

M Rashid

# Melrose 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Melrose House provides accommodation, personal care and nursing care for up to 34 older people and older people living with dementia.

Following our inspection to the service on 1, 2 and 5 September 2016, and as a result of repeated failings, an internal management review meeting was held on 5 September 2016, when it was agreed that a Notice of Proposal to cancel the provider's registration would be issued. The overall rating for this provider was 'Inadequate'. This means that it remained in 'Special measures' by the Care Quality Commission.

The provider shared with us their action plan on 6 November 2016. This provided sufficient detail outlining their progress to meet regulatory requirements. Following this inspection of 12 December 2016 a further internal management review meeting was held on 14 December 2016, whereby it was agreed that sufficient improvements had been made to not pursue our action to cancel the provider's registration.

This inspection was completed on 12 December 2016. There were 22 people living at the service when we inspected.

The service had a manager in post. They were not yet formally registered with the Care Quality Commission but had submitted their application to be registered with us and were awaiting their 'Fit Person Interview'. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

We found the provider and manager had made some progress to address previous identified shortfalls, however there were still areas that had not been satisfactorily addressed and these had not been picked up as part of the provider's quality assurance arrangements.

Suitable control measures were not always in place to mitigate risks or potential risk of harm for people using the service as steps to ensure people and others health and safety were not always considered. The management of medicines was not safe as people did not always receive their medicines as prescribed.

Improvements were required to ensure that staff received a robust induction for their role and responsibilities. Furthermore, improvements were required to make sure where topics were discussed as part of formal supervision arrangements, actions were not recorded and addressed. Aims and objectives were not set as part of annual appraisal procedures.

People told us the service was a safe place to live and that there were sufficient staff available to meet their needs. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow.

Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity. The dining experience for people was positive and people were complimentary about the quality of meals provided. People received appropriate support to have their social care needs met. People told us that their healthcare needs were well managed. Care plans accurately reflected people's care and support needs.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

Staff were friendly, kind and caring towards the people they supported and care provided met people's individual care and support needs.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Risks were not always appropriately managed or mitigated so as to ensure people's safety and wellbeing.

The management of medicines was not as safe as it should be as people did not always receive their medication as prescribed.

Appropriate systems were in place to ensure that people living at the service were safeguarded from potential abuse.

There were sufficient numbers of staff available to meet people's care and support needs.

Suitable arrangements were in place to recruit staff.

### Is the service effective?

**Requires Improvement** 

The service was not consistently effective.

Improvements were required to ensure that staff received a robust induction for their role and responsibilities. Furthermore, improvements were required to make sure where topics were discussed as part of formal supervision arrangements, actions were recorded and addressed. Aims and objectives were not set as part of annual appraisal procedures.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards

the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in social activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care and support that met people's individual needs.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Whilst some improvements were noted, there are still areas within the service that have not been satisfactorily addressed. Improvements made to date need to be embedded and sustained over time.

# Melrose 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 12 December 2016 and was unannounced. The inspection team consisted of two inspectors. The inspectors were also accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

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 11 people who used the service, eight members of care staff, four relatives, the cook, the person responsible for providing activities to people using the service, the manager, the deputy manager and the provider.

We reviewed five people's care plans and care records. We looked at the service's staff support records for eight members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

At our previous comprehensive inspection to the service on 1, 2 and 5 September 2016, we found the provider's recruitment and selection procedures were not safe or effective. Our observations showed that manual handling practices when assisting people to mobilise required improvement and equipment, namely wheelchairs were not 'fit for purpose' and potentially placed people at potential risk of harm and injury. Appropriate control measures were not put in place to mitigate risks or potential risk of harm. The provider's arrangements for medicines management was inconsistent and robust procedures were not in place to safeguard and protect people from abuse. Additionally, staffing levels were not always maintained and this impacted on the delivery of care for people using the service.

The provider shared with us their action plan on 6 November 2016. This provided detail on their progress to meet regulatory requirements. We found that the provider had made significant improvements, although some further improvements were still required in relation to the management of risk and medicines management.

Risk assessment strategies to keep people safe were not as effective as they should be and further improvements were required. Where risks were identified, suitable control measures were not always considered or put in place to mitigate the risk or potential risk of harm for people using the service. For example, one person was noted to have fallen down the stairs whilst attempting to use these. Although the person had sustained minimal injuries, it was known to the management team and staff that the person could be unsteady on their feet. The person's care plan recorded that the person should use a walking frame to help aid their mobility at all times to ensure their safety. It was also noted that the person could experience disturbed nights. At times the person had tried to use the stairs independently which were located close to their room. However it was not safe for them to do so without staff assistance. Despite the above, no consideration had been made by the management team to have an alarm mat in place to alert staff if the person was to get up and leave their room during the night. No consideration had been given to making access to the stairs safe to ensure that a similar incident did not happen again. Furthermore, no consideration had been made to notify the Local Authority or Care Quality Commission of the potentially serious incident/near miss or to complete an internal investigation relating to the incident. This meant that we could not be assured that lessons would be learnt to mitigate future risk to the person or others. This was discussed with the manager and an assurance was given that this would be undertaken in the future.

Although people told us they received their medication as they should and at the times they needed them, the arrangements for the management of medicines required improvement. Whilst medicines were stored safely for the protection of people who used the service, we found a number of discrepancies relating to staff's practice and medication records. The Medication Administration Records [MAR] for four people showed they had not received all of their medication as it was 'out of stock'. For example, one person was prescribed a once daily medication to help aid the symptoms of constipation, however their medication had not been available for eight days. Another person was prescribed a once daily medication to help treat low levels of iron in their blood. This medication was also not available for eight days. Little information was available to show what actions had been taken by the service to source this medication so as to ensure

people received their prescribed medication.

We found unexplained gaps on the MAR form for one person, giving no indication of whether they had received their medication or not, and if not, the reason why it was not recorded. On further review we found that the medication had not been administered as the tablets remained in the blister pack and packets of medication. We discussed this with the senior member of staff on duty and they acknowledged that they had not administered the person's medication as the person had been receiving personal care at the time of the medication round. Records also showed that in November 2016, the same member of staff had failed to administer two people's pain relief medicated patch. Staff statements were recorded, however the manager had not considered conducting an internal investigation into the incident and/or undertaking formal supervision with all staff who administered medication to consider the reasons for this and learning to ensure prevention of this type of incident in the future. Although staff had received medication training, four members of staff had not had their competency to undertake this task assessed.

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

Staff told us that efforts were made to keep people safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "I feel very safe here. The girls are kind to me". Another person stated, "I feel very safe here, because the staff are kind and look after me." Relatives confirmed in their opinion that their member of family was kept safe and they had no concerns about their safety.

Staff had received appropriate safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or registered provider were not responsive. Staff were confident that the registered manager and deputy manager would act appropriately on people's behalf. Where appropriate suitable measures had been carried out by the registered manager to take action and alert all relevant parties where abuse had been alleged or suspected.

People's comments about staffing levels were positive. One person told us, "I think there is always plenty of staff around and if you call them they do come." Another person told us, "If you need a member of staff they do come and help you." A relative confirmed, "When I come to visit there does appear to be a number of staff on duty, sometimes there is a wait for the buzzer to be answered but not a long time." Staff's comments about staffing levels at the service were positive. Staff told us that staffing levels were much improved and staffing levels were now always maintained. The manager advised that staffing provision at the service had been reviewed and arrangements had been made to develop and recruit a 'bank' of staff to help cover staffing shortfalls in the future. The manager confirmed and staff rosters evidenced that no agency staff had been required within the last six weeks. The manager informed us that once it was agreed that people could be admitted to the service, a further review of staffing levels would be undertaken to ensure that these remained appropriate for the numbers and needs of people living at the service.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed since September 2016 showed the provider had operated a thorough recruitment procedure in line with their policy and procedure. The recruitment procedure included processing prospective staff member's employment application, conducting interviews, seeking references and undertaking a Disclosure and Barring Service [DBS] check. This showed that staff



employed had had the appropriate checks to ensure that they were suitable to work with the people they supported.

## Is the service effective?

### Our findings

At our previous comprehensive inspection to the service on 1, 2 and 5 September 2016, we found not all staff employed at the service felt supported or valued by the registered manager and provider. Suitable arrangements were not in place to ensure staff received an induction, formal supervision and an annual appraisal. Additionally, not all staff had received training in line with the provider's own recommended training requirements. Suitable measures were not in place for the administration of covert medication for one person in accordance with the Mental Capacity Act 2005.

The provider shared with us their action plan on 6 November 2016. This provided detail on their progress to meet regulatory requirements. We found at this inspection that the provider had made the majority of the improvements they told us they would make and significant improvements were noted.

Staff confirmed they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us this ensured that their knowledge was current and up-to-date. Furthermore, staff confirmed that the quality of training was much improved and there were more training opportunities. Records confirmed what staff had told us and showed that their mandatory training as agreed by the provider was up-to-date. Improvements were required to ensure staff also received more specialist training relating to the needs of the people they supported. This referred to nutrition, dementia awareness and training relating to people's specific medical conditions, for example, Diabetes and Parkinson's. This was discussed with the manager and an assurance was provided that the additional training would be provided in the future. Although improvements were still needed, our observations showed that people's needs were met by a staff team who had the right competencies, knowledge and skills to meet people's diverse care and support needs. This was demonstrated by staff's care practices and attitude towards the support individual people received.

The manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of Skills for Care 'Care Certificate' or an equivalent. Records now showed that newly employed staff had received an 'in-house' induction. The manager confirmed that documentation relating to the Skills for Care 'Care Certificate' had been sought but a meeting with staff had yet to be undertaken prior to staff being given the workbooks to complete. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The manager confirmed that this could be flexible according to previous experience and level of competence. One newly employed member of staff confirmed they had received an 'in-house' induction and in their opinion this had been good. They advised that they had shadowed a member of staff for three days and had found this to be invaluable.

Staff told us they felt supported and valued by the new manager. Staff confirmed and records showed that since September 2016, they had received at least two to three formal supervisions. However, improvements were still required to ensure that where subjects and topics were raised by staff, this was followed up and there was a clear audit trail to demonstrate the actions taken. Staff told us and records confirmed that staff

employed longer than 12 months had received an appraisal of their overall performance. Though these had now been completed, improvements were required to ensure that aims and key objectives for the next 12 months relating to their role were set, for example, training needs, professional development and other factors which may be applicable.

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. 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.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were able to demonstrate a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Records showed that where appropriate people who used the service had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded in most cases. Following discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. The manager confirmed there was no longer anyone at the service who required their medication to be administered covertly. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink.

People's comments about the meals provided were positive. One person told us, "The food here is pretty good. I can more or less pick what I want to eat. There is plenty on the dinner plate and we do have fresh vegetables." Another person told us, "I enjoy small meals but like the food they give me."

Observation of the dining experience for people was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service. People were supported to make choices from the menu provided and received food and drink in sufficient quantities to meet their nutritional and hydration needs. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, we found that referrals to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made. Where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had been followed.

People told us that their healthcare needs were well managed. One person told us that the staff took appropriate action if they were feeling unwell. They told us, "If you are not well they [staff] send for a doctor straight away." People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital and GP appointments, District Nurse and Community Dementia Nurse Specialist.

# Is the service caring?

## Our findings

At our previous comprehensive inspection to the service on 1, 2 and 5 September 2016, people living at the service did not always feel they were well cared for. The service needed to improve the way they delivered personalised care to people so as to ensure it was suitable. The provider shared with us their action plan on 6 November 2016. This provided detail on their progress to meet regulatory requirements. We found at this inspection that the provider had made the improvements they told us they would make and significant improvements were noted.

People were satisfied and happy with the care and support they received. One person told us, "The staff here are very kind and caring." Another person told us, "The staff here are so caring, they often come and say hello and ask if I am alright." The majority of relatives spoken with confirmed that they were happy with the care and support provided for their member of family. One relative told us, "The staff are very caring towards my relative and they get on well with them." Staff told us that they now felt able to provide a good level of care to the people they cared for.

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter which people appeared to enjoy.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. Our observations showed that several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, included jewellery and were appropriate to the occasion and time of year. In addition, one member of staff was observed to assist a person to walk from the dining room to a communal lounge. The member of staff supported them by walking beside them and placing their hand on the person's back so as to provide comfort and reassurance. The member of staff walked at the person's pace, showing patience, kindness and understanding in their approach.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives

confirmed that there were no restrictions when they visited and that they were always made to feel welcome. Visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

# Is the service responsive?

## Our findings

At our previous comprehensive inspection to the service on 1, 2 and 5 September 2016, improvements were still needed in the way the service and staff supported people to lead meaningful lives and to participate in activities of their choice. Improvements were required as some people's care plans were not fully reflective or accurate of people's care and support needs.

The provider shared with us their action plan on 6 November 2016. This provided detail on their progress to meet regulatory requirements. We found at this inspection that the provider had made the improvements they told us they would make and significant improvements were noted.

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. However, relatives confirmed they had not been actively involved in providing information to inform their member of family's care plan, particularly at the pre-admission stage and to explain their life history.

Staff told us that some people could become anxious or distressed. Guidance and instructions for staff on the best ways to support the person were recorded. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

Staff told us that they were made aware of changes in people's needs through regular handover meetings and discussions with senior members of staff. Staff told us that they found this invaluable and informative. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

The manager confirmed that since our last inspection in September 2016, a new member of staff had been appointed to provide activities to people living at the service. The member of staff told us they had spoken to as many people as possible since their appointment to gather information about their personal social preferences both for 'in-house' and community based activities. People told us that they were now supported to take part in social activities of their choice and preference. Our observations confirmed what people told us. During the inspection a variety of activities were undertaken within the dining room and lounge areas. This included different art and craft projects, a quiz and communal singing. People were visibly observed to enjoy these activities and appreciated the opportunity to have positive interactions with staff.

Four out of six people spoken with did not know how to make a complaint or who to complain to. However, others stated they would raise any concerns or complaints with their relative or a member of staff. The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. The complaints log showed that since our inspection in September 2016 there had

been two minor complaints. A record was kept of all issues raised, action taken and the outcome. A record of compliments was also maintained so as to capture the service's achievements.

## Is the service well-led?

### Our findings

At our previous comprehensive inspection to the service on 1, 2 and 5 September 2016, we found the provider's quality assurance and monitoring processes continued to be ineffective so as to demonstrate compliance with regulatory requirements and to drive improvement. The provider shared with us their action plan on 6 November 2016. This provided sufficient detail outlining their progress to meet regulatory requirements. On 14 December 2016 the Commission considered all the evidence from this inspection and it was agreed that sufficient improvements had been made, however due to continued shortfalls and further improvements required in some areas, the restriction on admissions remained in place, with any requested admissions at the Commission's discretion.

At this inspection, although we found the provider and manager had made significant progress to address previous identified shortfalls, we found there were still areas that had not been satisfactorily addressed. For example, as already detailed within the main text of the report, where risks were identified to a person's health and safety, suitable control measures were not always considered or put in place to mitigate the risk or potential risk of harm for people using the service. Additionally, we found a number of discrepancies relating to staff's medication practice and medication records. No information was recorded as to the actions taken/to be taken to address the above. There was a lack of investigation and analysis where specific incidents had occurred. Therefore we could not be fully assured that suitable arrangements were in place to evaluate and improve practice so that lessons could be learned, solutions developed and risk reduction actions put in place.

Records relating to staff employed were not properly maintained. Further improvements were required by the provider and manager to ensure that appropriate arrangements were put in place to make sure staff received a robust induction. Although, initial steps had been taken by the manager to ensure staff received an 'in-house' induction; a more robust induction in line with Skills for Care or an equivalent had not been implemented and this remained outstanding from previous inspections to the service. Additionally, we found where care staff had been promoted to a senior care role; they had not received additional support and training to ensure they had the skills for their new role. Whilst we could see and staff told us they now received regular formal supervision; improvements were still required to ensure that actions highlighted were followed-up and addressed. This meant that although supervisory arrangements were in place, ineffectual systems for evaluating and problem solving still required further improvement. The overall rating of staff's performance and aims and objectives for the next 12 months had not been recorded and required further development.

At this inspection the manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of audits. Audits relating to health and safety, infection control, medication and clinical information, such as, for the incidence of pressure ulcers and falls had been revised where appropriate and others introduced and implemented. It was evident that the implementation of these was having a positive impact on the manager's ability to assess, monitor and improve the quality of



the service provided.

People using the service, relatives and staff had many positive comments about the overall management of the service. People told us that the management team were more visible and some improvements noted, such as, a consistent staff team, less agency staff and more social activities. Staff demonstrated they were clear about the manager's and provider's expectations of them. Staff told us they were well supported and their views were respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was now open and inclusive and that communication was much better and morale was good. This meant that the provider and management team of the service had taken steps to promoting a positive culture that was person centred, open and inclusive.

The manager confirmed that the views of relatives and those acting on people's behalf were sought in December 2016. The manager advised they were looking to collate the results of the questionnaires during January 2017 and confirmed a report would be collated relating to the findings and an action plan completed.

Staff told us that regular staff meetings had been held at the service since our last inspection in September 2016 to enable the manager and staff to discuss topics relating to the service or to discuss care related matters. Additionally, the manager told us that meetings were held for people using the service and those acting on their behalf. This showed that people using the service and those acting on their behalf were encouraged to have a 'voice' and to express their views about the service. Records were available to confirm the above.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Suitable control measures were not always considered or put in place to mitigate the risk or potential risk of harm for people using the service.