

Bupa Care Homes (CFHCare) Limited

Gallions View Care Home

Inspection report

20 Pier Way
Thamesmead
London
SE28 0FH

Tel: 02083161079

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 08 and 09 March 2017 and was unannounced. At the last comprehensive inspection of this service on 28, 29 July 2016 and 02 August 2016 we found serious breaches in legal requirements in relation to consent, safe care and treatment, complaints and monitoring the quality and safety of the service. The service was rated 'Inadequate' overall and placed in special measures. This report only covers our findings in relation to the latest inspection. You can read the report from our last inspection in July 2016, by selecting the 'all reports' link for Gallions View on our website at: www.cqc.org.uk.

Gallion's View Nursing Home provides personal care and nursing care to older people and those living with dementia. The service can accommodate up to 120 people in four separate buildings. At the time of this inspection 57 people were using the service.

The service had a registered manager who has been in post since 2011. 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. At the time of our inspection the registered manager had returned to work the previous month after being on extended leave since June 2016. The deputy manager had been managing the service as acting manager during the registered manager's absence and had been supported by the provider's recovery team who oversee and support improvement.

This inspection was in line with our special measures policy to check if improvements had been made. We found that the provider had made some improvements. They were now compliant with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to consent and complaints. However, we found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment and monitoring the quality and safety of the service. In February 2016 we required the provider to submit information to us on a monthly basis and have continued to voluntarily submit monthly audits when the condition ended in September 2016. In March 2016, we placed a condition on the service's registration that no new admissions could be made to the home. Following this inspection, this condition will remain on the provider's registration as a continued breach of regulations was identified. We have also asked the provider to submit a protocol that details the way staff are kept informed of people's needs and risks when staff are required to work on other units part way through a shift. The provider has also agreed to continue to send us voluntary monthly audits.

As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five key questions, it is no longer in special measures.

Risks to people had been identified but care plans did not always record up to date guidance in order to enable staff to manage these risks safely. Staff were not always aware of people's needs before they offered support. Audits were not always effective in identifying shortfalls in the safety or quality of the service. You

can see the action we have asked the provider to take in respect of these breaches at the back of the full version of the report.

The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if the need arose. Medicines were managed, administered and stored safely. There were safe staff recruitment practices in place and appropriate numbers of staff deployed to meet people's needs.

New staff were adequately inducted into the service; staff received appropriate training and were supported through supervisions and appraisals. Staff were aware of the importance of seeking consent from the people they supported and acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where people lacked capacity to make decisions for themselves. People were protected from the risk of poor nutrition and had access to a range of healthcare professionals in order to maintain good health.

Staff respected people's privacy and dignity and treated them with kindness and consideration. People were supported to be independent where possible such as attending to aspects of their own personal care. Staff were knowledgeable about people's cultural needs and religious beliefs.

People's needs were assessed and they or their relatives were involved in the care planning process. Care plans were reviewed on a regular basis, but were not always updated to reflect a change in people needs and the support they required. People were provided with information on how to make a complaint and said they were confident that their complaints would be investigated and action taken if necessary. A variety of activities were available to engage and stimulate people. People and their relatives were asked for their views about the service through residents meetings and satisfaction surveys. Regular resident and staff meetings were carried out; people, their relatives and staff spoke positively about the leadership.

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 was not always safe

Risks to people had been identified but staff were not always aware of people's needs and requirements. Risks were not always appropriately mitigated to ensure people's health and safety.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Medicines were managed, administered and stored safely.

There were enough staff deployed to meet people's needs.

Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good ●

The service was effective.

Staff training was up to date. Staff received appropriate support through formal supervisions and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff asked people for their consent before they provided care.

People were supported to have enough to eat and drink.

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring

People's privacy and dignity was respected and staff treated people with kindness and consideration.

People were supported to be independent where possible.

Staff were knowledgeable about people's cultural needs and religious beliefs.

Is the service responsive?

One aspect of the service was not responsive

Care plans were not always updated to reflect a change in people needs and the support they required.

People's needs were assessed and they or their relatives were involved in the care planning process.

There were a variety of activities on offer that engaged people and met people's need for stimulation.

The complaints policy was available to people who used the service.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Audits had been carried out but were not always effective in identifying shortfalls in the safety or quality of the service.

Up to date care records were not always maintained.

Regular staff meeting took place and people, their relatives and staff spoke positively about the leadership.

Requires Improvement ●

Gallions View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 08 and 09 March 2017 and was undertaken by two adult social care inspectors, one pharmacy inspector, one specialist advisor and two experts 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.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service.

We spoke with 13 people who used the service, five relatives, eight members of staff, two visiting health professionals, the registered manager, the clinical lead and two members of the provider's recovery team who support and oversee improvements. We reviewed records, including the care records of 12 people who used the service and 12 staff members' recruitment files and training records. We also looked at records related to the management of the service such quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People we spoke with told us, "I feel safe here yes, the carers make me feel safe to be honest with you". Another person told us, "I do feel safe here, I like it". However our findings at this inspection identified continued concerns about people's safety.

At our previous comprehensive inspection of the service on 28, 29 July and 02 August 2016, we found that behavioural charts were not always in place for staff to record incidents where people demonstrated behaviour that required a response and placed them and others at risk of possible accidental injury. We found there was no guidance in place for staff in people's care plans on how staff should respond to support people safely and effectively. We found that medicines were not managed safely and accidents forms were not always completed when people had an accident. We found that there were not enough staff deployed to meet people's needs. We found that although risks to people had been identified, care plans were not always updated to record guidance in order for staff to enable staff to manage these risks safely. Care plans did not always record guidance from healthcare professionals in order to enable staff to manage these risks safely. We also saw people were not always referred back to health professionals, such as Tissue Viability Nurses (TVN) when it was required.

At this inspection we found significant improvements had been made. However, we found that improvements were still needed in that one person's care plan detailed a risk of choking when eating and drinking. The Speech and Language Team had carried out an assessment and recommended the person received a fork mashable diet, be supervised by staff whilst they ate and sat upright at mealtimes. This advice had been reflected in the person's eating and drinking care plan. However, on the first day of inspection, we observed a staff member offering the person biscuits which they accepted and ate unsupervised by staff. We spoke to the staff member and found that they were unaware of the person's dietary requirements. The staff member had been moved part way through the shift from a different unit, and had not been given an 'At a glance sheet' (an information sheet used to inform staff of important needs) to ensure they had information about people so they could safely meet their needs.

We also saw that another person's care plan dated January 2016 recorded that the person had been diagnosed with epilepsy but had been stable since their admission in August 2015. However, the person's seizure recording form in their care plan detailed that they had suffered six seizures between 16 January 2016 and 16 August 2016, but the care plan had not been updated to reflect this. There was also no seizure protocol in place to guide staff on what actions to take should the person suffer a seizure. We saw from the seizure recording form that each time the person had suffered a seizure; staff had not provided consistent treatment. For example, out of the six occasions when the person had a seizure, medicines were only administered on four occasions. This meant that there was a risk that staff did not have guidance or information on the action to take should the person suffer from a seizure.

The above concerns are a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We raised these concerns with the registered manager who in regards to the person being offered biscuits held a meeting with each unit head to remind them that all staff should be provided with an 'At a glance' sheet before they started their shift and this included any staff that were brought on to units part way through a shift. The registered manager also placed a seizure protocol in the person suffering from seizures care plan. They also updated the care plan so that staff had the most up to date information on the action to take should the person suffer a seizure to ensure that they could deliver care safely.

At this inspection we saw that improvements had been made and where people demonstrated behaviour that required a response and placed them and others at risk of possible accidental injury, people had behavioural charts in place and staff recorded incidents. We saw that care plans also provided guidance for staff and recorded what might trigger some behaviours. These guidelines enabled staff to respond and support people safely and effectively.

Medicines were managed safely. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. Medicines rooms and medicines fridge temperatures were recorded and monitored daily to ensure they were stored at the correct temperatures to prevent medicines becoming ineffective. We saw medicine rounds were completed in a timely manner. We looked at 53 medication administration records (MAR) which were clear and all medicines were recorded accurately. We saw that each person had a photo to aid identification and information about their allergies and how they liked to take their medicines to support staff. Some people were prescribed medicines to be taken 'when required', and we saw clear detailed protocols to support this that were individual, including non-verbal cues for pain. Medicines were stored safely and appropriately including controlled drugs which were stored in a lockable cupboard. We saw that weekly medicine checks were carried out to check the balances of drugs remaining to quickly identify any missed doses. Records showed there were no discrepancies. We also saw that a local pharmacist had carried out a medicines audit in February 2017 and noted an inconsistency in the recording of creams. We saw staff had taken these findings on board and no discrepancies were found during our inspection. Records were kept of all medicines returned to the pharmacy for disposal.

We saw the service maintained an accident and incident file which recorded all incidents and accidents for people using the service. This included details of the incidents or accident, including what happened and what action was taken. We also saw that accidents and incidents were followed up in a timely manner. For example, one person using the service was not administered a medicine before breakfast as required. The service immediately contacted the GP who confirmed that this particular medicine could actually be administered at any time of day. We also saw that people were re-referred back to health professional such as TVNs when the need arose and these were recorded in people's care plans together with up to date advice given.

We saw through observations and staff rotas that there were enough staff to meet people's needs and saw that people were not left unsupervised. One person told us, "I don't have to wait for anything; I think they do have enough staff". On relative told us "Yes [there are enough staff] I have no complaint whatsoever, my [relative] is happy here, and so are we." Another relative said "Well they have enough staff; there are a lot of staff today."

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to. The provider had

notified us of safeguarding investigations which were on-going at the time of the inspection. CQC will continue to monitor the outcome of these investigations.

There were procedures in place to deal with foreseeable emergencies. Staff told us they knew what to do in response to a medical emergency or fire, and they had received first aid and fire safety training. Records confirmed this. The fire risk assessment for the home was up to date and personal emergency evacuation plans were in place for people using the service to ensure their safety in the event of an emergency. Water, gas and fire equipment were maintained under a contract and records of maintenance were up to date.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. Staff files contained a completed application form which included details of staff's employment history and qualifications. Each file also contained evidence that confirmed references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

Is the service effective?

Our findings

People and relatives we spoke with told us that staff were competent and knew what they were doing. One person said, "The staff are doing a very good job, and I am pleased with their help". A relative told us "[Staff] understand my [relative]". Another relative said "When I ask [staff] questions about my [relative's] health, they are up to date with it, they know [my relative] pretty well."

At our last inspection on 28, 29 July and 02 August 2016 we found that some improvement was required in relation to the requirements of the Mental Capacity Act 2005 (MCA). We found decision specific capacity assessments were not always being completed to establish whether or not people had capacity to make specific decisions. At this inspection we checked whether the service was working within the principles of the MCA. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation. We saw capacity assessments were completed for specific decisions such as using bed rails or for personal care, and these were retained in people's care files. Staff were aware of the importance of gaining consent from people when offering them support. One staff member said, "I tell people what I am going to do and ask for their permission before supporting them."

Staff records confirmed that new staff were inducted into the service appropriately and in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. New staff also undertook an induction which included familiarisation of the provider's policies and procedures and shadowing experienced colleagues to enable them to become familiar with the service and people living there. Staff told us and records confirmed that they had undertaken mandatory training which included medicines, mental capacity, safeguarding and manual handling. One staff member told us, "I had an induction when I started working here and shadowed an experienced member of staff. I am up to date with all of my mandatory training." Another staff member said, "We get good training and the people that come here to train us are very good. I am up to date with all of my mandatory training".

We saw staff were supported through regular supervision and annual appraisals in line with the provider's policy. Staff supervision records discussed a range of topics such as issues relating to the people they supported and progress in their role. Annual appraisals had been conducted for all staff that had completed a full year in service. The frequency of supervision meant that if there were any shortfalls in knowledge or

training this could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One staff member we spoke with told us, "I get regular supervisions and annual appraisals".

People were supported to eat and drink healthy foods to meet their needs. Some people were supported with eating and some ate independently. People had adapted crockery or cutlery where needed to help them to maintain their independence. We saw that the menus were varied and people were offered a choice of meals. People who had difficulty communicating were physically shown the choice of meals and drinks on offer so that they could decide what they wanted to eat and drink. We saw food and fluid intake charts were completed to monitor people's intake where needed. One person told us, "Food is good and we have variety". Another person said "I like the food, they know what I like and dislike this just makes everything easier". A relative told us, "We think the food is good and looks good as well".

We saw people were supported to access a range of healthcare professionals including the GP, tissue viability nurses and district nurses. One relative told us "[Staff] phone me to let me know if they have called the doctor". One visiting healthcare professional told us that the service provided good care. They said when they left instructions regarding dressings for people who used the service; these instructions were followed accordingly by staff.

Is the service caring?

Our findings

People told us that the service was caring. One person said, "[Staff] are very caring, kind and compassionate towards me". Another person said "[Staff] are very caring, they look after me well".

We observed staff treated people in a respectful and dignified manner. Staff engaged with people positively and conversations were relaxed and friendly. Staff took their time and gave people encouragement they required whilst supporting them. This indicated that staff had developed good relationships with people. Staff respected people's choices and preferences, for example one person chose to join in with armchair exercise while another chose to sit quietly. We saw some people preferred to spend time in communal rooms or their bedrooms rather than the dining room at meal times.

People and their relatives, where appropriate were involved in planning their care and support. Care plans included people's life history and preferences to inform staff about their care. For example, how people preferred to be addressed. Staff were able to describe the individual needs of people who used the service. For example, what interests people had and the time people liked to wake up and go to bed.

Staff ensured that people's privacy and dignity was respected. For example, staff knocked on people's bedroom doors before entering. They kept bedroom doors closed when they were supporting people. One person told us "[Staff] respect my privacy and dignity; they always close the door and the curtains." Another person said "[Staff] do respect me". People's care records included details about people's ethnicity, preferred faith, culture and spiritual needs. For example, people's cultural dietary needs were taken into account. The chef told us that they regularly catered for people who enjoyed Nepalese and Caribbean curries. The chef said they spoke to people's families to gain knowledge about the type of food people enjoyed and regularly cooked these dishes. We were also told that since the last inspection there were a lot more people who were vegetarians and showed us a cook book regularly used to provide a variety of vegetarian meals. There were also church services regularly held at the home for people who wished to attend.

People's bedrooms were personalised with their own furniture and belongings. We also saw that one person only communicated in their native language; and one of the activities co-ordinators was in the process of making cards for staff so they could say basic phrases and communicate with the person in this language. People's relatives were encouraged to visit them at the home to ensure social isolation was reduced. Throughout our inspection we observed staff warmly welcoming and talking to relatives when they visited.

Regular resident and relative meetings were held and minutes recorded for those unable to attend, to gather people's views on ways to improve the service. Items discussed at meeting included menus, activities and staffing. We saw one person using the service requested having rice pudding on the menu. We looked at menus and saw that rice pudding had been included. One relative told us, "There was a meeting recently where we could air our views if we wanted to".

People were given information about the service in the form of a service user guide which included the

complaints policy. This guide outlined the standard of care people could expect and the services and facilities provided at the service.

Is the service responsive?

Our findings

At our last inspection on 28, 29 July and 02 August, we found that the service's complaints handling process, was not effective, in that not all complaints were logged and investigated in line with the complaints policy. We saw that although care plans had been reviewed, they had not always been updated to reflect a change in people's needs and the support they required. This meant that staff did not have up to date guidance on how to support people. We also found that there was a need for more activities to engage and stimulate people.

At this inspection although we found improvements had been made to most care plans, however, there were care plans that had not been updated to reflect changes in people's care needs. In September 2016 one person had a particular catheter in-situ. In January 2017, the type of catheter the person had in-situ had changed but this was not documented in their care plan. This meant that new staff and agency staff would not have the most up to date information to ensure they met people's care needs. Although we saw improvements had been made, we have been unable to revise our rating for this key question from 'Requires Improvement' to 'Good' at this time as further improvement was needed.

We saw that people's care records addressed a range of needs such as personal hygiene, nutrition, communication and religious beliefs. The records identified their choices and preferences and what was important to them, such as enjoying regular visits with family, activities they liked to do, the things that may upset them and how staff could best support them. For example, talking to people calmly and reassuring them.

At this inspection we found that the service had an effective complaints handling process in place. Complaints were logged and investigated in line with the complaints policy in a timely manner. For example, one person's relative was not happy with personal care being provided by night staff. We saw that a night spot check had been arranged to take place the week following the inspection in order to follow this complaint up. People and their relatives told us they knew how to make a complaint and they were confident their concerns would be taken seriously and investigated in full. One person told us "I don't have any problems; if I did I think it would be dealt accordingly". Another person said "I like it here, never complained".

The service had two activities co-ordinators and activities took place daily. We saw there were a variety of activities available on a daily basis. These included one to one sessions, baking, chair exercises and manicures. There was a new sensory room in one of the units which some people enjoyed; the room offered people visual and oral stimulation as well as a calming environment. For example we saw one person was a somewhat agitated and staff offered to take them to the sensory room. The sensory room offered coloured lights and gentle music to help relax the person. When the person returned from the sensory room, they were calm, relaxed and happy.

On the first day of the inspection we saw one of the activities co-ordinators playing dominoes with a person using the service. We spoke to this activities co-ordinator who told us "We carry out a range of activities as well watching old movies. People like watching old programmes especially 'Dad's Army'. They join in with

the songs". One person said "[Staff] work hard and the same goes for the activity staff". One relative said "[My relative] likes the entertainment; they have musicians, singers as well as a gentleman who comes and does reminiscence activities.

Is the service well-led?

Our findings

At our previous inspection on 28 and 29 July and 02 August 2016, we found that the registered manager who was not there at the time of the inspection had monitored the quality of care planning and risk management. However, they had failed to pick up the concerns highlighted in the previous CQC report and effective action had not been taken to manage and oversee clinical risks. We found that weekly and monthly medicine audits and monthly 'home manager metric audits' which were audits that reviewed areas such as the wound management, care plans, complaints infection control and the environment were not available and therefore action could not be taken to address any issues. We found that the systems that were in place to improve the safety and quality of care for people were not operating effectively. Regular clinical review meetings took place, however, these meetings failed to identify and monitor issues with people's skin integrity and weight loss. We also received mixed reviews about the leadership of the service and the majority of staff we spoke to told us that they were not happy working within the service.

At this inspection we saw that although some improvement had been made, further improvements were needed. We looked at monthly internal audits between August 2016 and January 2017 and found that monthly care plan audits carried out during this time had failed to highlight the issues we identified at this inspection. The care plan audits did not identify shortfalls, in that care plans did not always record up to date information about the change in people's needs. For example, one person's care plan stated that they had been stable and not suffered any seizures since their admission to the home. It did not identify that they had in fact suffered six seizures in an 11 month period since their admissions. There was not a seizures protocol in place to provide guidance to staff on what treatment should be given to the person should they suffer a seizure. This meant that person was at risk of not receiving safe care and treatment. We also found that although there was a system in place to hand significant information over to staff about people's risks and needs (At a glance sheet), the system was not operated effectively when a member of staff was moved mid-shift to another unit as they were not given this crucial information. The member of staff was observed giving a person who was on a fork mashable diet and at risk of choking whilst eating and drinking biscuits to eat unsupervised.

These issues are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We brought this issue to the registered manager's attention, who told us that they would be reviewing their quality assurance systems to ensure issues like these were effectively identified. However, we were unable to monitor this at the time of our inspection and will check this has been completed at our next inspection.

At this inspection we saw that regular minuted clinical meetings took place and issues with people's weight loss and skin integrity had been identified, discussed, monitored and where appropriate they had been referred to the relevant healthcare professionals. For example, one person was losing weight over a period of a few months; we saw they had been referred to both the GP and speech and language therapist. One staff member said "The [clinical meetings] are very useful they help to keep everyone on the unit up to date with what's going on."

Staff told us and records we looked at confirmed that regular staff meetings took place to share information and discuss improvements to the service. Minutes of these meetings showed discussions took place around areas such as appraisals, timekeeping, protected meal times, dress code and sickness/absence reporting. We saw that following discussion with staff the provider had implemented protected mealtimes across the service and all staff, including managers and activity co-ordinators assisted in serving people meals and supported them with eating and drinking when required. One staff member told us "I attend staff meetings, they are useful".

The provider took account of the views of people using the service and their relatives through surveys and residents meetings. We also saw that the service had carried out a resident and relative survey to obtain feedback on the service being provided and feedback received was positive. During the resident and relatives meetings carried out in August 2016, we saw that there were discussions about introducing a sensory room on one of the units. At this inspection we saw that this had been achieved as the sensory room available to people using the service.

Staff said they enjoyed working at the home and they received good support from the registered manager. The provider also had a team of experienced managers working alongside existing staff to help make improvements to the service. Staff told us they felt positive about the future as things had improved. One member of staff told us "I can go to any of the managers at any time". Another staff member told us "The [recovery] team have been great, they really do listen".

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
Treatment of disease, disorder or injury	People were not protected against risks they had been assessed for

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Care plans were not updated to reflect people's current needs. Audits were not always effective in identifying shortfalls in the safety or quality of the service.