HC-One Limited

Cedar House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Cedar House on the 14, 15 and 20 April 2016.

Cedar House is a purpose built home providing accommodation for up to 42 people with mental health and/or dementia care needs. The home is situated within a residential area of the London Borough of Hillingdon. At the time of our visit there were 38 people using the service.

We previously inspected Cedar House on 10 and 11 April 2014 and the provider had met all the regulations that were inspected.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service were put at risk as standards of cleanliness were not maintained in relation to equipment and communal bathrooms

There were not always enough staff to meet people's care needs appropriately and safely.
Care workers and nurses were sometimes busy which resulted in them not appropriately supporting people's emotional and social needs as they were focused on tasks.

Care plans were not written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were focused on the tasks completed and not the person receiving the support.

The records relating to care of people using the service did not provide an accurate and complete picture of their support needs.

The provider had a range of audits in place but checks in relation to records of care and care plans did not identify issues noted during the inspection.

Activities were organised at the home but some of these were not meaningful for people and when the activities coordinator was unavailable there were limited activities organised. We have made a recommendation to the provider in relation to this.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place in the care plan folders in relation to the care being provided.

The provider had an effective recruitment process in place. There was a policy and procedure in place for the administration of medicines.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

Care workers and nurses had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers and nurses had regular supervision with their manager and received an annual appraisal.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to infection control, staffing levels, care plans, records and monitoring the quality of the service provided. You can see what action we told the provider to take 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

Some aspects of the service were not safe. People using the service were put at risk as standards of cleanliness were not maintained.

There were not always enough staff to meet people's care needs appropriately and safely.

The provider had appropriate processes and training in place for the safe administration of medicines.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place in the person's care folder in relation to the care being provided.

Is the service effective?

Good

The service was effective. Care workers and nurses had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers and nurses received training on the Act and understood the importance of supporting people to make choices.

There was a good working relationship with health professionals who also provided support for the person using the service.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring. Sometimes when care workers were busy they did not appropriately support people's emotional and social needs as they were focused on tasks.

Care workers demonstrated an understanding of the importance of supporting people to maintain their independence.

Care workers explained how they helped people maintain their privacy and dignity when they provided care.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Care plans were not written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were focused on the tasks completed and not the person receiving the support.

An initial assessment was carried out before the person moved into the home to ensure the service could provide appropriate care.

Activities were organised at the home but some of these were not meaningful for people and when the activities coordinator was unavailable there were limited activities organised.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. Records relating to care and people using the service did not provide an accurate and complete picture of their support needs.

People using the service, care workers and relatives felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their managers.

Cedar House

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 the 14, 15 and 20 April 2016. The first day of the inspection was unannounced with the following days being announced. The inspection was carried out by one inspector 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. The expert-by-experience at this inspection had personal experience of caring for people who had dementia.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with six people using the service and five relatives and three care workers as well as the registered manager. We reviewed the support plans for five people using the service, the daily records of care for five people, the employment folders for three care workers and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

The home was generally clean but we identified issues in relation to hoists and the communal wet rooms and toilets located near the lounges on each floor. During the inspection we saw the foot plates and frames of the hoists were dirty. The registered manager explained that during the first evening of the inspection the equipment was initially cleaned using an antibacterial spray and wipes which were not fully effective. The hoist was then deep cleaned the following day which removed any residual dirt. The communal wet room bathroom on one unit had missing wall tiles, lime scale on the shower fittings and grab rails and the floor was dirty. We also saw that a large light fitting had been removed from the ceiling of the bathroom and replaced with a smaller one but the ceiling had not been repaired. There were holes in the ceiling that had not been repaired. We spoke with staff who confirmed that the bathrooms were difficult to clean as the flooring and tiles were old.

During the inspection we noted a malodour in one of the corridors and we found there was a water leak in the ceiling. The ceiling tile was stained and the maintenance person confirmed that there had been a previous water leak there but the damaged tiles had not been replaced. When ceiling tiles had been damaged by water leaks elsewhere in the home we saw they had not been replaced. The ceiling tile was wet but the new leak had not been identified as it was thought the damage was related to the previous leak. During the inspection the registered manager arranged for the leak to be inspected and repaired. This evidence showed that the service did not ensure people were safe because the home was not proactively maintained when repairs needed to be carried out.

The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they felt there were enough care workers and nurses and they confirmed that the care workers responded quickly if they needed them. One person said "They're quick enough for me."

When we spoke with relatives we received mixed comments regarding the level of staff at the home. One relative told us "There's never enough staff" but they were unable to give any specific examples but they went on to say "The staff ratio seems better with the new management. If we need help there's always someone around." Another relative also said that the home could do with more care workers but couldn't give an example when care had not been forthcoming due to lack of staff.

A relative commented that there were two care workers for each section of the unit their relative was on but "They could do with one more person, a floater; they can't always do everything at once." Another relative said "There aren't enough carers, I can never find a carer, there should always be somebody to talk to." Other relatives we spoke with told us they felt there were enough staff to provide care. One relative said that there were lots of staff changes and that there was a constant turnover and a lot of temporary staff.

We asked care workers if they felt there were enough staff to provide the care that was required. A care worker told us "There are not enough staff on the first floor, people were all mobile a couple of years ago but

now they have higher nursing and care needs. There are only three care workers on the first floor and people need more attention so we are busy all the time with no quiet times to spend with people." Other care workers said "It can be a bit chaotic as we have a lot of people to assist with eating in the morning especially as we have people we need to sometimes give more time until they are ready" and "The nurses are busy administering the medicines so they can't help with the personal care."

The registered manager confirmed the staffing levels on the ground floor were one nurse and four care workers during the day with one nurse and one care worker at night. On the first floor there was one nurse and three care workers during the day and at night there was one nurse and one care worker. During the night there was also one care worker which provided additional support on either floor when required.

The registered manager provided a list which indicated the assessed dependency level for each person. The registered manager provided a list which indicated the assessed dependency level for each person. The list identified if the person required one or two care workers to provide them with appropriate support following the inspection and if a hoist was used when moving them. At the time of the inspection were 21 people living in the ground floor unit and 17 people living in the first floor unit.". We saw 13 people required the support of two staff members and use of the hoist on the ground floor while on the first floor eight people needed the support of two care workers using the hoist when receiving care. Three other people on the first floor required the support of two care workers but did not require the hoist to be used. During the inspection we saw that care workers and nurses had a large workload on the first floor which resulted in them being unable to spend time with people in a social setting. This meant that people may have to wait for the care they needed.

Subsequent to our inspection, the registered manager told us that staff were providing people with intense periods of care and support. However, the evidence we gathered during our inspection indicated that staffing levels were not sufficient to meet peoples' holistic needs.

The above paragraphs demonstrate a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we saw that some people were sitting in armchairs in their rooms but did not have access to a call bell. We raised this with the registered manager who explained that the call bell plugged into the wall next to the bed and due to the layout of the room and the position of the armchairs this resulted in the call bell cord lying across the floor which created a trip hazard. The registered manager increased the number of checks carried out by care workers on people who had chosen to sit in their room and stated they would see if there were any other options to enable access to the call bell.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. We looked at the records of safeguarding concerns and we saw information relating to the concern, notes of the investigation, any actions taken and the outcome recorded.

We looked at how accidents and incidents were managed in the service. There was a policy and procedure in relation to recording incidents and accidents in place. The registered manager explained that if an incident or accident occurred a form was completed. The registered manager would then review the information and carry out an investigation and make relevant referrals to the local authority safeguarding team and the CQC.

We saw that risk assessments were in place. Each person had a range of risk assessments in place in relation to continence, falls, nutrition and moving and handling. The risk assessments were reviewed monthly or sooner if a change in support needs was identified. The risk assessments we reviewed were up to date.

The service followed suitable recruitment practices. The registered manager explained that as part of the recruitment process applicants had to provide the details of at least two references and their employment history. The interview questions were based on the specific skills required for each role and notes from the interview were taken. During the inspection we viewed the recruitment files for two care workers and one nurse which detailed that the relevant checks had been completed before each person began work, these checks included suitable written references which were also confirmed by telephone, interview records and a check for any criminal records had been completed. This meant that checks were carried out on new care workers to ensure they had the appropriate skills to provide the care required by the people using the service.

We saw records were also maintained for agency staff including a record of their training, previous experience and confirmation that they had completed an induction to the home before their first shift.

We saw the provider had a policy and procedure in place in relation to the administration of medicines. Medicines were stored securely and we saw all liquid medicines, eye drops and creams had the date of opening and when they should be disposed of recorded on the label. Medicines for each unit were stored in a secure trolley and the stocks of medicines were checked five times a day by the nurse on duty. In each trolley there were separate boxes for each person with their prescribed medicines in the original packaging. Each box was clearly marked with the person's name. There were separate Medicine Administration Record (MAR) charts for each time during the day medicines should be administered and these were colour coded so the nurses could clearly identify which MAR chart should be used.

Good

Is the service effective?

Our findings

We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard. The registered manager explained new nurses and care workers completed an induction for a minimum of one week depending on experience. New staff completed all mandatory training during the induction period through computerised courses or face to face training. They also shadowed an experienced care worker or nurse during the week and feedback was obtained on the competency of the new staff member. New care workers and nurses also completed the Care Certificate workbook during their first three months in the role. The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers. New staff completed a six month probation period with regular supervision meetings.

We spoke to care workers about the training they had completed. They told us "The training has really helped. There was a lot I had forgotten from the training in previous jobs so it was good to have refresher training", "The training is really useful and you can learn something every day in this job" and "Most training is done on the computer which some people can find tricky." The provider had identified specific mandatory training courses to meet the needs of each staff role. The training included first aid, infection control, moving and handling and health and safety. We saw that the care workers and nurses had completed the training identified as mandatory for their role and it was identified when they were due to complete any refresher training. Care workers also confirmed they had regular supervision with their line manager and had an appraisal.

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.

The registered manager confirmed that people using the service were assessed to see if they had capacity to make decisions about their care and treatment. If the assessment identified a concern relating to a person's capacity an application was made to the local authority. We saw that the paperwork relating to the DoLS authorisation was kept in the person's care folder and the registered manager monitored when the authorisation needed to be renewed to ensure the appropriate application was made. Care workers we spoke confirmed they understood the Mental Capacity Act and the importance of supporting people to make choices.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plan folders we looked at included the contact details for the person's General Practitioner (GP). There was a record of professional visitors in each person's care folder which included visits by the General Practitioner (GP) and district nurses.

We received mixed comments from people using the service and relatives when we asked them about the food provided by the home. People told us "The food is very good", "The food is not bad" and "The food isn't very good. Sunday tea is stale. The lunches are mediocre." One relative commented "The food seems fine. My family member seems to enjoy the food" but they were concerned that sometimes the food can get cold as it can take some time for their family member to be supported to eat as the care workers had so many people to help. Other relatives said "The food is good, but not exceptional" and "The food is as good as it can be." During the inspection we saw that people were offered a choice of a hot or cold drink and biscuits late morning and mid-afternoon.

The menus for the day were displayed on a stand in the dining room but this was difficult for people to access, there were no pictures and there were no menus on the tables. We saw the care workers ask people which of the two menu options they preferred but some people appeared confused about what was available. The care plan folders included information about the person's dietary needs and guidance if the person required support when eating.

We recommend the providers reviews how people are supported to make choices in relation to food.

Requires Improvement

Is the service caring?

Our findings

We saw people were generally supported by kind and gentle staff and care workers understood people's individual needs and limitations and communicated with them in an empathetic and appropriate manner. However we did note that the amount of time care workers were able to spend with individuals to help promote their independence and support their emotional and social rather than just physical needs was limited as care workers were often busy with other tasks.

During the inspection we saw lunch being served on one of the units and we observed both care workers and nurses were focused on the process of providing the meal and not the individual needs of each person. We saw four people were given their meal but did not receive any encouragement or support to eat their meals. These people did not eat their lunch and after 45 minutes the care workers noticed this, they then encouraged them to eat food that had gone cold. The people concerned were not offered a replacement meal that was at an appropriate temperature. One person had a plastic guard on their plate which was used to prevent the food falling off the plate. We saw the person was unable to see or access food behind the plastic guard so they resorted to using their fingers instead of cutlery to eat their meal. There was a care worker and nurse at the same table but they were focused on supporting two people to eat their meal and did not intervene to support them. This was discussed with the registered manager and they agreed to speak to the care workers and nurses and review how support was provided during lunchtime. A care worker told us "It is nice to have time to spend with people, to sit and listen to them. Some days are quiet but you get more busy days than quiet ones so having time is difficult. The issues identified during our observations over lunch were discussed with the registered manager and they confirmed they would raise them with the care workers and nurses as well as reviewing the systems in place for providing appropriate support during meals.

We asked people for their views on the care workers and nurses who provided their support. People told us "The carers are very good", "The care workers are gentle" and "The carers are excellent." When we spoke to relatives they said "The majority of the staff seem to do a first class job. The relationships with the staff are good", "The carers are very good at what they do. They try very, very hard" and "Generally the staff are very good. There have been some exceptional carers over the years."

We asked people if they felt their independence was supported and one person told us "I get up and go to bed when I want to" and another person said they had varnished nails and the care workers had done this for them. Care workers explained to us what they did to support people with maintaining their independence. They said "Choice is important, we assist each person with what they can't do but encourage them with what they can do. If they stop doing things they will stop doing everything" and "We make sure people can make a choice about everything. Their wish is our command."

Two relatives we spoke with said they thought their family members were treated with dignity and respect. We asked care workers how they helped to maintain a person's privacy and dignity when providing care. They told us "I always shut the door during care and I always knock on a door, even the open ones, before going in" and "You have to close the door and curtains and always ask the person if they want to go to the

toilet and not presume they do." During the inspection we saw the care workers demonstrated how they treated people in a caring manner and respected each person's privacy and dignity. We saw the care workers spoke to people in a kind way and asked if they were happy and if they needed anything. The care workers knocked on people's bedroom doors before entering and ensured people could make choices throughout the day, for example about meals or activities.

We saw some of the care plans identified the person's cultural and religious needs. A care plan related to the person's family and occupation was not always completed in the care folders which meant that care workers did not always have information about each personal history. This was discussed with the registered manager who confirmed this would be reviewed and information added where possible.

Requires Improvement

Is the service responsive?

Our findings

People's care plans had been reviewed monthly but were not written in a way that identified each person's wishes as to how they wanted their care and support to be provided. We saw that each person had a folder containing a range of care plans relating to aspects of their daily care and the person's support needs.

Each separate care plan described the tasks the care workers needed to complete to provide people with their daily care but did not specifically describe the individual person's preferences, for example what time they wanted to get up in the morning, the type of clothes they usually wore and their preference for personal care.

The daily records completed by care workers and nurses, which described the care received by each person, were also focused on the daily care tasks and not the experience of the person. This did not provide a complete picture of the person during each day.

The above paragraphs demonstrate a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and relatives their view on the activities organised in the home and they who all confirmed there were quite a few activities going on. One person mentioned that the activities co-ordinator organised various activities for example ball throwing, bingo, painting, and special events including a Halloween party, a band at Easter, and in the summer they spent a lot of time in the garden. A person told us they liked the church services held in the home. A relative said, "I think there are enough activities organised for residents" and another relative confirmed that outings were arranged and that their family member had been out on a coffee morning recently. Other relatives also told us about their family members going out for coffee mornings and to the flower shop.

During the inspection we saw that activities were organised but some of them were not meaningful for the people using the service. We also saw when some activities were being held which involved a small number of people there were no alternatives for everyone else as care workers were busy. A schedule was displayed on each floor listing the activities for that week including television and music, relaxation and a church service once a week. During the inspection we saw the activity coordinator supported two people to visit the local pub but when they were out no other activities were organised. We also saw that people were left in the lounge watching films as no other activity had been organised. During this time we saw the people in the lounge had limited interaction with the care workers who were busy supporting people."

We recommend the service review guidance on providing activities in a care home.

People's needs were assessed prior to them using the service. We saw detailed assessments were carried out before a person moved into the home to identify if the appropriate care and support could be provided. These assessments reviewed their individual support needs including mobility, social and health issues and were kept in the person's care folder. This information was used in the development of the care plans.

We saw there was a complaints policy and procedure in place. Information about how to make a complaint was displayed around the home and the contact telephone number for the registered manager was also available. When a complaint or concern was received the registered manager confirmed they would record the issue on the computer system and carry out an investigation. The provider's complaints team would then review the information and a response would be sent out. During the inspection we looked at the records for three complaints and saw detailed information and copies of correspondence.

Relatives we spoke with confirmed that since the registered manager had arrived at the home the relative's meetings had increased attendance with now more than 20 people attending where previously there had been less than five. One relative said "The meetings now are good and constructive." The registered manager confirmed there were meetings for people using the service every month and relatives meetings every three months and the notes taken were circulated. The registered manager also explained that the provider regularly obtained feedback from relatives about the service provided. We saw an electronic touchscreen had been placed in the reception area which enabled relatives and visitors to provide feedback on the quality of the care provided.

Requires Improvement

Is the service well-led?

Our findings

Records relating to care and people did not provide an accurate, complete and contemporaneous record for each person using the service.

The records for two people included a psychological care plan but this did not indicate that the person had a DoLS authorised. In one case this care plan was blank but the DoLS paperwork was included in the care plan folder.

We looked at the records for one person and saw the carer workers did not record if the daily exercises requested by the physiotherapist had been completed. We also saw the dependency assessment for this person had been calculated incorrectly. The assessment in April 2016 indicated that the person had a medium dependency level but the assessment actually showed that the person had a high dependency level. We identified this with the registered manager and a new assessment was carried out.

The personal care records for one person indicated that no care was recorded on five days during March and April 2016. The records for another person showed that no care was recorded on three days. This person also had a topical cream record chart which had gaps where the administration of cream had not been recorded. The records for another person showed that their skin integrity had not been recorded for five days

We saw one person had a chart where care workers had to record the person's behaviour each day but we saw that the record only showed the care provided and did not reflect the behaviour of the person it related to. This meant that the record did not provide accurate information regarding the person's behaviour to enable the care plans to be adjusted if their needs changed.

In some of the records we looked at we saw the fluid record charts had not been completed in full. Care workers were supposed to record the amount of fluid intake for each person and an optimum fluid intake level was also indicated on the form. The forms we looked at did not record the actual fluid intake or had not been reviewed by a nurse to ensure the person had appropriate fluid intake levels. This meant that it could not be identified if the person had an insufficient fluid intake and appropriate action taken. The registered manager explained that they had implemented a new format form for the recording of fluid intake and showed us examples but these were not present in the records we reviewed.

This meant that the records relating to the care and support did not provide accurate and up to date information about the person.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a range of audits in place but those in relation to care plans and other records of care provided were not effective in identifying issues. During the inspection we identified a number of issues in

relation to the care plans and daily records not reflecting people's wishes as to how they wanted their care provided. In addition when other records had not been completed in full this had not been identified through the audits in place.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a range of other quality monitoring systems in place to identify issues and these were regularly carried out. An audit schedule was displayed on the wall of the main office identifying when each audit should be completed.

The registered manager completed an infection control audit every three months. An audit analysing the number of falls was also carried out every three months to identify any trends and if any action was required for example if additional training was needed. Monthly meetings were held with senior staff to discuss the results of the falls analysis as part of the audit.

A monthly health and safety meeting was also held with senior staff where they reviewed any infection control issues, incident and accident information and training records. The referrals that had been made and actions taken were also discussed.

An annual health and safety audit was carried out to review the environment of the care home.

The registered manager also carried out a monthly medicines audit which reviewed storage, stock levels and recording of medicine administration. We saw the audits were detailed and up to date.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Regular meetings for nurses and care workers were held at two different times during the same day to ensure as many staff as possible were able to attend. Notes were taken during these meeting and circulated to all staff. We looked at the notes from the most recent staff meeting and saw issues and related actions were recorded.

We asked people what they thought about the home and the registered manager. The comments we received were very positive. One person told us "The management is very good." Relatives also made positive comments. A relative was very complementary about the registered manager and said "They're doing an excellent job, I couldn't fault them. They're very approachable, they have compassion, they are trying to organise more things to do. If you go with a problem they try to sort it out. The management are trying to recruit better staff. The manager organises relatives' meetings very well." Other relatives told us "The management is good" and "The new management seems very good." One relative did comment the registered manager had told them to always talk to them if there were any issues but the relative felt that the issues often weren't important enough and would prefer to mention these things when they were leaving the home, but could often not find anyone to talk to at that time.

We asked care workers if they felt they received enough support from their manager and if they thought the home was well-led. Care workers told us "I feel I get enough support from the manager but not from the company", "The manager is doing a really good job. They are the best" and "In some respect the manager is only obeying orders from the owners but the communication has improved. The company won't provide

stuff people need including the support and equipment that people need." Other comments included "The company is very money focused" and "The support from other staff, nurses and care workers as well as the manager keeps me going." One care worker said ""Communication with the resident and relatives is very good. Everyone looks happy."

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not meet their needs or reflect their preferences. Regulation 9

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have processes in place to prevent and control the spread of infection. Regulation 12 (2) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have a system in place to assess, monitor and improve quality and safety. Regulation 17 (2) (a) The registered person did not have a system in place to maintain an accurate, complete and contemporaneous record, including of care and treatment and decisions made. Regulation 17 (2) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not deploy sufficient numbers of suitably qualified, competent, skilled and experiences persons. Regulation 18 (1)