Williams & Spenceley Limited

Howlish Hall Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 1 November 2017 was unannounced. This meant the registered provider and staff did not know we would be visiting. This service was last inspected in November 2015 and was rated Good.

Howlish Hall Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates 40 people across two floors. At the time of our inspection 38 people were using the service.

The service had a registered manager. 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 provider had policies and procedures in place to support people in emergency situations. However, these were not always consistently applied or carried out. Staff received the training they needed to support people effectively but that training records were not effective at monitoring and recording staff training. The provider's systems for assessing monitoring and improving standards at the service were ineffective.

Risks arising out of people's support needs were assessed and plans put in place to reduce the chances of them occurring. The premises were clean and tidy and staff understood the principles of infection control. People's medicines were managed safely. Policies and procedures were in place to safeguard people from abuse. The provider's recruitment process minimised the risk of unsuitable staff being employed. Staff also gave us mixed feedback on staffing levels.

We made a recommendation that the registered manager uses a recognised staffing tool to monitor and plan staffing levels.

Staff were supported through regular supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this. People were supported to maintain a healthy diet and to access external professionals involved in their healthcare. The premises had been adapted to meet the needs of people living there.

People spoke positively about the care they received at Howlish Hall, and described staff as kind and caring. Relatives also spoke positively about the caring nature of staff and they support they delivered to people. Staff had close but professional relationships with people living at the service. People and their relatives told us staff helped them to maintain their independence but were always available to provide support when needed. Throughout the inspection we saw lots of examples of kind and caring support and of warm and

friendly interactions between people and staff. People were supported to access advocacy services where needed.

People received personalised care that was responsive to their needs and preferences. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People told us they were supported to take part in activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. Policies and procedures were in place to arrange end of life care where appropriate.

Staff spoke positively about the culture and values of the service. One member of staff said, "It's a beautiful home. People and their relatives also spoke positively about the ethos of the service. Staff said they were supported in their roles by the registered manager. Feedback was sought from people, relatives and staff and was acted on. The service had links with local organisations that were used to enhance the wellbeing of people using the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. The rating awarded at our inspection of November 2015 was displayed at the premises as required by our regulations.

We found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation emergency policies and procedures, training records and quality assurance systems. You can see what action we took at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Emergency policies and procedures were not always followed.

Policies and procedures were in place to protect people from abuse.

People's medicines were managed safely.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Staff understood and applied principles of infection control.

Is the service effective?

Requires Improvement

The service was not always effective.

Records were not effective at monitoring and recording staff training.

Staff were supported through supervisions and appraisals.

People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and to access external professionals.

The premises had been adapted to meet the needs of people living there.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the care and support they received.

Staff treated people with dignity and respect and promoted their independence.

Throughout the inspection we saw kind and caring support being delivered.

People were supported to access advocacy services where appropriate.

Is the service responsive?

Good

The service was responsive.

Care planning and delivery was personalised and regularly reviewed.

People were supported to take part in activities they enjoyed.

The service had a complaints policy and people and their relatives said they knew how to raise issues.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's systems for assessing monitoring and improving standards at the service were ineffective.

Staff spoke positively about the culture and values of the service.

Feedback was sought from people using the service and their relatives and was acted on.

Howlish Hall Nursing and Residential 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 1 November 2017 was unannounced. This meant the registered provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector, a specialist advisor nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered 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 contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Howlish Hall Nursing and Residential Home.

During the inspection we spoke with five people who used the service and five relatives of people using the service. We spoke with three external professionals. We looked at four care plans, four medicine

administration records (MARs) and handover sheets. We spoke with 14 members of staff, including the registered provider, the registered manager, three nurses, seven care staff and four domestic staff. We looked at three staff files, which included recruitment records.

Requires Improvement

Is the service safe?

Our findings

The provider had policies and procedures in place to support people in emergency situations. However, these were not always consistently applied or carried out.

Records confirmed that regular checks were made of the premises and equipment to ensure they were safe for people to use. This included checks of fire alarms, emergency lighting, firefighting equipment and window restrictors. Test and maintenance certificates were in place including for call systems and electrical and gas safety. The provider also had a business contingency plan. This provided guidance to staff on providing a continuity of care in emergency situations that might disrupt the service.

However, we saw that fire drills had not been carried out consistently and in line with the provider's policy. This required that fire drills be carried out every three months. Records showed that after November 2016 a fire drill was not carried out until July 2017. We asked staff how often fire drills occurred and were given a range of different answers, ranging from every two weeks, every month and every three months. We also saw that personal emergency evacuation plans (PEEPs) had not been reviewed every month in accordance with the provider's policy. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Monthly reviews were recorded up to April 2017, after which PEEPs were not reviewed again until October 2017. Records also showed that 20 members of staff had not completed fire training.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks arising out of people's support needs were assessed and plans put in place to reduce the chances of them occurring. Risk assessments were in place in area including personal care, nutrition, mobility, moving and handling and pressure care. Personalised plans had then been drawn up to address identified risks. For example, one person used bed rails to help keep them safe while sleeping. These had been risk assessed and guidance was available to staff on how they should be used. Recognised tools such as Waterlow were used to assess risks to people. Waterlow gives an estimated risk for the development of a pressure sore. Risk assessments were regularly reviewed to ensure they reflected people's current level of risk. Risks to people arising from the premises and equipment were also regularly reviewed and monitored, including checks of window restrictors, hoists and gas and electrical safety. The registered manager monitored accidents and incidents to see if any lessons could be learned to help keep people safe.

The premises were clean and tidy and staff understood the principles of infection control. During the inspection we saw some staff receiving training on infection control products. The external professional delivering the training said they visited the service regularly to provide training sessions to staff. Throughout our visit we saw staff washing their hands and using personal protective equipment (PPE).

People's medicines were managed safely and people said they could access them when needed.
One person told us, "The girls bring it for me when I need it and make sure I take my tablets." Another person

said, "I get my tablets every day about the same time. The staff bring the tablets for me and stay until I take them." A relative we spoke with said, "They give her, her medication and makes sure she takes it."

People's medicine support needs were recorded in their care plans and on medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We saw that MARs had been completed without gaps and with appropriate explanations recorded when people refused their medicines. Medicines were safely and securely stored, with daily temperature checks to ensure appropriate storage conditions. We saw that people had adequate stocks of the medicines in place and that they were within date.

Protocols were in place for people's 'as and when required' (PRN) medicines, and staff had access to a medicine policy containing guidance on medicine management. Prescribed controlled drugs were safely and securely stored and monitored. Records confirmed that medicines for people with behaviours that can challenge were used only in small doses and when clinically necessary. Controlled drugs are medicines that are liable to misuse. We observed a medicine round and saw people were given a choice over whether they wanted their medicines and supported to take them at their own pace.

Policies and procedures were in place to safeguard people from abuse, people, their relatives and staff told us they felt safe at the service. One person said, "I've been here for two years and always felt safe, it's all down to the staff." Another person told us, "I've been safe as I'm looked after day and night." A relative we spoke with said, "There have been no safety issues regarding my mother." Staff said they would not hesitate to report any concerns they had and were confident they would be acted one. One member of staff said, "I'd report anything I wasn't happy with, and would take it further if they didn't act." Records confirmed that where issues had been raised they were investigated and dealt with appropriately.

We received mixed feedback on staffing levels at the service. Most people and their relatives said there were enough staff. One person said, "Most of the time yes (there are enough staff), but occasionally there is a wait but that can't be helped." Another person said, "Oh yes, they are very good, nothing is too much trouble." A relative we spoke with told us, "I think they are stretched most of the time, but whenever they pass my mam, they take time to deal with her needs." However, some people and relatives said more staff were needed. One person said, "Sometimes, but on occasions maybe not. A few more would help." Another person told us, "Well I think the home could do with a few more to ease the girls, but they are good." A relative we spoke with said, "Sometimes I think more could be around in the lounge to check on people. [Named person] is always clean, tidy and her hair done."

Staff also gave us mixed feedback on staffing levels. One member of staff said, I think there are enough staff here. Holidays and sickness are covered." However, another member of staff told us, "I think we could do with an extra pair of hands on the late shift." A third member of staff said, "There aren't enough staff between 1pm and 7pm" and "It's one mad rush."

The registered manager told us staffing levels were based on people's assessed levels of care but that no staffing tool was used to help determine appropriate levels. They said they knew from experience how many staff were needed at the service depending on how many people were using it and on their support needs. Agency staff were used in emergencies, but so far as possible the registered manager preferred to use existing staff to cover absence through holiday or illness so people were familiar with the staff supporting them. The registered provider had also recently recruited a number of new staff and still had some vacancies to fill.

Throughout the inspection we saw staff responding quickly to people's requests for support and delivering

this at an unhurried and calm pace. Our judgement was that staffing levels were sufficient based on the level of support people needed at the time of our inspection.

However, we recommend that the registered manager uses a recognised staffing tool to monitor and plan staffing levels.

The provider's recruitment process minimised the risk of unsuitable staff being employed. Applicants were required to submit an application form setting out their employment history and explain any gaps. Written references were sought, proof of identify verified and Disclosure and Barring Service (DBS) checks carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. For nursing staff, checks on professional status were also made with the Nursing and Midwifery Council (NMC). The NMC is the professional regulatory body for nurses and maintains a register of nurses and midwives allowed to practise in the UK, including any restrictions that have been placed on the individual's practice.

Requires Improvement

Is the service effective?

Our findings

Training records were confusing and unclear and as such it was not possible to gain an accurate picture of what training staff had completed.

Training was monitored and planned on a training chart. The registered manager said this was usually updated by the deputy manager who also acted as the training officer, but that they had been absent from the service on planned leave. The registered manager told us mandatory training was required in a number of areas, including fire safety, Control of Substances Hazardous to Health (COSHH), safeguarding, manual handling and privacy and dignity. Mandatory training is the training and updates the registered provider deems necessary to support people safely. The provider also provided refresher training to ensure staff were aware of latest best practice.

The training chart showed that not all staff had completed mandatory training. For example, 19 staff had no record of having completed safeguarding training. 12 staff had not completed dementia awareness training. The chart also recorded that 38 members of staff had overdue refresher training. We looked at training certificates in staff files and saw that the dates on these did not always match the dates recorded on the training chart. This meant it was not possible to tell from looking at the chart when training was completed or when refresher training was due.

People and their relatives said staff had the skills and knowledge needed to support them. One person said, "I don't know what training they get but they seem good." Another person told us, "They seem to be good at their job, I get well cared for." A relative we spoke with said, "Yes, they always seem to be doing refresher courses and they know [named person's] habits and needs." During our inspection we staff receiving training from external professionals in infection control and continence. One of these professionals told us, "I visit when asked by staff for specific [named training]" and "The staff are very caring and always reach out for help and advice, they do so regularly." Staff also spoke positively about the training they received. One member of staff said, "Mandatory training is good. We have to do it here." Another member of staff said, "Training is always available and all mandatory kept up to date."

Throughout the inspection we saw staff delivering support with confidence and did not see anything that caused concern about staff skills or knowledge. Our judgment was that staff received the training they needed to support people effectively but that training records were not effective at monitoring and recording staff training.

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

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records confirmed that staff were asked about any support needs they had at these meetings. Staff spoke positively about supervisions and appraisal and said they found them supportive. One member of staff said, "I'd be confident to raise any

issues I had in them. I'd tell them." Another member of staff told us, "They're okay. I have one due."

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection five people were subject to DoLS authorisations. These were recorded and monitored to ensure staff were aware of them being in place. Care plans contained mental capacity assessments where needed. Where people lacked capacity to make decisions for themselves best interest assessments and decisions were in place. People and relatives said they were asked for their consent and consulted if decisions had to be made on people's behalf. One person told us they attended best interest meetings, saying, I go to the meetings when they have one to see if I need anything." A relative we spoke with said, "The staff like to consult me in every case."

People were supported to maintain a healthy diet. People's support needs and preferences were assessed before they started using the service and were recorded in their care plans. Recognised tools such as the Malnutrition Universal Screening Tool (MUST) were used to monitor people's nutritional health. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. Some people were supported by speech and language therapists (SALT), and where this was the case people's SALT dietary guidelines were displayed in the kitchen and followed. Kitchen staff were familiar with people's dietary needs and preferences, and said people were free to ask for any food they wanted.

We observed people enjoying lunch, either in the dining room or in their own rooms. Where people needed support we saw this was given at the person's own pace, and there was a relaxed and happy atmosphere in the dining room. People spoke positively about food at the service. One person told us, "I go to the dining room for breakfast but I sit in the lounge for lunch. I really like the food, you get too much." Another person said, "I like the food but if I don't fancy anything, the chef will do me scrambled eggs." Relatives also spoke positively about the food and said they were able to have meals with the people they were visiting. One relative had done this and told us, "The food is lovely. I've paid to eat in the home, the fish and chips are lovely. The chef reviews [named person's] diet needs."

People were supported to access external professionals involved in their healthcare, and said staff helped them with this whenever it was needed. One person told us, "The doctors see me in here. The paramedic was just here. I do get my feet done now and then." A relative we spoke with said, "[Named person] has her own GP who comes in to see her together with nurses and social workers." Care plans we looked at contained evidence of regular reviews and input from professionals such as GPs, tissue viability nurses, the SALT team, opticians and dentists.

The premises had been adapted to meet the needs of people living there. Specialist equipment available for bathing and showering and bathrooms had been adapted to accommodate this. Corridors and communal areas were spacious and uncluttered, which allowed people with mobility equipment to move freely around the building. A sensory wall and signage were in place for people living with a dementia, and a pictorial

menu was available to support people at mealtimes. A garden and outdoor space were available for people to use, and we were told these were popular.

Good

Is the service caring?

Our findings

People spoke positively about the care they received at Howlish Hall, and described staff as kind and caring. One person told us, "I think I'm really well looked after here. If I need anything doing they close my door." Another person said, "It's the attitude about the way I'm treated and they are very caring I think." A third person we spoke with told us, "They really look after me." Another person told us about a time when they were feeling unwell and a member of staff, "kept visiting me to see if I was better and she looked after me"

Relatives also spoke positively about the caring nature of staff and they support they delivered to people. One relative told us, "I think from what I've seen they really provide good care." Another relative said, "They are caring, they love [named person]."

Staff had close but professional relationships with people living at the service. At all times we saw staff treating people with dignity and respect. For example, staff knocked on people's doors and waited for permission before entering and stood close to people when they wished to discuss confidential matters so they would not be overheard. People told us staff helped them to maintain their dignity when delivering support. One person told us, "They take me to the shower and stay but I believe I have self-respect." A relative we spoke with said, "They are always respectful to [named person]." Another relative told us, "They are caring and definitely treat her (mam) with respect."

People and their relatives told us staff helped them to maintain their independence but were always available to provide support when needed. One person said, "I can't get about now, I'm getting on, but I get encouraged to shower." Another person told us, "The girls help me to go the dining room with my walker every morning." A relative we spoke with said, "I think they respect [named person's] wishes. If she wants to walk in the corridor she can." People were encouraged to move around the premises whenever they wanted and treat it as their own home. One person told us, "I get around on my own and I like to sit on the seats in the garden." Another person said, "I go to breakfast in the wheelchair and go to the lounge for the morning, when I'm ready after dinner I come to my room to watch TV."

Throughout the inspection we saw lots of examples of kind and caring support and of warm and friendly interactions between people and staff. For example, one person liked to keep active by walking around as much as possible. When a member of staff supported them to walk to their room the person joked, "I've done a full lap today!" People were relaxed and happy when chatting with staff. It was obvious that staff knew people very well as they were able to talk about things that were familiar and important to people, such as family and happy life events. We also saw staff using appropriate touch and gestures to comfort and reassure people when they appeared anxious.

At the time of our inspection no one at the service was using an advocate, but policies and procedures were in place to support people with this should it be needed. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs and preferences. One person told us, "I don't want for anything. The staff are good." Another person said, "They (staff) always do what they can." Relatives also told us the service provided personalised support. One relative said, "The staff are there for her always." Another relative told us, "They are attentive."

An assessment of people's support needs was carried out before they started using the service. Where people's relatives were involved in planning their care they were included in this assessment. The assessment covered a range of possible support needs, including personal care, nutrition, mobility, continence, decision making and moving and handling. Where a support need was identified a care plan was drawn up based on how the person wished to be supported. For example, one person who was cared for in bed had a detailed care plan in place on how they could be supported to maintain their skin integrity.

Care records also contained people's life histories. This meant that staff who had not supported them before could learn more about them, including their personal preferences and things that were important to them. This helped staff to see beyond the person's support needs and gain a better view of the person as a whole. People living at the home had a similar ethnic background and religious beliefs and there was nobody with an obvious diverse need. Staff gave us examples of how they had provided support that met people's needs, including those related to disability, gender and faith. Records we looked at confirmed this.

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People told us they were given the opportunity to take part in such reviews but most people preferred to let relatives participate on their behalf. One person told us they did participate in reviews, saying, "I try to with my daughter's help." Another person told us, "My son meets with staff on my behalf. I don't plan anything." Relatives confirmed they were involved in care planning and reviews. One relative told us, "I get involved in planning with staff when we meet them." Another relative said, "I've always been involved in planning mam's care."

People told us they were supported to take part in activities they enjoyed. One person said, "I like the quiz and bingo and I love singing. The Halloween party was very good yesterday." Another person told us, "I love the quizzes when they have them and I'm good. I was there this morning and I enjoy all that. I exercise on Tuesdays and Thursdays." A third person we spoke with said, "I sometimes go to them and I enjoy heckling the singers sometimes if they are bad. We have a good laugh." Relatives told us people participated in activities they enjoyed. One relative we spoke with said, "[Named person] gets involved in the quizzes, she'll be there now."

The provider employed an activities co-ordinator. During the inspection they had organised a quiz which was well attended in the lounge. Several people were actively engaged in answering the questions and were clearly enjoying taking part. We saw evidence of a wide range of activities taking place, including exercise, games, arts and crafts, and external entertainers visiting the service. A trip to a Christmas pantomime was planned. Clergy visited regularly to perform religious services and support people to maintain their faith.

This helped to ensure people's religious and cultural needs were being met.

Policies and procedures were in place to investigate and respond to complaints. The provider had a complaints policy, details of which were given to people in a welcome pack when they moved into the service. This set out how complaints could be reported, how they would be investigated and details of agencies people and their relatives could contact if they were dissatisfied with the outcome.

People and their relatives told us they knew how to raise complaints but said they had nothing they wanted to complain about. One person told us, "I've had no complaints at all, but I would know how to complain believe me." Another person said, "I'm satisfied the staff are nice and I've nothing to complain about." A relative we spoke with told us, "(I would complain to) the manager I would say, but there is nothing to complain about."

At the time of our inspection no one was receiving end of life care, but policies and procedures were in place to arrange this when needed. The registered manager said people and their relatives would be involved in planning end of life care when it became apparent this might be needed.

Requires Improvement

Is the service well-led?

Our findings

The registered manager carried out a limited number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager audited accidents, medicines and care plans. They told us they also carried out a daily walk around of the service but that this was not recorded. The provider did not carry out any quality assurance checks at the service.

The checks carried out by the registered manager had not identified the issues we found at the inspection. This meant the provider's systems for assessing monitoring and improving standards at the service were ineffective.

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

Staff spoke positively about the culture and values of the service. One member of staff said, "It's a beautiful home. An old building but a good home." Another member of staff said, "I love it here. I love the atmosphere." People and their relatives also spoke positively about the ethos of the service. One person said, "Really good and friendly, homely. It really suits me." Another person told us, "It's a lovely place and the grounds are lovely in the summer." A relative we spoke with said, "Homely, friendly and obliging."

Staff said they were supported in their roles by the registered manager. One member of staff said, "The registered manager is great. She tries to accommodate us. We can ask her to do something and she'll do it." Another member of staff told us, "The registered manager is alright. I get support." Regular staff meetings took place. Minutes from these showed they were used to discuss people's needs, improvements that might be needed around the service and any support needs staff had.

Feedback was sought from people and their relatives in resident and relative meetings and through an annual survey. The 2017 survey was underway during our inspection. Records of the 2016 survey showed that three people and six relatives had responded, and that feedback had been positives with no suggestions for changes or improvements. Records of resident meetings showed they were well attended by people and their relatives. For example, 15 people and two relatives attended a meeting in August 2017, and 24 people and three relatives attended a meeting in February 2017. Minutes from these meetings showed they were used to discuss matters of importance to people, for example proposes refurbishments around the service and activities. Changes suggested at meetings were acted on. For example, one person had asked for menus to be printed in larger text for people who were visually impaired and this was done and reviewed at the next meeting.

The service had links with local organisations that were used to enhance the wellbeing of people using the service. A local school choir performed at the home throughout the year, and local clergy regularly visited people and performed services. The registered manager told us staff accessed training provided by the local

authority and local health services, and the home was a member of the Tyne and Wear Care Alliance through which further training was arranged. A visiting external professional described the service as, "An excellent place, homely and local, part of the community."

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

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Emergency policies and procedures were not always followed. Regulation 12(1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not effective at monitoring and recording staff training. The provider's systems for assessing monitoring and improving standards at the service were ineffective. Regulation 17(2)(d)(i) and 17(2)(a)