

Ealing Eventide Homes Limited

Ealing Eventide Homes Limited - Downhurst

Inspection report

Downhurst
76 Castlebar Road
Ealing W5 2DD
Tel: 020 8997 8421

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



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 was carried out on 15, 16 and 17 June 2015 and the first day was unannounced. The last inspection took place on 11 July 2013 and the provider was compliant with the regulations we checked.

Ealing Eventide Homes Limited - Downhurst is a service which provides accommodation for up to 26 older people who have a range of needs, including dementia. At the time of inspection there were 23 people using the service.

The service is required to have a registered manager in post, and there is a registered manager for this service. 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.

Summary of findings

People were happy with the service and we received positive feedback from people, relatives and visiting healthcare professionals, who felt the service was well run and people's changing needs were being identified and met.

Although staff understood the risks to individuals and the care and support they needed to minimise these, risk assessments and associated care plans had not always been accurately completed to reflect these.

Staff recruitment procedures were in place and were being followed to ensure suitable staff were being employed at the service.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report any suspicions of abuse. Complaints procedures were in place and people and relatives said they would feel able to raise any issues so they could be addressed.

Overall medicines were being well managed and people were receiving their medicines as prescribed.

Staff supported people in a professional, gentle and friendly manner, showing respect for their privacy and dignity. Staff received regular training and updates and had a good understanding of people's individual choices and needs and how to meet them.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS are in place to ensure that people's freedom is not unduly restricted.

Care records reflected people's needs, interests and wishes. Staff demonstrated a good understanding of people's changing needs and procedures were in place to ensure information was passed on between staff, so they were kept up to date.

The registered manager and deputy manager alongside the managing director provided good leadership for the service and championed the provision of person-centred care.

Systems were in place for monitoring the service and these were effective so action could be taken promptly to address any issues identified.

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?

Not all aspects of the service were safe. Risk assessments were in place for any identified areas of risk and records were reviewed periodically, however some of the calculations had been inaccurately made and needed addressing. However, staff understood the risks to individuals and recognised changes in their needs.

People and relatives were happy with the service and felt people were safe. There were appropriate arrangements in place to safeguard people against the risk of abuse.

Staff recruitment procedures were in place and being followed. The service was being appropriately staffed to meet the needs of the people living there.

Medicines were being managed within the service and the registered manager was receptive to good practice improvements discussed during the inspection.

Requires improvement



Is the service effective?

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff acted in people's best interests to ensure their freedom was not unduly restricted.

People's individual dietary needs were identified and the service offered extensive food choices and people's dietary preferences were being met.

People's healthcare needs were monitored and they were referred to the GP and other healthcare professionals if needed.

Good



Is the service caring?

The service was caring. People said staff were caring and looked after them well. We observed staff listening to people, communicating with them and providing care and support in a gentle and professional manner.

People were involved with making choices and decisions about their care. Staff treated people with dignity and respect and understood the care and support each person required.

Good



Is the service responsive?

The service was responsive. Systems were in place to identify and communicate any changes in people's needs and the support and care they needed. Staff understood how to meet these and some records were to be updated to ensure they reflected such changes.

Good



Summary of findings

People's religious needs were being met, with access to church services and religious representatives visiting the service to meet people's faith needs. A varied activities programme was in place and people enjoyed taking part.

A complaints procedure was in place and displayed in the service and people and relatives were confident to raise any concerns they might have so these could be addressed.

Is the service well-led?

The service was well-led. The service had a registered manager and a deputy manager and people, relatives and staff said they were approachable and listened to them.

The opinions of people, staff and stakeholders were sought and listened to, with action being taken to address any issues raised.

The provider had systems in place to monitor the quality of the service, so areas for improvement could be identified and addressed.

Good



Ealing Eventide Homes Limited - Downhurst

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.

The inspection was carried out on 15, 16 and 18 June 2015 and the first day was unannounced. The inspection was carried out by two inspectors and an expert by experience with experience of dementia care and care homes for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We were also accompanied by a CQC communications specialist who shadowed the first day of inspection and spoke with staff.

Before the inspection we reviewed the information we held about the service including notifications received. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including five people's care records, four staff files, twelve medicines administration record charts, servicing and maintenance records for equipment and the premises, risk assessments, audit reports and policies and procedures. We observed interactions between people using the service and staff throughout the inspection.

We spoke with ten people using the service, three relatives, the nominated individual, the registered manager, the deputy manager, five care staff, one member of the catering staff, one member of the domestic staff, two maintenance staff and two healthcare professionals, these being a GP and a community health care worker.

Is the service safe?

Our findings

People we asked said they felt safe at the service. One person who had bedrails on their bed told us, "I do feel safe now that sides have been provided. I fell out of bed before." Another told us, "They keep it nice and clean and fresh. That's what I like about it." A relative said, "My [relative] is way more safe here than she was at home."

Risk assessments had been carried out for each person. These included separate risk assessments for mental health, physical health, moving and handling, pressure sore development, nutrition, falls, general personal risks and behavioural risks. Each one was reviewed monthly so any changes were identified. However, there were some errors in the calculation of the risk scores. For example, one person's risks relating to their age and gender had varied across four months between zero and five, whereas his aspect should have been a constant score. In another example, assessments for pressure sore risk were scored for people indicating they had been on a hospital trolley or operating table during the month, which they had not been, and the overall score was therefore not accurate. We also found that the risk assessments and the information in the associated care plans was not always consistent, such as a person exhibiting behavioural issues had this identified in their care plan but not on their behavioural risk assessment. We observed staff interacting with people and they were aware of people's behaviours and responded to them appropriately. The registered manager was accepting of our findings and said the records would be reviewed to accurately reflect people's risks and the care and support staff were to give in relation to each risk.

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

Risk assessments had been completed for the use of bedrails. The staff explained that for people who were at risk of falling out of bed, a referral was made to the community nurses for assessment for a hospital bed with bedrails. We discussed the appropriateness of bedrails if the service identified anyone still at risk of coming out of the bed and what alternatives could be considered, for example, a low level bed. A referral for further assessment and input was made for one person at the time of inspection.

Risk assessments for the premises, equipment and safe working practices were in place and had been reviewed annually. We saw each bedroom had been assessed, along with the communal and outside areas of the service. The nominated individual said they were having more electrical points put into rooms so extension leads would not be required, as a measure to improve safety. We carried out a tour of the service and found it was well maintained throughout. Bathrooms and toilets had automatic lighting which came on as a person entered. We saw people who stayed in their rooms had access to call bells. We tested one and staff responded quickly. When we asked a person if staff responded when they rang their bell, they did so and a member of staff responded promptly. The garden was well maintained and potential hazards had been assessed and addressed. For example, a slope had been surfaced so as not to be slippery and a hand rail was also provided. The paths were level and obstruction free. Accidents and incidents were recorded and the registered manager included any such events in her weekly report to the nominated individual, so they were kept up to date. They looked for any trends, so they could be analysed to see if any changes were needed, for example, reviewing the early morning staffing levels to respond to people's needs.

Fire alarms were tested weekly and fire drills were carried out. These included practising evacuation plans and we saw notes of the drills carried out and action points identified during the exercise had been followed up. For example, a member of staff's need of additional training in the home's procedures was identified and provided. There were emergency plans for fire and for dealing with other emergencies, with clear contingency plans in place. Floor plans of the home were displayed around the building and fire zones were clearly identifiable. Copies of fire policy with the names of people in each room were easily to hand.

We looked at the provider's maintenance records. We saw staff were required to check the overall environment each day and logged any issues identified in the maintenance book. We saw each item had been completed or transferred to a monitoring list maintained by the manager. We checked a number of the items identified and saw action had been taken to resolve these. For example, a concern had been raised about a fire door and we saw a contractor had been called in the same day to deal with this issue. Rooms were redecorated with people's agreement and as they became vacant and we saw this work in progress during the inspection.

Is the service safe?

There were posters in communal areas alerting people to the risk of abuse and providing the contact number for the local authority safeguarding team. Safeguarding and whistle blowing procedures were in place and staff had received safeguarding training and were able to describe the action they would take if they had any suspicions of abuse. Staff were clear about reporting any concerns to the manager and knew to contact outside agencies such as the local authority safeguarding team or CQC to report any concerns if necessary.

The staff records we viewed showed employment checks were being carried out to ensure only suitable staff were employed at the service. Application forms including a health questionnaire had been completed and pre-employment checks included references from previous employers, proof of identity and right to work in the UK. For two new staff the Disclosure and Barring Service (DBS) checks had been applied for several weeks before but had not yet been received. The staff started their induction training alongside two experienced staff on our first day of inspection and were clear they had to be supervised at all times when in the service, until the DBS checks were received. This information had also been included in their job offer letters. DBS checks were seen in the staff records for two other staff working at the service. We saw there were enough staff on duty to meet the needs of the people living at the service. The staff rota was up to date and the registered manager explained the coding to identify bank staff, who were called upon if the service was short of staff. We saw staff were available to provide the care and support people needed and they worked together as a team.

Medicine administration record charts (MARs) included information about allergies and the medicines with administration instructions. Receipts of medicines had been recorded and where medicines had been carried forward from the previous month this had also been recorded. Medicines had been signed for when administered and if any had been omitted, then the correct coding for this had been used and an explanation recorded on the back of the MAR. The majority of medicines were supplied in seven day blister packs, with information including the name and description of each tablet,

administration directions and the time it was to be administered included on the pack. We carried out a stock check of eleven blister packs and three controlled drug medicines and stocks were correct. Other medicines were supplied in boxes and bottles, which had been dated when opened to ensure expiry dates were adhered to, and additional stock control check sheets were completed for these. We did a stock audit of nine boxed and liquid medicines and found a discrepancy in three cases. We spoke with the registered manager and senior carer with responsibility for medicines management and these were identified as stock recording issues and people had received their medicines as prescribed. The registered manager said an audit of medicines would be carried out to ensure the stock balance records were accurate.

We recommend systems be put in place to monitor medicine stock balance records to ensure an accurate record is being maintained.

Staff involved with the administration of medicines had received training in medicines management. This was confirmed by staff we spoke with and in the training records we viewed. We observed a senior carer give two people their medicines and this was done safely and demonstrated an understanding of how each person liked to be given their medicines. If someone found it difficult to swallow tablets, this had been discussed with the GPs and recorded, so any medicines that required crushing had been identified. Two records viewed for this needed updating by the GP and the registered manager sent requests for this during the inspection and has since confirmed these had been received. Where available, alternative forms of the medicines had been prescribed, for example, liquids or dispersible tablets, for ease of swallowing. Individual medicine crushers were seen for people, to avoid the risk of cross-contamination. There was air conditioning in the medicines room and temperatures for the room and for the medicines fridge were checked twice a day and recorded, to ensure medicines were being stored at safe temperatures. Policies and procedures for the management of medicines were in place and medicines were being securely stored at the service.

Is the service effective?

Our findings

We heard one person speaking with two new care staff and they said, “You will be very happy. They’re lovely staff; they’re very patient.” Other comments we received from people included, “The food is good, they feed me twice a day.” and “The food is very satisfactory. It’s cooked well, properly done.”

Staff told us they had received training in many topics including dementia care, fire safety, health and safety, control of substances hazardous to health, safeguarding, first aid and mental health. The training records identified the training staff had undertaken and the majority of staff had achieved a recognised qualification in health and social care and others were part way through this training. The provider used the Age Care Channel training videos and we saw training records included a list of training staff had undertaken with certificates and the workbooks they had completed. We asked staff about the training they received. One said, “We do have the necessary skills and our strengths support our weaknesses. When we have a staff meeting we discuss issues and concerns. ‘I tried this and it did not work’ – ‘OK try this’ – and then we come back and check if it has worked or not.” All new staff received comprehensive induction training. The nominated individual was experienced in the formation of and working with the Skills for Care induction training programme and was in the process of introducing the new Care Certificate induction training in the service. Staff supervision took place every 2 months and annual appraisals had been carried out in January and February 2015. Staff confirmed they were supported in their work and encouraged to discuss any issues so they could be addressed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people’s freedom was not unduly restricted. Where restrictions have been put in place for a person’s safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. Staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS. They demonstrated a good knowledge of people’s needs and wishes and understood the importance of acting in a person’s best interests. We observed people

making decisions for themselves and they were able to move freely around the service and the garden. We saw people could go out of the service unaccompanied or with staff if this was in their best interest. Each record contained an assessment of a person’s capacity to make decisions for themselves. The assessment was based on evidence given about the person’s ability to remember incidents or events, and we discussed extending the content to ensure the assessment was robust. We saw DoLS applications had been made to the local authority when it had been considered necessary to restrict someone’s choices.

We asked how the service ensured people had consented to the care and support they received and were shown the care plan agreement forms people or, where appropriate, their representatives had signed. The wording of the agreement gave permission for care plans to be reviewed and updated by staff without further consultation with the person or their representative. We discussed this with the registered manager who had not been aware of the potential implications of the statement, and said it would be amended to reflect the fact that people and where appropriate their representatives were involved with care plan reviews. People told us they were happy with the involvement they had with their care records and one person confirmed their relative dealt with this on their behalf, so they were happy to delegate this responsibility.

The service had an extensive menu with four choices available at lunchtime. Plates with plate guards and shallow bowls were available where appropriate to support people with their meals and promote independence. Where people needed assistance with their meals, staff did so carefully, sitting beside them and offering gentle encouragement, which people responded to well. People were weighed each month and this was recorded. If there were any concerns identified with people’s weights they were referred to the GP for input. At the time of inspection there were no people with specific dietary requirements for religious or cultural reasons and the manager said they would assess to ensure they could meet such needs, should it be required by someone. Fluids were encouraged and we saw drinks were available to people throughout the day. A healthcare professional confirmed staff encouraged people to drink to minimise the risk of people becoming dehydrated. Where people were having their food and fluid intake monitored, food and fluid charts were in place. Where someone refused fluids this had not been recorded on the chart, but we saw entries had been made in the

Is the service effective?

daily records to evidence this and the registered manager introduced the practice of also writing it on the charts during the inspection. Drinks and snacks were available throughout the day and night and staff provided these for people when they wanted them.

Staff monitored people's mental and physical health and wellbeing daily and reviewed each person's care monthly. Where healthcare concerns were identified people were referred to appropriate healthcare professionals. All of the people using the service were registered with a local GP.

When healthcare professionals were due to visit we heard staff informing the people who were to be seen, so they were ready. Healthcare professionals confirmed they were contacted without delay if there were concerns about a person's health and staff communicated well with them and followed any instructions they gave. For example, we saw staff supported people with skin care needs and ensured pressure relieving equipment was in place and in use.

Is the service caring?

Our findings

People were happy with the care they received. Comments we received from people included, "I've got no complaints about how they care for us.Yes, I would recommend it to a friend." "The staff are extremely kind so far as I can tell and there are enough of them. You don't have to wait long [for attention]." "I get up when I choose.usually about eight o'clock." "It's fine. They look after me very well." and "I'm very happy here, they're kind. A relative told us, "I don't think you can fault them. I like it. You can have a laugh with [staff]. My [relative] was able to come for an induction afternoon, which was very useful. ...It's the little things like fresh flowers and linen table cloths. In the garden they have proper wooden furniture and they don't leave them sitting in their wheelchairs." Another said, "I have nothing but praise for the home. They always give [relative] choices and she's always well turned out." A member of staff told us, "It is important to listen to people, treat them as individuals and help maintain their independence."

Staff wore name badges and pictures of staff were on the wall of the entrance hall, so people could recognise the staff on duty and knew who was caring for them. The home was clean and welcoming and fresh flowers and background music helped to create a calm atmosphere. People and their relatives were encouraged to visit the service so they could decide if they wanted to live there. Most people had bought personal effects with them from home, and this was encouraged so people had familiar things around them to make them feel 'at home'. Information about local advocacy services was displayed so if a person needed someone to act on their behalf, this service could be accessed to arrange this.

Care plans contained information about people's preferences and choices, including waking and retiring times, food preferences and interests and hobbies. Although it was not recorded, staff were aware of people's gender preference for staff providing personal care. The registered manager said this would be added to the records. We saw that people had a choice of places where they could spend their time. There were several communal areas and an attractive accessible garden. Staff asked people before they assisted them. For example, we

overheard a member of staff asking a person if they could help them by moving a side table. We heard another offering someone the choice of a wheelchair or a walking frame when they wished to leave a room.

People were offered a choice of one of four different main meals each day including a vegetarian option. Staff told us that they gathered people's preferences each day. One said, "People can have their main meal at lunch time or supper time, it's up to them." We saw the menus for the day and that some people preferred to take their main meal in the evening. Staff told us some people opted to have two main meals and this preference was also accommodated. Our expert by experience joined people for the lunchtime meal. In the dining room there were tables with varying numbers of people at them. Everyone seemed well placed and matched and the meal had a feel of everyone eating together in a homely atmosphere. Wine, juice and water were available to people. We saw a member of staff steadying a glass for someone so allowing them to pour their own drink without mishap. Some people were being supported to eat and this was done in a dignified manner and staff communicated with people whilst assisting them. The menu offered four main meal choices and choices of vegetables too. The food was tasty, it was served hot and brought to the table with a cover over it and people had a good mealtime experience.

Each person had their own room with the exception of one double room occupied by a married couple. People's rooms could be locked and people, where they wanted and were able to manage one, had their own key. The registered manager explained some people had not been able to manage their own key, however we saw people come to the office and a member of staff immediately accompanied them to their room and encouraged them to unlock the door themselves, thus promoting some independence.

We also saw staff supporting people to use the condiments at lunchtime, again encouraging them to maintain their independence. We saw staff knock on people's doors and wait before entering. Personal care was carried out in private and staff were courteous and patient when speaking with people, showing them respect. Staff were interested in people's lives and conversations were meaningful and inclusive.

Is the service responsive?

Our findings

The majority of people liked the activities and felt the service catered for their needs. Comments included, “I do for myself. I’m down here all day; well, most of the day, and then I go up in the evening and watch my own TV.” “There’s nothing to stimulate you. They have quizzes, but that’s all.” “[My room] is my little den. My son brought these pictures in and someone hung them up for us. It’s very nice really.I go down to the dining room at meal times.” And “They listen to you and if you have any complaints they put them right straight away - not that I’ve had any complaints!” A relative told us, “[Relative] likes to eat at irregular times.they will keep food for her until she is ready. They are not prescriptive in any way and they don’t engender an environment that may cause conflict or further confusion. I see and sign her care plan regularly. I like to have input and what I say is taken into account. If I have any concerns I take them straight to the manager. They offer personal service and take into account my [relative’s] feelings. I take guidance from them too.I think that choice is important even as you get older, and they respect that here.also I can visit at any time.”

People told us they were provided with a ‘resident’s handbook’ when they moved into the service. We viewed this and it included important information such as the complaints procedure, how the service would meet their needs, visitors’ information, local area information and the standards of care people could expect from the service. People had been assessed prior to coming to the service and the assessments were clear and identified their needs, wishes and interests. Care plans were developed based on the assessment and the monthly reviews of the care records were informative. On relative said they had been very pleased with the way the service had managed their family member’s admission, and we saw their relative was contented being at the service and staff treated them with respect and equality. Staff understood people’s changing needs and how to provide the care and support people needed. There were handovers between staff in the morning and in the evening and staff said these were informative and ensured they knew about any changes to a person’s condition. Significant changes were also recorded in a diary and the registered manager said this was for all staff to read so they kept up to date with any changes and occurrences. Some of the care records we viewed needed to be updated to reflect a change, for example, for

someone who now liked to spend more of their time in bed, to ensure the records were up to date, however it was clear from speaking with and observing staff they were aware of people’s changing needs and understood how to meet these.

The date, season and day’s weather were displayed in the dining room along with the main activity for the day and the menu. Pictorial signs were put on doors to help people move around the service independently. There were two lifts with voice over instructions, so people knew which floor they were on. A weekly programme of activities was displayed in communal areas. A different activity was available each week day morning and afternoon including bingo, singing and reminiscing, scrabble and other table top games and there were also monthly outings and entertainers arranged periodically. People had access to books, puzzles and daily newspapers and we saw people were encouraged to engage in activities rather than just sitting most of the day, however, if this is what they wanted to do then this was also respected. We observed a game of bingo and people interacted well, the atmosphere was good and people were enjoying taking part. The service had their own minibus and also access to community transport and outings took place when the weather was good. Pictures of outings, events and art work were displayed in the corridors. We saw photographs of events including VE Day celebrations and a visit from ‘Wild Science’ who brought a variety of animals and reptiles for people to meet and handle, which people had enjoyed. One person said, “They brought some animals – that was interesting.”

Arrangements were in place to meet people’s religious needs, with church representatives visiting the service and people going out to places of worship. One person said they were a Roman Catholic and went to Mass outside the service each Sunday. Three people had made a pilgrimage to Lourdes, which they had enjoyed. Staff recognised the importance of ensuring people’s religious and cultural needs were understood and respected. The deputy manager said she would access religious representatives for anyone who wanted this, so their needs could be met.

A monthly newsletter included information about activities, birthdays, staff changes and promotions and other relevant information. It was bright, easy to read and informative and copies were emailed to relatives who did not live locally, so they were kept informed of significant and interesting

Is the service responsive?

events. People could have telephones and visiting hours were open, so people could keep in touch with relatives and friends easily, so maintaining good contact with them. There was wireless fibre optic broadband available throughout the service and a laptop people could use, giving them access to the internet. The service was part of the Challenge Network, where young people volunteer in care homes during the summer and a programme of activities is organised. The deputy manager was in charge of arranging activities and kept records of each one, including what worked best or did not work and who took part, so that the activities provision could be monitored and adjusted to best meet people's needs and interests.

The service had a complaints procedure contained within the resident's handbook and the complaints procedure was available in the communal areas and in each person's room. We viewed the complaints records and saw complaints had been investigated and responded to. The provider was clear about their duty of candour and had recently incorporated this information into the Statement of Purpose for the service. People and relatives said they would feel confident to raise any concerns and that these would be addressed. We asked staff what they would do if someone wanted to raise a complaint and they said they would take note of the concern and inform the registered manager so they could take action to address it.

Is the service well-led?

Our findings

People and relatives told us the registered manager was visible in the service and we saw her speaking with people and relatives regularly throughout the inspection. One person told us, “The manager usually comes around two or three times a day.” Staff said the registered manager was supportive and approachable, with an ‘open door policy’ so anyone could speak with her when they needed to. A member of staff said, “It’s like a family. I can approach the manager and the director and my opinions are listened to. I feel valued.”

Meetings for people using the service and relatives took place and we viewed the minutes which showed when issues were raised, action was taken to address them and feedback was then provided, so people knew what had been done. Monthly staff meetings took place and covered several aspects of the service and any new information, for example discussion about the new regulations for health and social care services. Annual surveys had been carried out in January 2015 for people, for relatives and professionals and for staff. The results had been collated and action plans put in place to address any points raised, for example, the availability of a second lounge area for people to use had been arranged, Another example was more activities and trips to be arranged, and this too had been addressed. The outcomes of the meetings and the surveys were very positive and people were confident to express their views.

The registered manager compiled a weekly report for the managing director and this was comprehensive, covering many aspects of the staff and service provision. Weekly reporting on medicines management was added as a standard item at the time of inspection. The finance officer also produced a weekly report so the financial situation was being monitored. Members of the board of trustees

carried out periodic unannounced visits to monitor the service and speak with people, visitors and staff. We spoke with a member of the Board who said they encouraged people to raise any issues, whether they were concerns or compliments, and we observed there was an open and inclusive atmosphere within the service. A monthly meeting of the board of trustees took place and the registered manager compiled a comprehensive report and presented it so the trustees were kept informed of the progress of the service and could pick up on any areas that needed discussion, so the overall service provision was being regularly monitored.

The managing director and the registered manager said they sought out new training opportunities relevant to the service, to keep up to date with current best practice. This included accessing training offered by the local authority and other groups, for example, the St John Ambulance. They had also registered to receive CQC newsletters to keep up to date with changes, and were aware of the recent changes to the regulations governing health and social care services. The managing director was able to tell us about the development plans for the service, and put together a written document during the inspection capturing this information. This document identified who was responsible for each area of work and development and what was being done to maintain the quality of the service provision. Notifications were being sent to CQC for any notifiable events, so we were being kept informed of the information we required.

From our observations and comments from people, relatives and staff we saw the service provided a person-centred approach to the care and support of people living at the service. The managing director, registered manager and deputy manager were receptive during the inspection and took prompt action to start addressing any issues we identified.

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 17 HSCA (RA) Regulations 2014 Good governance The registered person did not always maintain an accurate record in respect of each service user. Regulation 17(2)(c)