had no concerns about any working practices or people's safety at Foresters. Their comments included, "People are

safe. You can see everyone is happy here", "Oh yes people are safe here. I am not just saying it. It is nice here" and, "People are absolutely safe." Staff told us they would initially report any concerns to the registered manager. People's care records demonstrated that when staff had reported concerns appropriate actions had been taken to ensure the person's safety. A health care professional told us, "I think people are safe, the care seems good."

People's care plans included risk assessment documentation. These assessments had been completed as part of the care planning process and identified risks to both people who used the service and staff. For each identified risk staff had been provided with clear guidance on the actions they must take to protect both themselves and the person they were supporting. For example, a risk assessment in relation to supporting one person while cycling specified that helmets and gloves must be worn and busy areas of traffic avoided where possible. We saw people had been involved where possible in the risk assessment process and had signed these documents to record their agreement with the identified risk management measures.

Foresters was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced. One person told us, "The fire alarm is really, really loud."

When any accident or incident occurred it was recorded in people's daily care records and an incident or accident sheet was completed. Completed forms were reviewed by the registered manager to identify any trends or patterns of incidents within the service. Where any issues were identified people's care plans and risk assessment documents had been reviewed and updated to provide guidance to staff on how to help ensure people's safety.

Where people required assistance from staff to mobilise around the building they were supported safely. People's care plans included detailed information on the support they required with mobility and all lifting equipment had been regularly serviced to ensure it was safe to use.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care needs. Prior to their interview perspective new members of staff were encouraged to visit the service to meet people and gain a better understanding of the role they had applied for. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

People's medicines were stored securely and there were appropriate storage facilities available for medicines that required stricter controls by law. Medicine administration records (MAR) had been correctly completed and accurately recorded details of how staff had supported people with their medicines. In addition during each day a dedicated member of staff reviewed people's MAR charts to confirm people's medicine needs had been met. Staff training records showed all staff who supported people with medicines had received appropriate training.

There were systems in place to support people to manage their finances. Foresters held small quantities of cash securely for a number of people within the service. Each person's money was stored securely and staff documented all transactions. Receipts were kept for all cash purchases and we found that records of people's financial transactions balanced.

Foresters was clean and there were appropriate infection control procedures in place. All cleaning materials were stored securely when not in use and personal protective equipment was available and used appropriately. Staff support and encouraged people to clean their own rooms.

Is the service effective?

Our findings

People's relatives consistently complimented the staff at Foresters. Their comments included, "The staff are brilliant" and, "They are really on the ball."

People were cared for by staff who had a good understanding of each person's needs and were skilled in delivering care. Staff told us, "There is lots of training here, I think they are very good with that", "We get lots of training" and, "The training is useful, we have had some very interesting courses." Staff training records showed training was regularly provided to staff on topics including; manual handling, food hygiene, equality and diversity, infection control, epilepsy and, safeguarding adults.

Newly employed staff were required to complete an induction which included familiarising themselves with the service's policies and procedures and completing the care certificate. This training replaced the common induction standards and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

After an initial week of training, new staff worked under the direct supervision of an experienced member of staff until they felt sufficiently confident to provide care independently. One staff member told us, "The induction was brilliant. I had a week of training. It was quite good." while a recently employed member of staff said, "I am half way through the care certificate at the moment." During the second day of our inspection the senior member of staff on duty provided support to a member of staff from another of the provider's locations to complete their care certificate training.

Specific briefing materials had been developed to support agency staff who were sometimes required to ensure people's care needs were met during periods of unexpected staff absence. Agency staff were provided with a brief induction to the service's emergency procedures and summary information on people's individual care and support needs. Staff told us the service was normally supported by a small group of agency staff who had developed a good understanding of people's needs. When new members of agency staff were used they would work alongside experienced staff in the first instance.

Staff received regular supervisions and annual performance appraisals. They told us, "Every year we have an appraisal and we have supervision with a senior. You have a talk and they give you some advice", "I have supervision due this week", "I had supervision a couple of weeks back" and, "I am defiantly well supported." In addition we saw each quarter managers completed an observation of staff performance while supporting people within the home. Staff said they received feedback following each observation and were provided with guidance on action they could take to improve people's experiences of care. We saw staff meetings were held regularly at the service and staff told us they were required to attend every other team meeting to ensure they were kept up to date with any changes within the service.

One person's relative told us, "If [Person's name] is unwell they get the doctor in straight away, so things stay as a little cold and do become a big issue." Care records showed staff had made prompt referrals to external health care professionals including dentists, speech and language therapists, doctors and district nurses

when they were concerned about changes to people's individual needs. Professionals told us care staff shared information appropriately and followed any guidance they provided. Where guidance was provided by professionals this information had been incorporated into people's individual care plans. For example, guidance provided by speech and language therapists on how to support people at meal times had been included in care plans and supplied to the kitchen staff so they were aware of people's individual needs.

Care plans included detailed information on the person's preferred methods of communication. For example, one person's care plan instructed staff, "I find it useful if you mime what you want me to do. I may laugh at you but will be encouraged...." We saw that staff were able to communicate effectively with people using techniques described in people's individual care plans. Relatives told us, "The staff really know [Person's name] well. They know his ways and can understand what he is trying to say. They really understand his needs."

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's care plans included detailed and specific capacity assessments. These assessments recognised that people's capacity to make specific decisions could be variable. For example, one person had been assessed as lacking the capacity to make significant financial decisions independently but staff had recognised the person had the capacity to make decisions in relation to a number of other areas including where they wished to go on holiday. Managers and staff understood the requirements of the act and where decisions had been made on people's behalf these had consistently been made in the person's best interest. Where appropriate, family members and health professionals had been involved in these decisions making processes. One person's relative told us, "they want what's best for [person name]." Where necessary formal advocacy support had been arranged to ensure people views and wishes were respected when significant decisions were required. One relative told us, "They have got an advocate for [my relative]."

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). Managers had made appropriate applications for DoLS authorisations. Although access to the service was controlled via a key pad entry system we found that some people knew how to use this system and were able to exit the building independently if they wished. When we arrived at the service and rang the doorbell, the door was answered independently by one person who asked who we were before inviting us into the home. However, the service had correctly identified that some people lacked capacity and were continually monitored to insure their safety both within the service and the local community. Appropriate applications had been made to the local authority for these necessary restrictions to be authorised under the Deprivation of Liberty Safeguards.

People's care plans included detailed behavioural support plans. These documents provided staff with guidance on how people preferred to be supported to manage their anxiety. This included information on events likely to cause people to become anxious and how to recognise when the person was feeling upset. Staff were also provided with guidance on how people preferred to be supported following any incident. Staff consistently told us, "We don't do any restraint here" and training records showed staff had received accredited training in the use of breakaway techniques.

People told us, "The food is nice, big roast dinner today", "The food is all right" and, "We get nice meals here." People were able to assist in the kitchen if they wished and one person told us, "I was here doing

some cooking yesterday, sausages I did." The service used a rolling six week menu that people had been involved in developing. The cook told us, "Nothing was set in stone" and "I try to give people what you would like yourself."

We observed two breakfasts and two lunches during our inspection. People and staff shared meals together. Staff sat with the people they were supporting at meal times and chatted pleasantly while provided appropriate support and encouragement. People were offered choices of condiments and sauces to accompany their meals and adaptive equipment was used to enable people to eat independently with dignity. Where people were known to eat slowly specialist plates designed to keep food warm were used to improve people's dining experience. Kitchen staff had been provided with detailed guidance on people's individual dietary needs, allergies and preferences. In addition staff had provided training for relatives on how to prepare meals of the correct consistency during visits out of the service.

The building was generally in a good state of repair however, some of the chairs in the lounge were damaged and in need of replacement. One person showed us around the service and we visited three people's bedrooms, with their permission. People's rooms were individual decorated with wallpaper or painted to people's individual tastes and one person told us, "I chose the colour [of my room]." There was an enclosed garden at the rear of the property equipped with a variety of sporting equipment which people told us they enjoyed.

Is the service caring?

Our findings

Not everybody was able to verbally communicate with us about their experiences of care and support at Foresters. Those people we did speak with were complimentary about the care they received. People told us, "I like living here", "It is nice here" and, "Yes I like it here." People's relatives were also happy with the care provided. They said; "We are very happy and [person name] is happy here too" and, "[My relative] would tell me if he was unhappy. Staff are very nice and know him well."

We spent time in the service's communal lounges and dining area on both days of our inspection, observing interactions between staff and people who used the service. Staff knew people well and demonstrated throughout our inspection their detailed understanding of each person's care and support needs. It was clear people and staff got on well together and enjoyed each other's company. Staff told us, "I would say the care here is very good. It's not just a job, people genuinely care", "We are just like a big family here" and, "I love working here, it is like a family." Staff consistently provided caring and compassionate support and one staff member said, "Their needs are the priority."

People told us, "The staff are nice" and people approached staff for care and support freely and without hesitation. Relatives said, "[My relative] gets on well with the staff. They have a good chuckle together", "They [staff] are very good with [Person's name]" and "The staff do care, I could not ask for better." One person's relative said, "They seem to bring out the best in [my relative]."

The service used a key worker system where individual members of staff took on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives. Relative's told us this system worked well and that key workers had a detailed understanding of people's likes and preferences. Relatives told us, "The key workers sort out Christmas presents for [my relative]. They are always appropriate and things I would never have thought of" and, "At birthdays and Christmas the staff have thought about this and know what [my relative] would need."

People were able to make day to day decisions about how and where they spent their time. There were various areas of the building where people could choose to sit watching the television, interacting with others or having quiet time on their own. During the second day of our inspection despite the cold weather, one person who enjoyed woodworking, choose to spend time outside sanding in their shed. Staff were concerned about this person's welfare but respected this decision and regularly checked that the person's was comfortable. Staff told us, "We respect people's preferences" and, "At the end of the day we are in their house." While relative told us, "They do respect [my relative's] choices."

Staff respected people's privacy and dignity and always knocked on people's doors before entering the person's rooms to offer care or support. We saw people were able to lock their bedroom doors if they wished and where people chose to spend time on their own this decision was respected by staff.

People were encouraged and supported to participate in everyday tasks and staff told us, "We try to include

people as much as possible in doing things around the home." Some people had taken on specific responsibilities within the home. For example, one person was responsible for answering the telephone during staff handover meetings.

People's care plans included information about their wishes and preferences for care at the end of their lives and staff had previously received specific training, from a local hospice, on how meet people's needs at this time.

Is the service responsive?

Our findings

The registered manager told us that as part of the services assessment process a member of staff always visited the person in their current home to gain a better understanding of their specific needs. This helped ensure Foresters would be able to meet people's expectations. One person's relative told us, "They visited [my relative] at home prior to moving in." Detailed records of these assessments were completed and this information was combined with information provided by the commissioners of the care to form the basis of people's individual care plans.

Each person's care plan was extensive, highly detailed and informative. These documents included information about the person's medical needs and detailed information on their life history, hobbies and interests. People's care plans included a "My preferred daily plan" section which provided staff with detailed information on both the person's preferences in relation to how their support was provided and information about their preferred daily routines.

Each person's care plan included detailed guidance on how they wished their support to be provided. For example one person's care plan said, "I am not keen on having water on my face and as soon as I come out of the shower I like to dry my face with a towel." People's care plans had been regularly reviewed and staff consistently provided support in accordance with methods described within individuals care plans.

Senior carers and key workers were responsible for ensuring people's care plans were regularly reviewed and staff told us they received dedicated administrative time each month to focus on this work. Staff told us, "I think they [care plans] are informative and have everything that you need" while professionals commented, "Care plans are all person centred and detailed."

Care plans included sections in a more easily accessible format to enable people to be involved in the planning and review of their care needs. One person told us, "I am involved with it [the care plan]" while another person's relative commented, "I always come down and go through the care plan. Everything is always well explained."

There was a staff handover meeting at each shift change. We observed an afternoon handover meeting which was built into the staff rota to ensure there was sufficient time to exchange any information. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. A handover record was completed to enable staff to refer to this information later in the shift if necessary.

Detailed daily care records were completed. These records included information on the care and support people had received, house hold tasks they had completed and other activities they had engaged with. Where people had declined aspects of their planned care this was recorded along with details of how staff had responded to these decisions.

During the week most people spent their days away from the service attending a variety of day care centres,

voluntary work placements or engaged in one to one activities they enjoyed. A pictorial information board was located within the service's dining area to remind people of their planned activities.

The service employed additional staff during the week to support people to engage with activities on a one to one basis. These staff known as "personal assistants" did not provide personal care but instead supported people engaged with activities within the local community. Daily care records showed that people were able to choose which activities they engaged with and we saw people were regularly supported to go swimming, cycling and to visit local attractions with support from their personal assistants.

There were plentifully supplies of craft materials and games available for people to enjoy. Sporting equipment was provided in the garden and two people who enjoyed craft work had been provided with their own sheds. One person was regularly supported to help with food preparation in the service's kitchen. In addition people's care records showed staff regularly supported people to go on holiday and one person told us, "Last year I went to Disneyland Paris."

People's relatives told us they were always made to feel welcome and encouraged to visit at any time. Relatives said staff always kept them well informed by staff and one relative told us, "The manager makes sure we are always kept up to date. She is very much on the ball." Wi fi Internet access was available and people were able to communicate with their relatives wherever they wished.

There was a complaints policy in place which outlined the timescales within which people could expect to have any concerns addressed. There were no complaints on-going at the time of the inspection. People's relatives told us they had no concerns about the service but if they did they would report these issues to staff who they felt would act appropriately to resolve their concerns. People told us they were happy and the service regularly received compliments from people's relatives one of who told us, "I cannot find any faults."

Is the service well-led?

Our findings

People's relatives told us, "I think it is brilliant", "All I can say is it's really good", "We are very lucky [Person name] is here" and, "Actually its one of the best home's my relative had been in."

There were clear lines of accountability and responsibility within the service. The registered manager was supernumerary and worked flexibly throughout the week to ensure she regularly worked alongside staff during a variety of shifts. Our first day of inspection was a Sunday and the registered manager was at work for most of the day, she had come in to review some paper work. Staff told us, "The managers is very approachable she is very good at her job", "I do feel supported, I do know who to go to" and, "The manager is brilliant she cares about all of us. She is the best manager I have ever seen." People's relatives also complimented the registered manager on here leadership and told us, "I think [the registered manager] is really good" and, "the manager is lovely."

Each care shift was led by a senior carer who were responsible for leadership of the care team. They ensured information was passed on to the next shift via the handover meeting and updated people's care plan's when necessary. In addition a number of "House Champions" had been identified. House champions take on a leadership role within the service for specific topics such as, dementia, dysphagia, first aid or fire safety. These roles had been recently introduced to encourage staff development and drive improvements in the service's performance.

Although staff moral had been impacted by current workloads the staff team consistently told us the enjoyed their work and were well supported by the registered manager. Staff told us, "I know I can ring up and talk to someone," "I have not got a bad word to say about anybody here" and, "Staff are really supportive, it's a really good team." During both days of our inspection we observed that people's care and support needs were consistently met by staff with kindness and compassion. Staff recognised that the registered manager had acted to address the staffing issues but had so far been unable to recruit the additional staff required.

Staff meetings were held each month and staff were required to attend, at minimum, alternate meetings to ensure they were aware of any changes or developments within the service. The minutes of these meeting showed that they had also provided an opportunity for staff to discuss people's care needs and share any information or areas of concern with colleagues and managers.

There were systems in place to ensure the service provided high quality care. Each month the registered manager and house champions completed detailed audits of the service's performance in areas including medicines management, incidents, accidents, care planning and staff training needs. Where any issues were identified these issues were recorded in the service's "Home development plan." The actions taken to address and resolve each issue were recorded and reviewed to ensure similar incidents did not reoccur.

People's views and feedback was valued by the registered manager. Records showed surveys in an accessible format had been used to gain feedback on people experiences of care. The most recent survey

had been completed in August 2015 and the feedback received from people and their relative's had been highly complementary. In addition residents meetings were held each month and the minutes of these meetings showed that people's feedback had been valued and acted upon.

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 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of staff available to meet people needs in the early mornings and to provide appropriate support with activities at the weekend.