

Dwell Limited

# Long Lea 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection site visit took place on 12 and 13 November 2018 and was unannounced. Long Lea 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 care home is a two-storey building and is registered to provide care for up to 35 people who do not require nursing care. At the time of our inspection visit there were 33 people living at the home.

There was a registered manager in post. 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 management structure of the service changed in July 2017. A new nominated individual acquired the service and employed a new registered manager in November 2017, however the service maintained its original provider registration with the CQC.

We last inspected this service in November 2017, when we rated the service as 'Requires Improvement' overall. Following the last inspection, we asked the provider to complete an action plan to show how they would improve the rating of all the key questions to at least good and how they would address the breach of regulations 12 HSCA 2008 (Regulated Activities) Regulations 2014. At our last inspection we found people's medicines were not always administered as prescribed, and medicines records did not always demonstrate that medicines were administered consistently. Some prescribed creams were being administered by care staff, but were not recorded, and stock checks of medicines were not accurate. The provider's medicine audits were not always effective.

At this inspection, we found some improvements had been made, however the changes did not reach the required standards and further improvements were still needed to assure us care was delivered effectively to meet people's needs. We have rated the service as 'Requires Improvement' in the key questions of safe, effective, responsive and well-led and 'Good' in all other key questions. Therefore, the overall rating remains 'Requires Improvement.' This is the second consecutive time the service has been rated 'Requires Improvement' since their management restructure in July 2017.

Staff were very busy and sometimes struggled to meet people's individual needs. Improvements were required to ensure people's capacity was assessed in accordance with the Mental Capacity Act 2005 [MCA]. The provider's quality monitoring system was not always effective. It was not clear if some people had received their creams as prescribed.

Staff felt supported and were trained to meet people's needs. The registered manager checked staff's suitability to deliver care and support during the recruitment process. Staff understood their responsibilities to protect people from the risk of abuse.

People told us staff were caring and they were encouraged to maintain important relationships. People were supported to maintain their health and to eat and drink enough to maintain a balanced diet. Staff knew people and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. Staff respected people's right to privacy and supported people to maintain their independence.

People were satisfied with the service and were positive about the leadership of the service. People decided how they were cared for and supported and staff respected their decisions. People knew how to complain and could share their views and opinions about the service they received.

We found a breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not consistently safe. Improvements had been made to medicine management, however it was not clear if some people had received their creams as prescribed. Staffing levels did not consistently allow staff to meet people's individual needs. Staff understood their responsibilities to protect people from the risk of harm, however some staff had limited knowledge of local authority adult safeguarding procedures.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. People did not consistently have mental capacity assessments. Staff were trained to meet people's needs effectively. People were supported to maintain their health and to eat and drink enough to maintain a balanced diet that met their needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People felt well cared for. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. Staff respected people's right to privacy and supported people to maintain their independence.

**Good** ●

### Is the service responsive?

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People knew how to complain and could share their views and opinions about the service they received.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led. The provider's improvements to their quality monitoring systems were not always effective. People were satisfied with the service and were positive about the leadership of the service.

**Requires Improvement** ●

# Long Lea 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 was 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.

The inspection visit took place on 12 and 13 November 2018. It was a comprehensive inspection and the first day was unannounced. The inspection was undertaken by two inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the PIR in our inspection planning.

Prior to our visit we reviewed the information we held about the service. We looked at information received from local authority commissioners and reviewed the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners had no serious concerns.

During our visit we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people about what it was like to live at the home and four visitors, including relatives. We also spoke with the registered manager, two directors, the deputy manager, the assistant manager, a senior care assistant and three care assistants and two health care professionals about the service. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors. We observed how care and support was delivered in communal areas and we observed how people were supported at mealtimes.

We reviewed five people's care plans and daily records to see how their care and treatment was planned

and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

# Is the service safe?

## Our findings

We last inspected this service in November 2017 and rated Safe as 'Requires Improvement'. At that inspection we found people's medicines were not always administered as prescribed, and records did not always demonstrate that medicines were administered consistently. Some prescribed creams were being administered by care staff and were not recorded. Audits designed to check medicines practice was safe and in line with best practice were not always effective. At this inspection, we found improvements had been made in managing medicines and there was no longer a breach of the Regulations. However, further improvements were still required in record keeping that related to people's prescribed medicines and in the provider ensuring there were consistently enough staff on shift to meet people's needs. Therefore, the rating remains 'Requires Improvement'.

People had mixed opinions if there were sufficient staff to meet their needs. People told us, "They work their socks off, they are always short staffed. They are extra busy today"; "My painkillers were a couple of hours late today, but they're usually pretty good" and "It's hard to get to the loo. It's hard to get two staff together who are free to help me." A relative explained their family member liked to have a bath, but they had to encourage staff to ensure they got one when they wanted.

Staff were very busy on the first day of our inspection. We looked at the staff rota with the registered manager and they explained two members of staff were absent and their shifts had been covered by other staff. In addition, the assistant manager was busy in the morning checking a medicine delivery and updating people's records. The regular cook was away and a stand in cook was covering their role. As a result, on the first day of our inspection, there was delay of approximately two hours before people received their medicines in the morning. One person told us they were, "Desperately waiting for pain-killers." We saw this person's medicine was administered shortly after we had spoken with them. Some people waited for the toilet because staff were too busy to support them when they first asked. One person waited for 46 minutes before being supported by staff. Lunch was delayed by approximately 50 minutes and we heard people asking staff when it would be served.

Care staff also had mixed opinion if there were sufficient staff to meet people's needs. They told us, "Yesterday [the first day of our inspection] was out of the ordinary, the home normally runs smoothly. If we need someone, senior staff will come and help us"; "We prioritise those people who need the toilet straight away, but we can be pulled in different directions" and "We try as hard as we can, we explain to people why they need to wait." We raised these issues with the registered manager who told us, "We have asked staff to prompt people before there's a mad rush."

On the second day of our visit people were supported to take their medicines and eat their meals in a timely way. The registered manager explained there were six care staff on the morning shift, five care staff on the afternoon shift and four waking staff at night. These numbers included a senior member of care staff who was the shift leader. The registered manager explained staffing levels were currently worked out using staff feedback. They were currently creating a tool to help them formally work out how many staff were required to support people safely; however, this was not yet in use. They told us there was one vacancy and they were

currently recruiting to fill this.

We used SOFI to observe five people in the communal lounge area following their evening meal on the second day of our visit. People looked relaxed, however there was very little interaction or stimulation from staff.

The provider had set out what they intended to do to make improvements in medicines management in their action plan dated November 2017. We found the action plan had been followed and medicines were stored and disposed of safely. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them. Only trained staff administered medicines. Senior care staff checked people's medicines regularly to ensure they had been administered safely in accordance with people's prescriptions and care plans. Where any errors were identified, senior staff acted to make sure any risks to people's well-being were reduced.

The application of prescribed creams was still not always recorded and it was not clear if some people had received their creams as prescribed. The registered manager explained following our previous inspection visit they had introduced a new recording system for creams, however this has not been successful. Following this inspection visit, they provided evidence they had updated their recording system and were now recording the application of all prescribed creams.

Risks of infection were, overall, minimised because staff understood what actions to take to reduce risks when undertaking personal care. For example, staff used personal protective equipment such as gloves and aprons. However, cleaning in the home was not always effective and posed risks of cross infection. For example, we found build-ups of lime scale under bath seats and sinks which meant effective cleaning could not take place and posed risks of cross infection. We discussed the lack of detail in cleaning schedules with the registered manager and the directors who assured us improvements would be made.

People told us they felt safe at the home and explained who they would go to if they felt worried about something. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

Staff understood the importance of protecting people from abuse but some staff had limited knowledge of local authority adult safeguarding procedures. The registered manager assured us they would provide additional training for staff as soon as possible, to ensure their skills were updated. Concerns had been recorded and reported by care staff to senior staff who acted straight away to keep people safe.

People's plans included risk assessments related to their individual needs and abilities. For example, risks to people's mobility and nutrition were assessed and their care plans explained the actions staff should take, to minimise risks to people's health and wellbeing. Care staff could tell us how the information in people's care plans, combined with their training and support, enabled them to minimise risks to people's individual health and well-being.

The provider had acted to minimise risks related to emergencies and unexpected events. For example, contingency plans were accessible to staff in the case of emergencies, such as loss of electricity. The provider had processes to manage environmental risks, this included regular testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. We asked staff what they would do if there was a fire and the information they gave us was the same as the fire evacuation procedure.



## Is the service effective?

### Our findings

At this inspection, we found improvements had been made to the staff induction training and how staff were supported to do their job. However, improvements were required to ensure people's capacity was assessed and where required people's consents were obtained in accordance with the Mental Capacity Act 2005 [MCA]. Therefore, the rating remains 'Requires Improvement'.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances. We found these people had not been assessed for their understanding and memory, to check whether they could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. There was limited guidance for staff on people's care plans about what support they required to make decisions. The registered manager explained care staff supported people with everyday decisions in accordance with the MCA. For example, referring people to health professionals when they were ill. Staff told us most people had relatives who they involved when making best interest decisions.

Records showed some people's relatives had signed people's consent forms for decisions such as agreeing to receive care and treatment from the service. The registered manager explained they were still in the process of clarifying if people had legal representatives, to ensure people's rights were protected. The registered manager told us no one currently had an approved Deprivation of Liberty Safeguards (DoLS) order, however they had submitted four applications to the local supervisory board for consideration, where they felt people's liberty needed to be restricted.

People told us staff asked for their consent before providing them with assistance and support and respected the decisions they made. A member of care staff told us, "I always ask for people's permission." During our inspection visit, we saw care staff knocked on people's doors to check if it was okay to come in and support them.

The registered manager acknowledged there were gaps in their understanding of their responsibilities under the MCA and made a commitment to improve their understanding by attending further training. They assured us they would take action straight away to ensure everyone who used the service was assessed for their levels of understanding, care plans would be updated to provide staff with guidance on how to support people to make more complex decisions and the provider would continue to establish if people had legal representatives, to ensure people's rights were protected.

At our previous inspection we found the induction training staff received did not include the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. The registered manager had begun supporting staff to obtain the Care Certificate and staff were now provided with an induction, training and support that gave them the skills and confidence to meet

people's needs. A member of care staff told us, "I can speak to more experienced staff, they're more than happy to help." These improvements meant the provider was now acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff received training which was tailored to meet people's specific needs. For example, staff had recently received training from a health professional, to help them support one person with complex health needs. The registered manager explained further training was scheduled for staff to support them to meet the specific needs of other people at the home, such as mental health and learning disabilities awareness.

Staff told us they felt supported by the registered manager and other senior staff. They felt able to develop within their roles and study for nationally recognised care qualifications. Staff told us they had meetings with senior staff to discuss their work and identify any areas for development. Some staff told us their meetings with a senior member of staff were not regular, however they could request a meeting if they wished.

People were positive about the standard of the food. The cook asked people in the morning what they would like to eat that day. People told us if they did not like what was on the menu, they could choose something else. Staff encouraged people to eat together in the communal dining room, although some people chose to eat in their bedroom. Where people required assistance, staff were patient and supported people to eat at their own pace. Some people used adapted cups to help them drink independently. People were offered a choice of drinks throughout the day.

People's dietary requirements, food preferences and any allergies were recorded in their care plans. Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. Staff monitored people's appetites and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. A relative explained how staff encouraged their family member to eat. They said, "Staff try to help [Name] eat and drink and they ask us how they could do this better. They say, "What do you think we could get [Name], what did they used to eat at home?" Information about people's food preferences was not accessible in the food preparation area. We raised this issue with the registered manager who assured us they would make peoples' dietary requirements available to staff in the kitchen so they could meet people's needs effectively when preparing food.

People were supported to maintain their health through regular appointments with healthcare professionals. Health care professionals we spoke with told us staff acted on their recommendations and called them for help as appropriate when people were ill. Staff were aware of people's individual medical conditions and were observant for changes in people's behaviours. One member of staff told us, "If there are changes to people's health needs I would speak to the shift leader and they would deal with it." The registered manager explained one person's health needs had changed rapidly since coming to the home and they had developed close working relationships with health care professionals who supported the person.

The layout of the building was a two-storey building containing 35 bedrooms, 34 of which had en-suite facilities. Bedrooms were located on the ground and first floors. There were communal bathrooms and toilets, a kitchen, a laundry, a communal lounge containing dining facilities. Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheelchairs. The upper floor was accessible by lift or stairs. There was a communal garden where people could socialise and spend time if they wished.

# Is the service caring?

## Our findings

At this inspection, people received the same level of care and support as at our previous inspection. The rating remains 'Good'.

People felt staff cared about them and valued them as individuals. Two people told us, "Staff are lovely and polite. I have a good rapport with them and a laugh" and "We are like a family here." A relative told us, "[Name] needs lots of TLC and they get it here." All the staff we spoke with enjoyed their work. Two care staff said, "I love it here" and "I really enjoy my job, the staff are all friendly and the residents are lovely."

We observed caring interactions between staff and people who used the service. For example, one person displayed signs of anxiety and we saw a staff member gently reassured them until their mood changed and they became less anxious.

The registered manager told us person centred care meant, "Residents having choices and making their own decisions." Staff shared the registered manager's caring ethos. Two members of staff told us, "Care is based on the individual. Everyone's needs are different" and "I treat people how I'd like to be treated." Staff knew people well and we saw when time allowed they shared jokes with people and enjoyed each other's company. People were confident to seek support, which showed they trusted staff.

People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and knew about people's preferences and could support people in the way they preferred. One care worker told us, "I talk to the residents a lot and I get information from them about what they like."

Staff encouraged people to develop and maintain relationships with people who were important to them. Staff understood how important it was to people to enjoy time with their family and how this had a positive impact on their life. We saw visitors were welcomed and made to feel at home.

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual beliefs, including cultural or religious traditions. Staff understood some people might need particular support to make them feel equally confident to express themselves. The registered manager explained how they had acted in a positive way to avoid discrimination for one person. The registered manager told us, "We encourage an open culture and support people."

Staff understood the importance of treating people with dignity and respect. A relative explained how staff always took their family member to a private place when they were supported with personal care. A care worker explained how they respected and maintained people's dignity and privacy. They told us, "When I support people with personal care I close their bedroom door, close their curtains and cover people up as much as possible."

## Is the service responsive?

### Our findings

Improvements had been made to the quality of people's care plans since our last inspection. However, further improvements were required to ensure people's individual needs were met. Therefore, the rating remains 'Requires Improvement'.

People told us they were happy with the care and support staff provided. A relative told us, "Staff definitely know [Name's] needs." They explained how staff kept in good contact with them and advised if they had any concerns about their family members wellbeing. They gave an example where staff noticed their family member was ill and told us, "It was the staffs quick reactions that saved [Name's] life."

Care plans were easy to understand and personalised. They included details of how staff could encourage people to maintain their independence and where possible, make their own choices. However, we found information was not always up to date. For example, guidance for staff about how to use specialist equipment for one person was missing from their care plan. We discussed this with the registered manager and they assured us they would review people's care plans and ensure they were up to date.

People took part in a limited range of activities that included watching television and spending time in their bedroom. The registered manager explained the activity coordinator was currently absent and so they had organised more visiting entertainers. On the first day of our inspection, a singer performed in the communal lounge. People enjoyed this and we saw they tapped their feet or sang along. The registered manager explained how they ensured people with mobility issues were included in activities. They gave an example where visiting ponies were taken to people's bedrooms for them to enjoy. The registered manager told us a local church, held services regularly at the home for people to attend if they wished.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider had very limited information available to people in an accessible format. For example, menu options had not been written on the communal menu board, which meant people were not aware of food options, including staff members. The day and date had not been updated on the information board. There was a lack of signs to indicate important places in the home, for example, bathrooms. Some people told us they could not read information on the communal notice board. This meant some people did not have access to the information they needed to make informed decisions.

Staff explained how they supported one person with complex health needs. They explained how they arranged regular reviews of the person's care with health care professionals, to ensure the support they provided continued to meet the person's changing needs. Staff explained how the person's wellbeing had improved since they came to live at the home. One member of care staff told us, "[Name] would never give us a thumbs up before, but they will now." A health care professional had complimented staff on the standard of care they provided the person. They had commented, 'What a brilliant job I think you are doing. [Name] is like a different person and it's lovely to see.'

Relatives told us they were kept regularly informed of any changes and some relatives told us they participated in reviews of their family members care. People were initially assessed by senior staff before they moved into the home. A meeting was held with people and their relatives and they were asked for their views on how they would like to be supported. The registered manager explained they reviewed people's care plans every month. They said, "We speak to people a lot to check they are happy with their care." They explained they had invited people's families where appropriate to be involved in their care reviews, however many relatives had chosen not to participate.

People and their relatives said they would raise any concerns with staff. One person told us, "If I'm unhappy I would tell the manager." A relative told us they had made a complaint and were satisfied with the way it was dealt with. Staff understood the complaints process and knew how to support people if they had a concern. The complaints policy was accessible to people in a communal area. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. The registered manager confirmed there had been three complaints made in the last 12 months. We saw the complaints had been investigated and the complainants had been contacted. However, the investigation records did not clarify if the issues had been resolved to the complainant's satisfaction. We raised this with the registered manager who explained what action they had taken to resolve the complaints successfully for the complainant. They assured us they would improve their complaint recording process going forward. The service had recorded four compliments in the previous 12 months. These included compliments from people about the standard of care received. For example, one person wrote, 'The carers at Long Lea are superb.' The registered manager explained all compliments were shared with staff straight away to recognise good practice and boost staff morale.

People were supported at the end of their lives. The registered manager explained end of life training was included as part of their induction. They said, "We would make sure any new staff were comfortable dealing with end of life." They explained care staff worked alongside other organisations, such as district nurses, to provide end of life care to people which was responsive to their needs.

## Is the service well-led?

### Our findings

At our previous inspection 'Well led' was rated as 'Requires Improvement.' This was because systems to ensure the service was effective and continued to improve were not all effective. We found positive changes had been made, however improvements did not reach the required standards and further changes were still needed to assure us care was delivered effectively to meet people's needs. Therefore, the rating remains 'Requires Improvement'.

Systems to assess, monitor and improve the service, were not always effective and had not identified issues we had found during our visit. It was not clear if some people had received prescribed creams due to a lack of recording. Some people had not been assessed for their understanding and memory, to check whether they could weigh information sufficiently to make their own decisions. People's consent for care and treatments were not always obtained in accordance with the MCA. Some infection control risks had not been identified. Some staff had limited knowledge of local authority adult safeguarding procedures and the provider had not ensured that people could access and understand information in accordance with the Accessible Information Standard. The system used to assess staffing levels was not effective. The registered manager currently determined staffing levels using staff feedback. They were currently creating a tool to help them formally work out how many staff were required to support people safely, although this was not yet in use.

The registered manager gave us their assurances audits would be reviewed straight away, to ensure they could monitor and improve the quality of the service going forward. Although some improvements had been made to the service, some issues identified at our previous inspection had continued.

This was a breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.

Following our inspection, the registered manager provided evidence they had made improvements to the service, for example, to the management of infection control.

People were happy with the quality of the service. One person told us the staff were all approachable and when they had made suggestions for changes to the service, they felt staff acted. Staff told us senior staff were approachable. One member of staff said, "[Manager's name] is easy to speak to, they are flexible and I feel listened to."

The registered manager and the directors explained how they had prioritised improvements within the service. The registered manager told us when they began working at the service in 2017 they, "Took everything apart and started again." They explained how they made everyone in the home aware of the new staffing structure. Staff were positive about the changes made to the service. One member of staff said, "It's changed for the better since the new management. I feel it is a better management team and we get more help."

All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by

the registered manager and senior staff. One care worker told us, "I enjoy working here, we are a great team." Staff told us communication was good within the home and they were encouraged to suggest improvements and share information. One member of care staff explained staff meetings were important and told us, "We discuss any problems and things that are not working and try and find different ways of doing things."

The registered manager also managed another home for the provider and told us they divided their time between the two services. They explained in their absence, the Deputy manager and the Assistant manager supported staff. The registered manager was aware of their responsibilities to have oversight of the service. They had provided us with statutory notifications about important events and incidents that occurred at the service. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager told us they kept up to date with best practice by working closely with the local authority and health professionals. The registered manager reported to the provider and directors monthly. The directors told us they reviewed the manager's reports and carried out ad hoc quality checks of the service to support the registered manager.

The registered manager encouraged people to give feedback on how things were managed and to share their experiences of the service by completing surveys and by attending meetings at the home. We saw the most recent survey was completed in February 2018 and the results were mainly positive. Surveys were sent to people who lived at the home, their relatives, staff members and health professionals who supported people. The registered manager had shared the results of the survey with people. They told us, "We continually listen to people's feedback." The registered manager explained they had received several comments about the standard of food which was ready prepared by an external caterer. Following people's feedback, they cancelled the caterer and meals were prepared in the home.

People told us they valued meetings held in the home, where they could share their opinions. We saw the provider had asked people about many aspects of their care and had made improvements following people's feedback. For example, people commented night staff sometimes made a lot of noise when they were cleaning. Following the meeting, staff were provided with new cleaning equipment to improve the level of disruption.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that systems or processes were established and operated effectively to assess, monitor and improve the quality of the service provided.</p>