

## Keate House Residential Home Limited







# Keate House Residential Home Limited

### Inspection report

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Date of inspection visit: 16,18 June 2015  
Date of publication: 13/08/2015

### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

The inspection took place on 16 June 2015 and was unannounced. A further announced visit was made on 18 June.

The home had a manager in post who had applied to be registered with CQC. A registered manager is a person

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Keate House is a service which provides personal care and is located in the village of Lymm. Accommodation includes 44 single and two double en suite rooms; three

# Summary of findings

lounges/dining rooms and a large conservatory. The home has a small unit which provides care for people with dementia. There were 43 people living in the home on the day of our visit.

At our last inspection in October 2014 we found that improvements were needed in respect of the care records, staffing numbers, staff recruitment staff training and understanding of Mental Capacity Act and DoLS and quality audits. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found that the actions we required had been completed and these regulations were now met.

We spoke with people and their relatives and all were satisfied with the care and support provided and felt their individual needs and wishes were known and understood. Staff had a good rapport with people and were kind and gentle in their approaches. During the inspection we saw people were supported to be as independent as possible. We observed staff responding to people with compassion and empathy and people were seen to be engaging with staff openly.

People felt involved in the planning and delivery of their care and had opportunities to be involved in the development of the service. Staff were knowledgeable of peoples' assessed needs and delivered care in accordance with these. People were confident approaching staff and were comfortable raising any concerns or issues they may have.

Care plans had improved so that they focused more on the individual person and had good guidance to enable all staff to care and support people as they wished.

Activities at the home had improved and were more individually focused.

Staff recruitment procedures had improved and were robust ensuring that appropriate checks were carried out before staff started work. New staff said they received a thorough induction and felt they had received appropriate training.

Improvements had been made to staffing levels and the deployment of staff so that people's care and support needs were met promptly.

Staff were aware of how to protect people from avoidable harm and were aware of safeguarding procedures to ensure that any allegations of abuse were reported and referred to the appropriate authority. This meant that care was provided in the safest way.

There were arrangements in place to ensure people received their medicines safely and at the prescribed times. The provider had a policy to guide staff regarding the safe management of medicines.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves.

All staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Improvements had been made to staffing levels and there were sufficient numbers of staff available to meet people's needs.

Improvements had been made to ensure staff were appropriately recruited.

People's medicines were managed safely.

The home was well maintained and safe for the people who lived there.

There were robust systems in place to protect people from avoidable harm and to respond to allegations of abuse.

Good



### Is the service effective?

The service was effective.

Staff were able to explain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and how this related to people living at the home.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's health was monitored and referrals made to other health professionals to ensure care and treatment met their needs.

Good



### Is the service caring?

The service was caring.

We saw staff provided support to people in a kind way. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive.

Improvements had been made to the planning and delivery of people's care. People were provided with and encouraged to engage in activities that were meaningful to them.

People's preferences and what was important to them was known and understood.

People received opportunities to share their experience about the service including how to make a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff were supported by their manager. The manager worked closely with staff to ensure the home provided a good service to people who lived at Keate House.

People and staff had confidence in the management of the service. Staff were clear about their roles and responsibilities.

Improvements had been made to quality assurance systems in the assessment and monitoring of service provision.

Good



# Keate House Residential Home Limited

## Detailed findings

### Background to this inspection

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

We visited the home on 16 and 18 June 2015. The visit was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included a review of any notifications sent to us about incidents in the home, which the service is required to send us by law.

We contacted Warrington Borough Council who commission the service for some people living in the home. We used this information to plan what areas we were going to focus on during our inspection.

We used a number of different methods to help us understand the experiences of people who live at Keate House. This included the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of service users who could not talk with us.

During the inspection we spoke with twelve people who lived at Keate House ,four relatives, five care staff, the registered manager and the deputy manager and the provider. We looked at all areas of the home, for example we viewed lounges, people's bedrooms and two communal bathroom/shower rooms which had recently been updated.

At the time of the inspection there were 42 people resident at the home. We also looked at a range of documentation which included four care records, three staff files, medication records and audits of people's care plans and risk assessments, audits of accidents and incidents in the home, environmental checks in relation to health and safety and audits and checks in relation to the staff team.

# Is the service safe?

## Our findings

Our previous inspection found there were not sufficient numbers of suitably qualified, skilled and experienced staff on night duty to meet the needs of the people who used the service. This was a breach of Regulation 22 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made to staffing levels and found this regulation had now been met.

We asked people about the staffing levels at the home and people felt they were adequate. One person said they used to be worried at night but were now sleeping much better as “I know there are more staff about than before.” People said “There are always staff around”, “My buzzer is answered quickly enough” and “You don’t wait long here for help.” People spoken with told us they felt safe living at Keate House. People said “I am safe and well here, staff know what I need.” and “I can speak my mind and staff support me.”

Staff spoken with said that the new manager had increased and organised the staffing so that staff were on duty when they were most needed and felt that the duty rotas were “very fair”. Staff said “We have more staff now at the times we need them which means we can look after people properly.” Throughout our inspection we observed that call bells were responded to promptly by the staff team and people did not have to wait to have their care or support needs met. Our observations and the feedback we received from people who lived at the home, relatives and staff showed us there were sufficient staff to meet peoples’ needs.

We looked at duty rotas which showed that there was one senior care and six care staff who covered the home from 7am to 3pm and from 3pm to 10pm one senior care staff and five carers. Also on duty during office hours were the manager, the deputy manager, an activity co-ordinator, a handyman and an administrator. Domestic and catering staff were also on duty.

At the last visit we found there were insufficient night staff on duty to support the people living at Keate House. Since the new manager has been in post night staff had been increased to one senior carer and two care staff per night

and additional duties such as cleaning was not now undertaken by staff on nights. In addition to these staff a twilight shift of 10pm to 12 midnight and additional care staff from 6am to 2pm. An analysis of when call bells were mostly used had been completed by the business manager to assist in the deployment of staff at evenings and early mornings. Staff spoken to said that this arrangement was working very well. People living at the home said they felt better and more relaxed knowing they had extra staff on duty when they needed them.

During the inspection we observed staff interaction with people. We saw staff asking people what activities they wanted to do and sitting with people chatting and laughing. We observed one person ask for help to go their room. This was provided immediately by staff.

People told us that they received their medicines when they needed it and had no concerns in this area. We found that people were receiving their medicines as prescribed. We looked at the medicines and records of a number of people living at the home and observed people being given their medicines. We found people’s medicines were being managed safely and our observations showed that medicines were being administered to people in accordance with best practice guidance. Medicines were being stored securely, and at the correct temperatures. People had a medication care plan which clearly set out people’s medicine regime and how they liked to take their medicines. People’s capacity to refuse medicines had been considered and responded to appropriately.

The care records we viewed showed us individual risk assessments were in place which identified potential risks to people’s health or welfare. The risk assessments recorded these risks and any action that should be taken to minimise it. For example, we found that risk assessments were in place where people were at risk of falls or developing pressure sores and these detailed action staff should take. Staff had a good understanding of people’s needs, including any individual risks and so were aware of how to provide care and support in the safest way.

Any accidents or incidents that had occurred, such as falls, had been recorded by staff. These were then reviewed and analysed by the manager to see if any changes or action should be taken to prevent future occurrences. We found appropriate action had been taken by the registered manager when required for example, referrals to the falls team for advice.

## Is the service safe?

We found the home had been well maintained and provided a pleasant environment for the people who lived there. Two bathrooms had recently been updated and the entrance hall and corridors were in the process of being decorated at the time of our visit. The provider told us that the decorating team were to be employed for the next six months and the home was to have a complete refurbish. Records showed that the manager and provider regularly undertook checks and audits in relation to health and safety which ensured the premises were safe and appropriately maintained. Other areas were to be improved and the provider showed us plans to improve the lounge and dining areas. Work was scheduled to take place in the next few months.

The home was clean and fresh and there was an infection control policy and procedure and contracts in place for domestic and clinical waste disposal. We saw formal

cleaning rotas and audits of these which meant that there were effective systems in operation designed to maintain the cleanliness of the service and ensures people lived in a clean hygienic environment.

All fire exits were clearly marked and firefighting equipment present. A fire risk assessment for the home was in place and the manager was in the process of updating this. There were Personal Evacuation Emergency Plans (PEEPS) completed for each person so that staff would not know the best way to help people evacuate the building in the event of an emergency. We found fire safety risk assessments were in place and records showed regular fire drills and equipment tests were being carried out.

We saw the home had a complaints policy and any complaints made had been logged and actions taken recorded.

# Is the service effective?

## Our findings

People we spoke with at Keate House felt their needs were being met and were satisfied with the care and support they received. People told us, “They [staff] look after us wonderfully”, “This is a good place to live, “I’m satisfied with everything here” and “Lovely home I feel at home here.”

Relatives were also in agreement that their family member’s care was appropriate and felt staff had a good understanding of people’s individual requirements. We were told, “The care is very good, my relative is well looked after” “My relative is very settled here and the staff let me know what they have done each time I come in.” and “Very good home and I feel my relative is well looked after.”

Staff spoken with had a good understanding of, and were knowledgeable about people’s individual needs. They were able to tell us about people’s health, care and support needs, preferences and likes and dislikes. People’s care plans had been rewritten in a more person centred way so that they focused on the individual person supporting what is important to the person themselves for example their likes, dislikes and interests and hobbies. The information recorded provided good guidance of how people’s care should be delivered. Records we looked at were clear about what people’s health and support needs were and showed good practice in identifying care needs, assessing risks and providing clear plans of care.

People were confident their health needs were being met and they told us they had been supported to see relevant health professionals when it was appropriate. One person said, “They [staff] call the nurse or doctor when needed”. Records confirmed that staff monitored and responded to people’s changing health needs when required and showed that the service readily involved other agencies to assist in the provision of appropriate care. For example, tissue viability nurses, dietician and speech and language therapist. We also found that people had been supported to attend hospital appointments.

People we spoke with told us that staff sought their consent to care and treatment on a day to day basis. One person said, “They [staff] always ask how we want things.” Our observations showed that people were consulted with

about their care and support needs and that staff acted in accordance with their wishes. For example, where they would like to sit and what they would like to do, what they would like to eat or drink.

Records we looked at showed people’s consent had been sought and their decisions respected. We also saw examples of where people had refused care and support and staff had acted in accordance with their wishes such as refusing a bath or shower. It was recorded that staff had asked the person and the refusal was documented. It was also clear that staff had revisited the person to see if they would like support at a different time.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We looked at policies that were in place for staff to follow in relation to the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards (DoLS) and consent to care and treatment. The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person’s best interests. These policies provided information to support staff about the procedures they should follow when a person was unable to make certain decisions for themselves.

At the last visit staff were unsure of procedures to follow and had not received training with regard to Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had now received training in this and people who were being assessed as being deprived of their liberty had been referred to the relevant authorities following Best Interest meetings. We saw records of ‘Best Interest Meetings’ and it was clear that the involvement of people’s next of kin had been sought to contribute to the decisions being made.



## Is the service effective?

We reviewed the records for two people who had been assessed. Staff were knowledgeable in regard to these procedures and were able to recognise when a DoLS authorisation was necessary to safeguard people's rights. We found staff had acted in accordance with the requirements of the Mental Capacity Act 2005 in order to ensure each person's rights were protected and that they received appropriate care and support to meet their needs. This showed us that the service knew about protecting people's rights and freedoms and appropriate referrals were made to keep people safe.

We asked people who lived at Keate House their opinion of the food provided and received positive feedback. We were told, "The food is very good thank you." and, "The food is good, they change it straight away if you ask and don't want it when it comes." Another person said, "The lunches are lovely, we get a lot of choice." We checked to see if people had specific dietary needs and found that these were catered for. Care plans showed that people had been assessed to see if they had any nutritional risks and action was recorded so staff would know what they should do to mitigate these risks. For example, people who were at risk of choking had been referred to the Speech and Language Therapist for advice.

We saw the home had a four week varied menu which detailed choices and alternatives. We saw in the dementia care unit that pictorial menus were in place so that people with dementia were supported to be able to make a choice about what they ate. During the inspection we observed the lunchtime meal being served to people. We saw the food was attractively presented and drinks were available throughout the meal. People were asked where they wanted to eat their meal and if they chose to remain in their armchair, or eat their meal in their room, this was respected. People were provided with appropriate support to eat their meal whilst remaining as independent as possible. People were provided with a choice of both hot and cold drinks throughout our visit. During lunch we saw staff were calm and unhurried and we observed the atmosphere to be relaxed with an emphasis on social interaction.

We found during our observations that interactions between staff and people were positive and saw that staff were attentive to people's needs. There was a calm and relaxed atmosphere, with some chat between staff and people and all interactions were positive. We saw staff interacting with individual people, discussing the newspaper articles or singing softly to people. One person was having her nails manicured and it was obvious from the smiles and comments that they were enjoying this.

Staff spoken with told us they received regular formal supervision by meeting with the manager and discussing their performance. (Supervisions are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member. This would include a discussion of training needs). They told us they found this to be positive as it enabled them to gain further qualifications relevant to their role. For example three staff members we spoke with told us they had been supported to obtain a vocational qualification. We also viewed three supervision records which demonstrated the home reviewed the learning and performance of staff. Formal supervision provides staff with the opportunity to discuss their responsibilities and the care of people who used the service.

We asked staff what training they had received to carry out their roles. Staff told us they had received practical and theory based training in areas such as moving and handling, food hygiene, safeguarding and fire safety. We viewed a range of certificates and also viewed training records which confirmed this was the case. All the staff we spoke with confirmed they were supported to update their knowledge by attending refresher training regularly.

The staff members also had regular staff meetings. These enabled managers and staff to share information and raise concerns. The minutes of the meetings were present in the manager's office for all staff.

# Is the service caring?

## Our findings

We asked the people who lived at Keate House describe the staff who worked there. We were told, “Staff are marvellous,” “Staff are pleasant and kind, you couldn’t find better staff anywhere, “really good and they have patience with me” and “ it’s great here we have a jolly good laugh with the staff at times.”

We spoke with relatives we spoke with were also positive regarding the staff at the home. They told us, “The staff are really good and the care is as well,” “I have no worries with my relative living here, the staff are great,” and “All the staff who work here are really good with everyone, the cleaners, office staff, manager and owner, good place.”

During the inspection we saw staff responded to people with empathy and compassion. Staff discreetly observed people and offered time and support when this would be beneficial to the person. We observed staff approaching people and asking if they were well, if they needed any help or asking what they were doing. We saw good interactions between staff and people who lived at Keate House and people responded well to all the staff. One person said, “It’s lovely to be so respected and looked after so well. They’re all very kind.” This demonstrated to us staff were caring.

We saw staff knocked on people’s bedroom doors before entering and if a response was not received, they knocked again and partially opened the person’s door, or called out to ask them if they could enter. When people were supported with personal care we saw bedroom and

bathroom doors were closed to ensure people’s privacy and dignity was upheld. We saw staff were considerate of people’s needs and choices and people were chatting and laughing with staff.

People’s privacy was respected at Keate House and people had space to be able to spend time alone with relatives. People were able to go to their bedrooms whenever they chose and some people chose to spend much of their time in their rooms. The rooms we looked at were comfortable and filled with people’s personal possessions. We were told that people were able to choose how they spent their time and how they had their rooms decorated.

We saw the new care documentation and found it was written in a person centred way giving information to staff about each person’s likes and dislikes, describing their preferences such as clothing, personal care and preferred time of getting up and going to bed. We spoke with staff who could describe the care needs of people who lived at the home and were knowledgeable about people’s needs and had a good understanding of the people they cared for. They described to us the support people needed to mobilise safely, individual dietary requirements and individual interventions that may be required to meet their needs. Staff were also able to describe the routines people preferred such as the time they wanted to get up and go to bed, relationships that were important to them and interests that they had. This is important as it enables staff to deliver care and support that meets people’s needs and preferences.

# Is the service responsive?

## Our findings

At our last visit we found there were some areas that needed to improve to ensure people's care was effective. For example, the care plans we looked at were basic and did not record people's preferences about their care.

We spoke with people living at Keate House and they told us "I feel more involved now, staff asked me things about myself and it is good to share my experiences," "I have a new plan so staff know how to look after me the way I would like them to," and "staff have taken time to ask me about how I feel which is good." People we spoke with told us they had been asked about their preferences and choices and felt the care and support they experienced met their individual needs.

We spoke with relatives who were aware of the new care plan and said they had been asked for details about family and what their relatives used to be interested in. One person said "They take the time to talk to you about your relative, the place is improving all the time" and another said "My relative goes out a lot more now they enjoy it." This demonstrated to us that people, and when appropriate their relatives were asked for their views when care was planned.

Everyone had a plan that was personal and individual to them. These plans were used to guide staff on how to involve each person with their care plan and provide the care and support they needed and requested. We looked at the new care documentation which had been written in a person centred way and focused on the individual and how they wished to be supported. This was detailed and had good up to date information in place and gave good guidance to care staff as how the person wanted to be cared for and supported. This meant that staff had information to hand that helped ensure people received care that reflected people's individual needs. Staff also told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift.

Records looked at and discussions with staff demonstrated that people who use the service had access to a variety of health services such as local GPs; dieticians and speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists. We

saw recorded that people living at Keate House were escorted to attend hospital appointments in the homes' mini bus with a staff member. We saw visits from professionals were recorded so staff would know who had visited and why.

The home had an activity coordinator whose role it was to organise and plan any activities within the home. There was a record of the activities offered to people. The new keyworker system in place offered an individual activities with the person the keyworker was responsible for such as taking them to the village for a coffee and cake, a walk to the shops or to spend one to one time gardening. The home has a "pub" in the grounds called "The Keate Arms" where people can go to watch TV, play darts or just for a quiet drink. They had been involved in the recent Lymn May Queen event and people had ridden in the homes' mini bus in the parade. On the day of the visit some people had been to the local pub for a sing-a-long and fish and chips.

Other activities on offer were monthly supper night where the people who live at the home go to the local Indian, Chinese or Italian restaurants. A Pets as Therapy (PAT) dog called Clover visits once a month and people said they liked that very much. The home books entertainers on a regular basis. A monthly newsletter is produced to keep everyone up to date with events at the home. People said "There's enough to keep us occupied", "We do a lot more now," and "We are asked what we would like to do and the staff make it happen." It is important people are enabled to participate in activities that are important to them as this helps minimise the risk of social isolation and encourages independence.

We looked at how staff at the home listened to people's experiences, concerns and complaints. People told us they would speak out if they had any complaints about the home or the care they received and were confident they would be listened to. However, people we spoke with were clear that they did not have any complaints about the service at all. One person said, "I've no complaints this is a good place to live."

People's relatives were equally confident that any issues or complaints they had would be resolved quickly and promptly and felt the new manager was friendly and approachable.

# Is the service well-led?

## Our findings

Our previous inspection found people were being put at risk because the systems used for the regular assessment and monitoring of the service were not effective. This was a breach of Regulation 10 of the Health and Social Care Act 2008 and we asked the provider to make improvements. During this inspection we found sufficient improvements had been made to meet the regulation.

Since our last inspection the home has a new manager in post who has applied to be registered with CQC. During the visit we saw people knew who the new manager was and knew her name. We observed people speaking openly with the manager and we saw the manager spending time and chatting to people. We also saw people responded positively to this. People said “The home is very relaxed now but we know it is being run well,” “We can speak to the manager any time we like, they are here late sometimes and early in the morning,” and “The manager is like a breath of fresh air and we have more to do now they are here.”

Staff spoken with said “I feel the home is being managed well,” “The new manager listens to us they have sorted out the duty rotas so we know when we are working in advance which helps with childcare,” and “I love working here it is team work now,” One member of staff told us, “You can talk about your problems with the new manager and they listen to our ideas as well.”

People we spoke with were satisfied with the home and the care they had received. They were confident that the home was well-led and felt the manager was approachable.

We found there was a comprehensive and effective system in place to monitor the quality of service provided which ensured risks to people were being assessed, monitored and responded to by the manager and provider. These included reviews and audits of people’s care plans and risk assessments, audits of accidents and incidents in the home, environmental checks in relation to health and safety and audits and checks in relation to the staff team. The registered provider and manager evaluated these audits and created action plans for improvement, when improvements were needed. These audits showed evidence of regular monitoring of the quality of care and support being provided.

We asked the manager how they reviewed the number of incidents and accidents within the home. The manager told us they reviewed the accident book on a monthly basis to ensure any trends were identified. They told us that if a trend was noted, this would be investigated to ensure the correct action was being taken to minimise the risk of reoccurrence. They told us that as a result of this they had identified some people may have benefited from a pressure mat to alert staff if they required assistance. We saw the findings were well documented.

We looked at a sample of records called ‘notifications.’ A notification is information about important events which the service is required to send to the Care Quality Commission (CQC) by law in a timely way. These records showed that the manager was knowledgeable of these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events.

Staff, relatives and people living at the home were comfortable raising concerns and knew how to do this. There were policies and procedures in place to support people if they wished to do this and these were displayed throughout the home and were accessible to people. This indicated that the provider promoted an open culture where people’s concerns were taken seriously.

The manager had recently introduced “Employee of the month” who would be voted for by the people who live at the home, their relatives and other staff members and a “Keyworker of the month” who would be chosen by the management team for good recording in care plans, taking responsibility seriously and leading staff.

Staff spoken with were clear about their roles and responsibilities and felt they were listened to by the provider and manager. All staff we spoke with were committed to their role and positive about looking after people as well as they could. During the inspection we observed staff to be organised, worked well together and communicated effectively with each other. Staff we spoke with told us they had been set clear expectations by the new manager and that they were very clear about the standards they expected. This was reflected in staff meeting minutes and other records we looked at.

People were encouraged to share their views about the home in meetings and surveys. A new survey was to be sent out to people who live at the home and their relative in the

## Is the service well-led?

near future. The manager told us that they were looking at new ways to improve communication with relatives as the relatives did not attend meetings. An evening surgery was

to take place as well as the coffee mornings previously arranged. The manager was to write to relatives asking them for ways in which they would like to share their views of the home.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.