Belmont Grange Ltd

Belmont Grange Limited

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 was unannounced and took place over two days; 2 and 6 March 2017. The service was previously inspected in July 2015 when the Effective domain was rated as requires improvement. This was in relation to ensuring people's mental capacity was assessed and was decision specific. At that inspection, we found that where people lacked capacity their best interests were not considered as best interest meetings and decisions were not fully recorded. At that inspection we were assured this work was being progressed.

At this inspection we found people's capacity was not always being fully documented, although the registered manager had sought some advice from a nurse educator. Where people were being restricted to ensure their safety, use of bedrails for example, best interest decisions were not fully recorded. We also found that although staff had received training in understanding the Mental Capacity Act (2005) and deprivation of liberty safeguards, they did not all understand how this worked within their practice.

Belmont Grange is registered to provide care and support without nursing for up to 25 people. At the time of the inspection there were 24 people living at the service.

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, their families and visitors were positive about the care and support provided by staff at Belmont Grange. Comments included " very good indeed, staff are very pleasant and co-operative, time keeping is very good, some hiccups, sometimes, but I am not one to complain.'' One relative said ''My relative moved here from another home, we do not live that close so rely on the staff to keep us up to date. I think they are very caring and helpful to us too.''

Systems were used to ensure the environment was kept clean and safe with audits being completed on all aspects of the building and equipment. These were not always done to the frequency set out within the providers own guidance. For example the testing of fire alarms and emergency lighting had not been completed for the two weeks previous to our inspection. The maintenance person tested these on the second day of our inspection.

We found the hot water temperatures on several of the baths and showers exceeded the recommended temperatures to ensure people were prevented from risk of scalding. They temperatures had been monitored but no action had been taken to ensure people's safety. We were informed that they had been fitted with regulators but they were taken off as the hot water supply was not strong enough and when regulators were fitted, only cold water came out of the outlets. Since this inspection we have received confirmation that all hot water outlets have been fitted with regulators to keep people safe from scalding

themselves. Similarly, a screen had been fitted to the kitchen door and a radiator had been covered to protect people. All these actions had been taken following feedback after the inspection.

There were enough staff with the right skills, training and support to meet the number and needs of people living at the service. Staff understood people's needs and knew what their preferred routines and wishes were. This helped them to plan care in a person centred way. There had been some concerns prior to Christmas about there not being enough staff. This was due to staffing levels being reduced to three because the number of people living at the service had been reduced. The provider told us they had a tool to decide on staffing levels in line with people's assessed need, but this had not been used appropriately by staff. It is recommended the provider use their dependency tool to help them decide on the number of care staff required to meet people's assessed needs.

Staff understood how to ensure people's rights were protected and people were continually offered choice throughout their day Staff were able to describe how they gained people's consent and how they worked in a way to ensure people were offered choice in their everyday lives.

The home was cleaned and decorated to a high standard, although the lack of contrast in colours used for both walls and flooring may not be best practice for people living with dementia to differentiate.

There was an activities coordinator who strived hard to ensure people were engaged in meaningful activities throughout the weekdays, although when they were short staffed they were required to assist with care. Activities included sing-alongs, quizzes, flower arranging, visits from various animals as well as regular paid entertainers and visits form community groups such as local school children and local choirs.

Medicines were well managed and kept secure. People received their medicines in a timely way. People were offered pain relief and received their medicines on time.

Care and support was planned to ensure that risks were assessed and monitored. People's choices and preferences were included within care plans to ensure staff understood how to assist people in way they preferred and wishes met. People were protected from harm because staff were only recruited once they had all the checks in place to ensure they were suitable to work with vulnerable people. Staff understood what may constitute abuse and how and to whom they should report any concerns.

People were offered a variety of meals and snacks to ensure good health. Several people said they did not like the food, but any suggestions they had made had been incorporated. Where people were at risk of losing weight due to their health condition, staff monitored what people ate closely. Some people were on supplementary drinks prescribed by the GP. Additional snacks and higher calorie foods were also offered.

People, visitors and staff were all able to voice any concerns or suggestions to help improve the quality of the service provide at Belmont Grange. The registered manager worked hands on within the home and spent time talking with people, their visitors and with staff to ensure their views were heard. Quality assurance systems included audits on the environment and were being expanded to include documentation relating to people's daily care and support. However, audits that were in place had not been acted upon. For example, audits showed hot water outlets were a risk to people scalding themselves.

There were two of breaches of regulations. You can see what action we took at the end 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?

Requires Improvement

Some aspects of the service were not safe.

People were at risk from scalding as water temperatures in baths and showers exceeded the recommended temperature to keep people safe. This had been rectified following the inspection.

Not all risks had been fully considered in a timely way. Risk of burns from hot surfaces had not been fully assessed in all areas.

Further work was needed to ensure emergency evacuation plans gave staff the right information to keep people safe.

There were enough staff to meet people's needs, but this needed to be kept under review.

People received their medicines on time and in a safe way.

Staff knew about their responsibilities to safeguard people and to report suspected abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood their responsibilities in relation to consent, but lacked clarity in respect of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. Where people lacked capacity, mental capacity assessments had begun to be completed. Relatives and professionals were consulted in best interests' decision making but these were not always recorded.

People were supported by staff that had most of the necessary skills, knowledge and experience to care for them.

People had access to ongoing healthcare support and were encouraged to lead a healthy lifestyle.

People were supported to eat and drink well, and received a well-balanced diet.

Is the service caring?

Good

The service was caring.

People received care from staff who developed positive, caring and compassionate relationships with them.

Staff were kind and affectionate towards people and knew what mattered to them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

People were supported to express their views and be involved in decision-making.

Is the service responsive?

Good

The service was responsive.

People received person-centred care from staff who knew each person. Care, treatment and support plans were personalised.

People were encouraged to socialise, pursue their interests and hobbies. Their views were actively sought, listened to and acted on.

People knew how to raise concerns which were listened and responded to positively to make further service improvements.

Is the service well-led?

Requires Improvement

The service was mostly well-led but some aspects of their quality assurance had failed to pick up on issues which needed addressing.

People's views were sought and taken into account in how the service was run and made changes and improvements in response to feedback.

Belmont Grange Limited

Detailed findings

Background to this inspection

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

The inspection took place on 2 and 6 March and the first day was unannounced. We returned on the second day to meet with the registered manager who had been away on our first day of inspection.

The inspection team consisted of an adult social care 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 had experience of care homes from visiting and supporting a relative who was in care.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.
During our visit we met most people using the service, and spoke with nine people to gain their views about the care and support they received. We also met with six care staff, the registered manager and provider. We spoke with three relatives during the inspection and one healthcare professional. Following the inspection we also had feedback from two healthcare professionals.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their dementia.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe at Belmont Grange although one person indicated they were less inclined to use their call bell or ask for anything at night because some staff gave a response which made the person feel like a nuisance. We fed this back to the registered manager who said they were aware that some people's needs were not well met at night and they had used their disciplinary processes to terminate one night care staff's employment. The registered manager said she would look at initiating more spot checks at night time. She hoped that with different staff covering night duty the issue was now resolved, but she would keep it under review. She also said she regularly spent time going around to people's rooms to check if they were happy and had not heard any negative feedback. Comments from people we spoke with, included " I wasn't safe at home living on my own… since I came here I haven't fallen at all" One relative said "As far as Belmont Grange is concerned he's very well looked after and he's safe and everything is in hand."

We found that hot water in baths and showers exceeded the recommended temperature to keep people safe from scalding themselves. Staff confirmed they always ran people's baths or showers. But this did not take into account the fact some people living with dementia may run their own bath without staff knowledge and may not check the temperature before getting into a bath or shower. This placed them at risk of scalding. The maintenance person said they had previously fitted temperate regulators but the hot water pressure in some parts of the home was low. They said this meant that with regulators fitted, the water did not reach a reasonable temperature, so regulators were removed. There were no risk assessments to show how this risk had been assessed.

We saw one radiator which was very hot but had not been fitted with a cover to protect people from risk of burns should they fall onto the radiator. There was a sign above the radiator informing people it was a hot surface, but people living with dementia may not understand or see the sign.

The outside kitchen door did not have a screen to protect people from insects or debris going on food being prepared. At the time of our visit the door was open because the cook said the room got too hot without this ventilation.

Weekly fire safety checks had not been completed for the two weeks prior to the inspection. This was not in line with the home's own policy and procedures to keep people safe from risk of fires. We also noted that the personal evacuation plans (PEEPs) for each person did not specify where staff should guide or take people to in the event of the fire being near to the nearest fire exit. It did not make it explicit to staff, that people needed to be behind two fire doors to keep them safe in the event of a fire. The registered manager said staff would be aware of this fact, as they had fire training, but she would amend the PEEPs to include more specific instructions for staff.

Since the inspection we have received photographic evidence that the kitchen door had been fitted with a screen. The radiator had been fitted with a cover and thermostat valves had been fitted to hot water outlets.

Over the Christmas period CQC received concerns about staffing levels being too low. The registered

manager sent us information via email which showed staffing had been reduced to three staff per day shift due to a decrease in the number of people living at the service. The staffing levels had since been increased back to four care staff per shift, including a senior. In addition there was a cook, who worked until 3.30, a full time maintenance person and cleaner who provided housekeeping duties each day until 2pm. During the afternoons care staff were expected to prepare and serve the evening meal. The cook pre-prepared items such as soup and sandwiches but time was still needed to heat up anything such as the soup or a lighter hot meal. This meant at tea time, particularly at weekends when there was no manager cover, there were three staff providing care whilst the fourth prepared the supper. If staffing was reduced to three, this meant at tea time there would only be two staff available to meet people's needs, which would not be sufficient. This was because some people required two staff to safely transfer and to attend to their personal care needs. Since this inspection the provider has stated that the ''registered manager is always available on call whenever staff needed help or assurance.'' Since the inspection the provider has said they ''have employed staff to serve evening meals and to carry out all the kitchen works.''

One person, when asked if they felt there were enough staff and if the staff responded quickly if she needed them and pressed the alarm. She said "yes they come if I feel ill in a minute" however they did say "they could do with a few more staff, some days you don't see anyone they are all down below."

Staff said that since the levels of care staff had increased to four per shift, they felt better able to support people in a timely way. One staff member said ''It does depend who you are on shift with, some work better in a team than others, but with four care staff on we can get on and do everything we need for the residents.'' We heard how the activities coordinator also helped with providing care when they were busy or short staffed with carer staff due to sickness or annual leave. The provider informed us they did have a dependency tool but this had not been used appropriately by staff.

It is recommended the provider use their dependency tool to help them decide on the number of care staff required to meet people's assessed needs.

People were protected from the risk of possible abuse as staff had received training and were knowledgeable about the types of abuse and who they should report any concerns to. One staff member said they would always go to the senior on duty, was not sure who else they may go to but was aware there were telephone numbers and details of other agencies to contact if needed. The registered manager was aware of their responsibility to report and work with safeguarding teams to help keep people protected. One professional said the registered manager had been sensitive to a particular possible safeguarding issue and had ''kept them fully briefed.''

Suitable recruitment procedures and required checks were undertaken before new staff began to work for the service. Checks included the Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager said they would explore any gaps in employment history during the interview process. One file did not have two references filed, but information was emailed after the inspection to show this information had been sought before the staff member was offered employment.

People received their medicines safely and on time. Records showed weekly audits were completed to ensure the service had the right number of medicines. Staff received training to safely administer and record medicines which were administered. People were offered pain relief and, where a variable dose could be offered, staff recorded the number of tablets administered. Medicines which were prescribed as needed (PRN) had clear protocols to show staff when this medicine should be considered. The senior care worker

said the registered manager checked their competencies by observing their practice from time to time. This was not normally recorded and the registered manager said she would start to document when she checked staff competencies from now on.

People were kept safe because risks to their physical health and safety had been assessed and kept under review. Where risks had been identified measures were put into action to mitigate the risk. For example someone who was at risk of falls, had been assessed as to whether they would benefit from a walking aid. Where someone was at risk of malnutrition, actions included keeping food and fluid charts and requesting GP support and advice as to whether supplementary drinks were required.

Requires Improvement

Is the service effective?

Our findings

When we inspected in July 2015 we found that further work was needed to ensure people's rights were fully protected in respect of the Mental Capacity Act (2005) (MCA) and ensuring assessments were decision specific. This work had been partially completed, but some people still required their capacity to be assessed.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found there were only two people for whom this type of authorisation had been sought. We asked staff and the registered manager which people lacked capacity and whether anyone needed to be under constant supervision because of this and their vulnerability. They said they felt this applied to more than two. One person was actively seeking ways to leave the home and it was clear they needed to consider a more urgent application for DoLS for them. The care plan for this person did not include a capacity assessment or details of what staff should do if they persisted in trying to leave the building.

Although staff had received training in MCA and DoLS, they were unclear about how this worked in practice. For example, they were unclear of who was currently subject to a DoLS or the reasons why they would need to have one in place. The registered manager had obtained a form in respect of completing MCA assessments, but these were not all in place or decision specific. For example where people lacked capacity and bedrails were in use.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff worked in a way which ensured people had choice throughout their day and records showed that staff gained people's consent before providing care and support. People confirmed their choices were respected. For example on person said "Normally I go downstairs for my meals but I am not feeling well today so they know I am staying up here today." Some people felt their choice had been limited as to where they spent their day. This was because the lift from upstairs bedrooms to access downstairs communal areas had been broken on two occasions for a period of a week each time. One person said "We used to have a lounge upstairs, but they made it into paying rooms, it was nice to chat upstairs, not many of us can use the stairs." The registered manager said the lift had been repaired but would need some further remedial work which

would put it out of action for single days at some point in the future.

New staff was given some time and opportunity to learn from more experienced staff, spending time shadowing staff, before being part of the staffing rota. This normally consisted of shadowing for two shifts and completing a short induction about the running of the home. New staff to care were not completing the Care Certificate. This training was introduced as a national standard, which covered all aspects of the care to help care staff understand their role and do their job effectively. The registered manager said new staff who had been employed had not been new to care and had already gained qualifications in care. However she said she would ensure the Care Certificate information was available to any new staff who had not had previous experience.

People received effective care, based on best practice, from staff who had most of the knowledge and skills they needed to carry out their roles and responsibilities. With the exception of MCA and DoLS staff had good knowledge of how to meet people's needs. They had received updated training from the local care homes team nurse educator on pressure care as well as a variety of illnesses and areas such as bowel and bladder care. Staff said they had enough training and support to do their job effectively. We reviewed some records of supervision which showed staff had opportunities to discuss their role and any future training needs. The registered manager did not have the same opportunity to receive regular supervision. However since the inspection, the registered manager has confirmed she has set up supervision with the operations manager, which would enable her to review her own practice and look at her training needs.

Our observations showed people being effectively supported by staff who knew them well and understood their needs and wishes. Staff were able to describe ways in which they ensured people's needs were met in a way which they preferred and requested. For example, staff were aware of people who required support to enable them to maximise their independence whilst ensuring their care needs were fully met.

People were offered a variety of meals to suit their tastes and promote their health and well-being. The comments from people in respect of meals were variable. One person said "the food's not particularly marvellous, some days the food is delicious and sometimes it's a bit trying." Another said "The food is good" and went on to confirm they were offered a choice. One person said they wanted to eat more cheese and did not like the sausages as these were full of rusk. The cook confirmed people were offered a choice of meals each day and that likes and dislikes were catered for. They said that if they were given notice, an alternative meal could be prepared. The menu showed a wide choice a variety of meals being offered to people. The cook said most meals were cooked from scratch using fresh ingredients. They were aware of who required modified diets and who required additional calories due to poor nutritional intake. The registered manager said menus were frequently discussed and where people had made suggestions she tried to accommodate these. For example some people had asked or lava and this had been sourced for people to have.

People had access to healthcare and were encouraged to stay healthy through being active, healthy eating and monitoring of their general well-being. Daily records showed people had access to a variety of healthcare professionals, including their GP, community nurses, opticians and chiropodists. One healthcare professional confirmed the service was in regular contact with them for advice and support and followed any instructions to ensure people's health and well-being was maintained. One visiting healthcare professional said they felt people's needs appeared to be well met and staff were responsive to advice.

The home was cleaned and decorated to a high standard, although lack of contrast in colour for both walls and flooring may not be best practice for people living with dementia to be able to differentiate.

Good

Is the service caring?

Our findings

People said staff were kind and helpful. Comments included " very good indeed, staff are very pleasant and co-operative, time keeping is very good, some hiccups, sometimes, but I am not one to complain.'' One relative said ''My relative moved here from another home, we do not live that close so rely on the staff to keep us up to date. I think they are very caring and helpful to us too.''

Staff understood the importance of offering people choice and respecting people's wishes. Staff were able to describe how they ensured people were afforded as much choice as possible in the way they delivered care and support. It was clear people's wishes in how they chose to spend their time and what they enjoyed doing were honoured and respected by staff. For example at lunchtime staff ensured people ate where they chose, most choosing the dining room but some preferred to eat in their own rooms. One staff member said ''We must treat out residents like our own family. If they want to stay in their room, we try to encourage them but at the end of the day, it's their choice and we have to respect that.'' Another member of staff described the way they helped people to maintain their individuality, wearing make-up and helping to choose jewellery to match their outfits. One relative said "(my relative) doesn't have to go downstairs to join in if she doesn't want to and they respect this."

During the morning there was a happy and cheerful, buzzing atmosphere in the lounge. Staff interacted with people and there was plenty of fun and laughter. It was clear staff had developed good relationships with people. Where staff had not been respectful to individuals, they had felt confident to raise this and staff members had been dealt with via disciplinary processes. The registered manager said she would not tolerate any staff showing any sort of disrespect to the people living at the home or with other staff team members.

We observed people being treated with respect and dignity. For example people were discreetly asked whether they needed support with their personal hygiene. When one person showed signs of distress and disorientation staff spent time with them relaxing them and chatting about where they lived and people they may know.

People confirmed their privacy was maintained. We observed staff knocking on bedroom doors and waiting for people to answer before entering. Staff confirmed they only assisted people with their personal care in the bedrooms or private areas such as bathrooms.

Good

Is the service responsive?

Our findings

People's diverse needs were considered and planned for. Local clergy were welcomed to the home to provide spiritual support to people as they wished. On one day of our inspection people were having communion. One person said ''This has always been an important part of my life so I am very glad I can continue to receive communion.'' The activities coordinator had given thought to what people had enjoyed doing in their past and tried to include some of this into their activities. For example some people had enjoyed gardening and flowers, so she had arranged for them to do some flower arranging. In quieter moments, staff said they liked to take people out for walks to enjoy the fresh air and see the garden or local seaside.

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. Staff confirmed that information was available about people's needs and wishes so they could plan for their care. The registered manager said that whenever possible they visited the person to assess their needs prior to admission. This included discussion with current care givers as well as family. Care plans were tailored to people's individual needs. For example one person had health issues relating to their diabetes. Their plan included detailed instructions to staff about how to monitor this and what actions to take if their sugar level reading was too high or too low. Staff were aware of this and could describe the types of drinks and snacks to offer the person to help them maintain good health. Staff were also aware of when emergency medical intervention would be needed.

Staff knew each person as an individual, their preferences and interests. For newer people, staff were spending time getting to know what their interests were and how they enjoyed spending their time.

There was a range of activities offered throughout the week. One activities coordinator was employed but staff said they also tried to get people engaged in activities and we saw examples of this during the inspection. One person was becoming anxious and staff took them for a walk around the gardens. People said they enjoyed taking part in quizzes, bingo and various other games. During the morning we saw a competitive and fun game of skittles. One person said "They did a lot in February mostly in the mornings, we haven't got the list up yet for March… we did flower arranging and we had a musical and a lot of songs we knew, there was a chap who played the clarinet."

Each person was encouraged to personalise their room with things that were meaningful for them. For example, with photographs of family members, treasured pictures, favourite ornaments and items of furniture. Some people also had pictures on their doors to help them remember which room was theirs.

People's complaints and concerns were acted upon. We saw from the complaints log how complaints were investigated and responded to. People and relatives said they were confident in the registered manager and staffs' ability to resolve any concerns they may have, although one person had some concerns and was reluctant to express them to the registered manager. When we fed this back, she was aware of the person's concern and had dealt with it. The registered manager said she tried to spend time with people in their rooms to check how they were and to see if they had any concerns or 'niggles'.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had been in post for 18 months. This was her first post as a registered manager and she said there were still things she was ''getting to grips with.'' She felt her strength lay in the fact she lived locally and knew lots of healthcare professionals she was able to network with. She also felt that, together with the provider, they had worked hard to make improvements in the environment. The home was cleaner, brighter and there was a planned programme of maintenance and renewal which had not been in place previously.

Although systems had been set up to audit care and support, these had not always addressed issues identified in this inspection. For example, there had been regular checks on hot water temperatures which showed baths and showers to be running at a temperature which placed people at risk of scalding. At the previous inspection we noted these checks were done via a tick box and not an actual recording of the temperatures of the hot water. Following feedback to the provider they said they would ensure that temperatures were recorded. This was what was now included in the audits completed since the last inspection. Despite this audit information being available the registered manager and provider failed to act on this to make sure people were kept safe. There was no risk assessment to show how people were being kept safe from the risk of scalding. Similarly audit information was available but not always completed for fire checks, which had not been picked up by the registered manager or provider.

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

The registered manager said she had been preparing information to move forward with quality assurance and auditing. This included a plan to review a sample of care plans and daily records each month as well as reviewing the audits completed by the maintenance person. The registered provider or a representative visited on a fortnightly basis. The registered manager said this included talking to people and walking around to check the environment. Any areas to be addressed were put in the communication book for staff to read and respond to.

There was clear evidence of partnership working with local GP's, community psychiatric nurses, health care assessors and commissioning teams. Feedback from healthcare professionals was positive. One said ''The home appears more organised and certainly a nicer environment now.''

The ethos of the service was to provide people with safe care in a homely environment. Staff believed they worked in a way which supported this ethos. One staff member said ''We try our best to provide people with a homely home, where we give TLC and treat people like they were our own family.'' One relative said "The standard of care is pretty good. The place is cleaner and fresher now; it used to be dreary and sad."

Most staff confirmed the management approach was open and inclusive. They considered their views and suggestions were listened to and actioned. Staff were asked their views in supervisions and some staff

meetings, but these were not occurring on a frequent basis.

People's views were sought in a variety of ways. This included one to one time with people as well as regular residents meetings which were minuted. Everyone was asked their views about menus and activities and the registered manager said she would also try doing some satisfaction surveys which people could complete anonymously if they wished. This would be an additional way people could have their say.

Accident and incident reports were reviewed for any trends or ways to improve the service. The registered manager was aware of their responsibilities to keep CQC informed of any statutory notifications.

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 11 HSCA RA Regulations 2014 Need for consent The service had not always ensured people's capacity had been fully assessed and that these assessments were decision specific.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks associated with lack of systems to pick up on environmental issues