Methodist Homes

Queens Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

Queens Court is registered to provide accommodation for up to 55 people who require personal care. Nursing care is not provided. At the time of our inspection there were 52 people living in the home. The home is located in the village of Bottisham, near Cambridge. The home is divided into four units, Windsor, Osbourne, Balmoral and Sandringham. Shops and other amenities are a short walk away. The home has wheelchair access for those who may require this.

This unannounced inspection took place on 18 March 2016.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 scheme is run.

People had their needs assessed and reviewed so that staff knew how to meet their care needs. People's care plans were completed and reviewed with them or their relative.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. There was a sufficient number of staff to meet the care needs of people living in the home. Satisfactory pre-employment checks were completed before staff were employed to care for people in the home.

People were supported to be as safe as possible because assessments had been completed for all risks and how they were managed. This meant staff had the information they needed to reduce risks.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff were trained in the principles of the MCA and DoLS and could describe how people were supported to make best interest decisions. The registered manager had made applications so that people were not deprived of their liberty unlawfully.

People were supported to take their medicines as prescribed and medicines were safely managed.
An effective induction process was in place to support new staff and further training was provided to ensure all staff had the necessary expertise to meet people's needs.

People did not always have sufficient food and drink of their choice throughout the day. Although staff knew people's likes and dislikes they were not always taken into account. People were supported by kind, caring and happy staff. People's privacy and dignity was respected by staff.

People's food and fluid charts were not fully completed. A range of audit and quality assurance procedures were in place. These were used as a means of identifying areas for improvement and also where good practice had been established. Information to assess the quality of the service was gained through residents'

and relatives' meetings, quality questionnaires and staff meetings.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people's safety and welfare were assessed and managed.

People received the correct medicines as prescribed.

There were enough staff to provide the necessary care and support for people.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not have sufficient menu choices, which meant their health and nutritional needs were not always effectively met.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected.

Is the service caring?

Good

The service was caring

People were treated kindly and were respected.

Friends and family of people living in the home were encouraged to visit at any time.

Is the service responsive?

Good

The service was responsive.

Care plans were in place and outlined people's care and support needs.

Staff were knowledgeable about people's support needs, their

interests and preferences.

A complaints policy and procedure was in place and people told us that they knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

Staff had not fully completed food and fluid charts as required by the provider. This meant people could be at risk of dehydration or malnutrition.

People and staff were involved in the making improvements to the quality of the care provided. Arrangements were in place to listen to what people and their relatives had to say.

Procedures were in place to monitor and review the safety and quality of people's care.

Queens Court

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 unannounced inspection took place on 18 March 2016 and was undertaken by one inspector and one 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 area of expertise this expert by experience had was in older people's care and people living with dementia.

Before the inspection we looked at all the information we held about the service. This included the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with nine people living in Queens Court and observed people's care to assist us in understanding the quality of care people received. We spoke with the two relatives, the services manager, two senior carers and six care workers.

We looked at three people's health and care records, the minutes of residents, relatives and staff meetings. We also looked at medicine administration records and records in relation to the management of the service such as health and safety checks. We also looked at staff recruitment, supervision and appraisal process records, training records, compliments and quality assurance records.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I've never really thought about it, but yes, I feel safe." One person said, "The carers are really so kind. It's a very informal place down here and everybody can enjoy it because it's so relaxed." Another person said, "It's safe. I feel safe, yes of course. You know when you're really safe." They went on to explain that they felt safe because the carers were good and, if he fell, he would get help. Another person said, "I like the idea of the codes to come in. There's always somebody in the office to be aware of people coming and going." People were aware of their call bell and there were call bells in communal areas. One person said, "I've got the [call bell pendant]. They recommend that I put this on in the morning in case I fall down anywhere."

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. One staff member said, "Yes I have done the training [in protecting people from harm] recently and would inform the senior [staff] and put details on the body chart [if necessary]. I would go to the [registered] manager if nothing was done. I would expect the manager to do something. I could report to the local safeguarding team [local authority]." Another member of staff said, "I would report to senior staff or the [registered] manager. There is information in leaflets in the home and on boards [which included telephone numbers] about safeguarding people [from harm]." We saw evidence that the registered manager had followed the provider's procedure in protecting people from harm through the investigations and outcomes that had been recorded.

Staff told us that the home had a policy in place in relation to 'whistleblowing' which was where staff reported any poor practice. One staff member said, "Whistleblowing is if I'm unhappy about other staff [practice] and it is done in confidence and reported to the manager."

Information about how to report any incidents of harm was displayed in areas of the home that were accessible and where people could see them, as well as for staff and visitors. This showed us that that there were systems in place to help ensure that people were as safe as practicable.

Risks to people, including those at an increased risk in relation to areas such as moving and transferring people or falls, were managed effectively. We asked staff about the risk assessments for people and they were able to explain they were regularly reviewed and information was updated where necessary. We asked a staff member about the possible risk in relation to one person who was not able to raise the alarm if they fell as we could not find a risk assessment in their file. The staff member said, "The staff go in regularly to check that [the person's name] to make sure she is okay, but I don't think there is a formal risk assessment written." The senior on duty immediately went to write a risk assessment for this person.

Accidents and incidents, which included issues such as falls, were investigated and action was taken to prevent recurrence. For example, referrals were made to the appropriate health care professionals and risk assessments and care plans were updated. One staff member said, "I would immediately report [the accident] to a senior [member of staff] and record it. I'd put it in the daily notes and make other staff aware of the situation, how it happened and so it doesn't happen again."

People living in the home confirmed that there were sufficient numbers of staff on duty to ensure that people remained safe. We noted that where people requested assistance or attention from staff, they were responded to quickly. One person said, "I think there are enough staff, but I think staff would say there was not." A visitor said, "Yes there are [enough staff]. It always seems there's enough staff. If they haven't got permanent staff, they have agency staff. I haven't been in there when they've been short. It's always been well staffed." One member of staff said, "On certain days there are enough staff. Today there are 15 people and two staff on the unit. We work as a team, generally." Staff told us that they covered shifts where possible for those staff on leave or who went off sick. We looked at the staff rota and this showed that there was always a minimum of seven care staff in the home in the morning, eight in the afternoon and evening and four at night, together with two senior carers at all times. We saw that where staff were supplied by an agency, the same staff worked in the home and this provided some continuity of care for people. However, one health professional said there were a lot of agency staff used but there were usually less agency staff working in the unit for people living with dementia. Information from health professionals showed that people were 'generally safe' but that 'some days felt better than others'. The service manager told us about the different methods the home had tried to recruit new staff and this was on going. It had resulted in more local people being recruited and offers for permanent care staff would be made this week.
Staff explained about the recruitment system undertaken by the provider and that they had not been employed until appropriate checks had been returned and were acceptable. This included a valid certificate from the Disclosure and Barring Service (DBS), (which carries out a criminal record and barring checks on individuals). This demonstrated that people in the home were cared for by staff who had undergone rigorous checks before they were deemed suitable to work with them.

People were administered medicines by trained and competent staff. The provider had a policy on the management of medication and only senior staff administered medicines. Care staff confirmed this. Senior staff told us that they had received training in the administration of medicines and that their competency was assessed by management. This was confirmed by the services manager.

People were asked if they wanted to administer their own medicines and one person said, "I take them [my medicines] myself." Another person told us, "I don't want to keep my tablets. The staff give them to me and they [medicines] are locked in a big box." We checked medication administration records (MAR) charts of people and they showed that three out of four people had been administered with their prescribed medicines. There were some omissions in the recording of the medicines of one person who should have been administered eye drops four times a day. All daytime eye drops between 11-17 March 2016 had been recorded as administered; however there was no evidence that the evening eye drops had been. The senior carer said that the person was often asleep for the evening drops but that it should have been recorded that that was the case. The service's manager was informed. They said all senior staff, who administered medicine, would be reminded to complete the MAR charts as per the provider's policy.

We noted that the arrangements for the storage, handling, management and disposal of medication were satisfactory. A senior carer said that there were daily medication audits completed by senior staff. This meant that people were given their medicines safely and as they were prescribed.

Requires Improvement

Is the service effective?

Our findings

People's choices, preferences and assessed needs were not always met. Although staff were aware of people's likes and dislikes they did not always provide or offer alternatives when foods people did not like were on the menu. For example, during the inspection one person told us they did not like peas and carrots. The member of staff was aware the person did not like peas and carrots but had failed to ensure an alternative was provided at lunch. The person did not have any vegetables as a result. Staff were aware that one person did not like pork but had not offered an alternative the day before when there was only a pork meal on the menu. The person said, "If you had asked me yesterday if I was ever hungry I would have said "yes" as I only had potatoes and a few vegetables." Staff said there were always other meals available but there was no evidence to show that they actually told people the things on offer. We spoke with two people in the home to check that their likes and dislikes were correct. One said most of the foods listed were correct but that they liked battered fish, which had been recorded under dislikes. They also commented that they loved swede and parsnips but they were not on their likes list. Another person had beans written under likes, but they said they had not been asked about what sort of beans they liked.

This was a breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Information in the 2015 quality questionnaire showed that 84 per cent of people agreed the menu offered a good variety of choices each day. A further survey about menus was to be completed at the end of April 2016.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and DoLS.

There was evidence that people were involved in decision making. People said, "That's what they say. It's your decision." One relative said, "Mum, since moving here, has been an early riser. They anticipate that. It's a matter of free choice. She gets to do what she wants." The staff had a good understanding of the MCA and DoLS and confirmed that where people using the service had or did not have capacity, information was in their care plan. We saw in one person's file that they had variable capacity in areas such as what to wear and what to eat but where they lacked capacity best interest decisions had been recorded. Staff told us they had undertaken training in the MCA and DoLS and were able to tell us what that meant in relation to their work with people. One staff member said, "All care plans show [a person's] capacity and it [information about best interest decisions] is recorded in all areas of their plan." This meant staff were aware of and ensured

people's needs were met in their best interests. Another member of staff said, "People do have freedom but security. We keep them safe and the doors are coded." CQC had received notifications and the service manager also provided information, that showed people had been referred to the local authority in relation to DoLS. They were awaiting the outcome of the referrals.

Staff told us about the induction training programme, which provided all the mandatory training expected by the provider. One new member of staff said, "I have done all the training. I shadowed [a more experienced member of staff]." Information about staff training was kept on the computer and we saw that all mandatory training expected by the provider was up to date for all staff.

People were supported by staff who had the knowledge and training necessary to meet their needs. Staff told us they received a range of training that supported them with their roles. These included safeguarding people from the risk of harm, dementia awareness, moving and transferring. One staff member told us they were completing a national vocational qualification (NVQ) Level 2 in care.

Staff told us that they were supported by face to face supervision meetings and staff meetings. One staff member told us, "I get one to one [supervision] with senior carers and anything is confidential and if you have any issues or ideas they take them forward." Another member of staff said, "You have supervision every six weeks or so. [Name of supervisor] does it."

People were supported by staff who ensured that they could see a range of healthcare professionals when it was required. These included GP's, district nurses, dentists, opticians and emergency services. The district nurses went into the home each day to provide specific healthcare to people, but also said, "If the staff are concerned about anything they will get us to check it out." Another health professional said, "The staff seem alert to changes in physical and mental health and will call for a medical review promptly." They went on to say that where advice was given or changes advised, the staff asked for written confirmation to avoid errors. Staff told us they arranged people's dentist or optician appointments, but family members usually transported people where possible. One person said, "I used to have a district nurse because I had bad legs." A relative said their family member had seen a chiropodist and a GP. They also said, when their family member was ill, the service was very helpful and called an ambulance. Staff were clear and understood their responsibilities and there were procedures in place to support the person's healthcare needs.

Good

Is the service caring?

Our findings

People were positive about the way that staff treated them. One person said, "I couldn't find a fault with any of them. You couldn't wish for better." Another said that staff treated them, "Very well…They're sympathetic." One visitor said, "They're [staff] all very caring. It's the residents' home, so they do make them feel at home and not just somewhere they're staying." Another visitor said, "[Staff are] very friendly. Very approachable. If I've got any queries, they're always dealt with promptly and courteously." It was noticed that staff were positive and kind towards people. One member of staff said, "As a person's key worker you build trust with people." Another member of staff was observed walking with someone and said, "Come with me. Pop your arm in there. You're looking lovely today." Two professionals told us that they would be happy to recommend the home to other people and that the staff were warm and friendly.

People said that staff treated them with dignity and respect. When asked, people said that staff knocked on their door and kept them covered when they received personal care. During lunch, a staff member asked people for their choice of drinks and whether they wanted pudding. They also asked one person if they wanted their food cut up. One person said, "They treat me with great respect when I take my clothes off [to be assisted with personal care]. No one's made me feel a bit embarrassed." One visitor said, "The personal care all takes place in her [relative's] room or her bathroom." Another said, "I've never seen anybody being anything but respectful. They speak nicely to her [relative]."

There was evidence that people were supported in being independent. One person said, "I can go to bed when I like." One visitor said, "If somebody doesn't want to get up at nine in the morning, or is still asleep, they're not hurried up." Another said, "Mum, since moving here, has been an early riser. They anticipate that. It's a matter of free choice. She gets to do what she wants." People were able to choose what they wanted for lunch and one person said she manages her own spending money.
There was some evidence that people's diverse needs were met. Dates of church services were posted on the notice boards. One visitor said their relative went to the services and could get extra support if needed. Another visitor said, "She's [relative] always offered to go to a service on a Sunday." One person said they went to the chaplains for support and that they (the chaplains) had supported her whilst she was in hospital and said, "Both Chaplains are good to me."

When asked what is good about the service one person said, "Everything's good for me. You've got the heat. You're looked after. I'm relying on places like this at the moment." Another said, "It's like a hospital with all the care and kindness with the freedom to come and go and my lovely room. The staff really look after me." Each person had a key worker. This is a member of staff with specific responsibilities for the individual aspects of people's care. Staff told us about their role as keyworkers and one said, "We [staff] make sure people have the things they need, like toiletries. We make sure people have a bath or shower when they want. We also liaise with the families; we have a good rapport with families."

People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. Staff said that an independent advocate would be sought to help anyone if they wanted it. There was information displayed in the home so that people could contact the advocates direct if

they wished. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Records showed that the registered manager assessed people before they came to live in the home to ensure their care needs could be met. One member of staff said, "[Name of registered manager] goes out to people's homes and to the hospital to make sure we [staff] can provide the right care. We used to get a lot of people [come to live in the home] who required nursing care and we are not a nursing home. That was the case but not now." One person said, "A few weeks back she [registered manager] came to visit me in hospital. I think it was to check that I was mobile as this is not a nursing home." The information in the assessments formed the basis of people's initial care plans so that staff could work with people's needs. This ensured that staff were able to respond to people in a way that provided the care they needed. Records we viewed confirmed this.

Some people said they were aware of their folder or care plan, but not everyone had looked at or had been involved in it. One person said they had a care plan, but had not been asked to sign it. Another person said, "I didn't realise they recorded anything. It don't matter. I can leave it to them." When asked if they would like to see it they said, "I don't really care." Another person said, "There is a care plan…in my room. They are always writing in it. I don't know what they write. I have partly [read it] because they want me to sign it, so I have a rough idea. It is [reviewed].They're always writing in it."

One visitor, who was not their relative's main contact, said, "I know it's there, although I've never actually read it." However, they were aware that the relative's husband had been involved in a review and was involved in writing the care plan to start with. The visitor said, "Quite recently, he met with one of the seniors and they went through it together." Another visitor said she was frequently involved in a review and that she was involved in writing the care plan. She said, "Very much so. Particularly mum's history that I felt the carers needed to know because it gives them an insight into the way she behaves now.'

People's care needs were reviewed regularly and, where there were changes in those needs, the individual plans of care had been updated. For example, we saw that one person had unintentionally lost weight. Information in the plan showed that the person should be encouraged to eat and drink but that their weight was likely to deteriorate further as the result of their illness. This meant that people's care needs toward the end of their life was recognised and that staff had the updated information they needed to provide good care.

People told us about the activities they enjoyed, such as an Elvis impersonator (who was in the home during the inspection), trips they had been on and attending the day centre. The day centre was open to people who lived in the community but also people who lived in Queens Court. On the day of our inspection we saw people were singing with 'Elvis' and enjoying the music. One person described it as 'Entertaining'. People also told us they sometimes liked to spend time in their own bedrooms to watch TV or read books or magazines. One person said, "I went down to the music downstairs. They have all sorts going on down there. I also do knitting. I go and visit [relative] in [name of another home]." One person spends most of their time in their room, but said they were invited to participate in activities. They said, "They always do [ask him]. This morning, I got the choice." Another person said, "I stay in my room except for meals. They ask me in

here [lounge area], but I don't often join in. We have one carer who comes and reads a story to us. I do enjoy that." Another person said he had been provided with a wheelchair when he went out.

The unit supporting people living with dementia had older style pictures on the walls and a game of noughts and crosses. Memory boxes had recently been put on the wall next to people's bedrooms, although they were not yet used.

Although people were not necessarily aware of a complaints procedure, some were able to identify a way to make a complaint. One person said, "I would talk to the one [staff member] who's looking after you. Her [the member of staff] that you see personally every day first." Another person said they would speak to, "Anybody here I suppose." One person said they had made complaints about issues in the laundry but the problem had been resolved, commenting, "The lady [laundry member of staff] comes up every day now [to bring clean clothing]." One visitor had not had to make a complaint, but said, "I think there is a complaints procedure. I would probably go to see the [registered] manager in the first instance." Another visitor said, "I don't know particularly about the complaints procedure." They went on to say that when they had raised a concern to a senior carer they had been thanked and the situation had been dealt with. There were leaflets available in the home on how to make a complaint. Staff confirmed how they would support people to make a complaint if that was necessary. We saw that there was a policy and procedure in place from the provider on how to deal with complaints but there had been no written complaints made.

Requires Improvement

Is the service well-led?

Our findings

Although audits had been completed, food and fluid charts had not been completed fully and as required in the provider's policy. Staff had been told in the last staff meeting, dated 10 February 2016, that the charts must be completed and the fluid input totalled each day to ensure people were not at risk of dehydration. One senior carer said that staff had been told on a daily basis that the forms should be completed. The service manager said that the senior carers should have checked the completion of the charts each day. We checked two people who were on food and fluid charts. We found that in the last twelve days none of the 24 charts had been completed fully. This meant people could be at risk of dehydration or malnutrition. However staff confirmed that people had been given food and fluids but the information had not been recorded.

There was a registered manager in post at the time of the inspection and they were supported by the service manager, deputy manager, assistant manager, senior carers, care staff and ancillary staff. All the staff said the registered manager provided good leadership. One staff member said, "[Name of registered manager] has been the best line manager I've had. I had an issue and I knew she would take it seriously, and it was dealt with immediately." Another said, "[Name of registered manager] has been here about a year. She is very nice and is very supportive." Staff said they worked as a team to ensure they provided good care for people in Queens Court. People told us they knew who the registered manager was. One person said, "Yes I know who the manager is."

Most people were positive about the culture of the home. One person said the home was, "Quite nice, I believe. We like the area. We know people that come and go, so we're quite happy." Another person found the home 'very pleasant,' and said it helped her to be as independent as possible. One visitor said the service was 'open', 'up front' and 'honest' and commented, "They would never take somebody's independence away from them." They went on to say, "They're very open. They wouldn't hesitate to pick the phone up to me or ring [relative's husband] if there's a problem." Another visitor said, "Without exception, I haven't spoken to anyone who isn't willing to listen or act on my concerns." However, one person said, "I suppose I must say it's restrictive. You have to obey the rules."

People's views about improving the service provided in the home were sought in different ways. There were residents' and relatives' meetings, staff spent time with people to gain their views and more formally through the provider's quality assurance survey questionnaires. For the 2015 survey 14 people had completed questionnaires about the service. These had been sent to the head office and the responses collated. One visitor said they had been sent, "A form that came out that was anonymous. That you just put down your thoughts and concerns." One person said they had completed a questionnaire about the home, but had received no feedback on the results of the survey. Overall the outcomes for the home were very good. Some comments included: 'staff have always been very caring'; 'Night staff don't always come quickly when I use my alarm and 'overall the care is excellent'. An action plan in relation to the areas raised was completed. There were timescales in April 2016 for the food quality and menu survey to be completed and improvements in the laundry service which were on going.

We saw that the provider had listened to people as access to the home had been improved. This was through lowering the large button that operated the self-opening doors at the front of the building. This now made it easier for people in wheelchairs to remain independent.

One visitor said they had been to meetings at the service which were held every two to three months. When asked what the meetings covered, they said, "Initially to let us know what's going on. For example, there's a budget for furniture." They also said that there had been a discussion on the type of new flooring that could be laid.
Only one person we spoke with was aware of any meetings. Others said they were unaware and one person said, "I've never been invited." We saw the minutes of the residents' meeting last held in September 2015. There were discussions of previous trips and suggestions of new places that would be explored such as a show or meal out as well as a trip to the countryside. Themed meals were discussed and people told us one had already taken place. We saw the minutes of the relatives' meeting held in February 2016 where there were discussions about the new furniture that was being bought for the home; information about the new memory boxes that would be available, as well as the changes of staffing and recruitment being undertaken.

We saw details of the staff survey outcomes, which were kept in the staff room. There had only been one area of concern and that was that staff needed to read 'Staff Matters'. We saw that there were different staff meetings. Some were for all staff in the home, and some for individual units. We saw that each meeting detailed what had been done about any issues raised at the last meeting. This meant staff were aware of any changes or updates as they were recorded. For example, we saw that one person had spoken to a member of staff to ask about a bird table for one of the units. It had been agreed in the staff meeting and was being purchased.

Staff told us, and documents showed, that there were handover meetings at the beginning of each shift as well as daily notes about each person. Where issues affected people's care staff were alerted to any changes and staff confirmed they were kept up to date by other staff as well as checking people's care plans and risk assessments to ensure continuity of care.

Links were maintained with the local community and school. Information from one school professional told us they had been warmly welcomed by staff and that, "Nothing was too much effort".

Records we held about the service showed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed that the registered manager had an understanding of their role and responsibilities.

Audits of falls, pressure ulcers, people's weights, fire records and other audits were completed as required. There was evidence that the registered manager monitored the audits to check any trends to see if there were improvements that could be made in the service.

We saw the fire emergency plan had been completed, so that staff knew what to do in the event of a fire. An internal fire risk assessment had been completed in April 2015. Areas of concern had been dealt with and details recorded.

There had been a Health and Safety audit in April 2015 and actions had been taken where necessary. For example electrical sockets had been moved to prevent any accidents as they were not located to keep people and staff safe.

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	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People were not offered an appropriate variety of food that was available to meet their needs. Regulation 14 (4)(a)