Bupa Care Homes (CFHCare) Limited

Seabrooke Manor Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Inadequate

Overall summary

This inspection took place on 8 and 9 October 2015 and was unannounced. At our last inspection in January 2015, the service had not met legal requirements relating to consent to care and treatment, care planning, infection control, medicines management, nutrition, and privacy and dignity. At this inspection they now met requirements relating to infection control, and had improved but were still not meeting some legal requirements relating to maintaining accurate records, aspects of medicine management, nutrition and mental capacity.

Seabrooke Manor is a 120 bed care home providing residential and nursing care. The service is divided into

Summary of findings

four units. Norman House and Belgae House provide nursing and residential care. Saxon House provides residential dementia care and Roman House provides nursing dementia care. On the day of our visit there were 102 people living at Seabrooke Manor.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People were cared for in a clean and hygienic environment. Infection control guidelines such as handwashing, single use of hoist slings and syringes were adhered to.

Pain assessments were not always reassessed and did not always explain how the identified risk could be minimized in order to protect people using the service. Similarly continence assessments were not always specific and did not always identify individualized toileting patterns.

Medicines were not always handled and administered safely as topical medicine prescriptions were not always specific and not always signed for. Systems for as required medicine were inconsistent as some were on the MARs sheet and others were not increasing the risk of missing some necessary medicines.

People were treated with dignity and respect most times. However, there were occasions where people were rushed by staff and where staff did not always wait for people's responses.

We saw inconsistencies in leadership styles. Some units were very task oriented whereas other units were more person centered in the way staff supported people.

Staff had attended appropriate training with the exception of how to respond to behaviours that challenged and different aspects of dementia. Although senior staff were knowledgeable about how to respond appropriately to certain behaviours junior staff were not always able to respond. They were sometimes less confident in dealing with repetitive requests and refusal to eat.

There were safer recruitment practices in place which included appropriate checks to ensure staff were suitable to work with vulnerable adults. Regular supervision including group supervision and annual appraisals were completed in order to ensure that staff were supported to provide care to people using the service.

The registered manager and staff had attended training, and showed an awareness of how to lawfully deprive people of their liberty where this was in the person's best interests. However we identified shortfalls in the capacity assessments, communication care plans, and knowledge of some staff in caring for people with dementia. We **recommend** that best practice guidance be sought on how to effectively engage with people living with dementia. We found several breaches to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

Summary of findings

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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?

Inadequate

The service was not safe. People's pain and continence assessments were not always completed and did not always explain how the identified problems could be minimised in order to protect people using the service.

We found inconsistencies in the management of medicines and administration of topical medicines which put people at risk of medicines being inappropriately administered.

Staffing levels were reviewed regularly, however people sometimes waited long during mealtimes due to poor organisation.

There were safer recruitment practices in place which included appropriate checks to ensure staff were suitable to work with vulnerable adults. People were cared for in a clean and hygienic environment. Infection control policies were followed to protect people from the risk of cross infections.

Is the service effective?

Requires improvement

The service was not always effective. Capacity assessments were not always completed and communication care plans did not always explain how people's communication difficulties were assessed. Consent to care and treatment was sought but staff did not always wait for a response.

Staff had attended appropriate training but this could be more specific to the management of people with dementia. Furthermore people were not always supported to eat adequate amounts.

Regular supervision including group supervision and annual appraisals were completed in order to ensure that staff were supported to deliver safe care to people using the service.

Is the service caring?

Requires improvement

The service was not always caring. People were treated with dignity and respect most times with the exception of a few instances where we observed staff rushing people. In addition where people required advocacy support it was not always clear that they received this.

Staff demonstrated knowledge on how they promoted equality and diversity by respecting people's religious, cultural and educational backgrounds.

Is the service responsive?

Requires improvement

The service was not responsive to the need of people using the service. Although care was assessed, care plans were not always individualised or reviewed to reflect the current needs of people using the service. We **recommend** that best practice guidance be sought on how to effectively engage with people living with dementia.

Summary of findings

Complaints were acknowledged, respond to and resolved where possible. Staff told us that any learning from complaints was cascaded by the unit leads.

People's relatives could visit at any time. Activities were arranged where possible to suit people's preferences.

Is the service well-led?

Inadequate

The service was not well-led. We saw several audits in place to monitor the quality of care delivered. However, these had failed to address shortfalls we found relating to record keeping and capacity assessments.

We found that the unit leads were very knowledgeable and able to manage for example behaviours that challenged. However this knowledge was not yet embedded in some of the practices we saw from junior staff particularly around the management of people living with dementia.

People and staff were asked for their feedback and we saw the actions from the recent "customer satisfaction survey" had been implemented.

Seabrooke Manor Residential and Nursing 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 inspection took place on 8 and 9 October 2015 and was unannounced. The inspection team comprised of three inspectors and a specialist advisor in dementia.

Prior to the inspection we looked at the information we held about the service including notifications they had sent us and information from the local authority and the local healthwatch. We also received information from a whistle blower alleging that bullying and preferential treatment was happening on one of the units.

During the visit, we spoke with 15 people using the service, six relatives, three nurses, four care staff, unit lead, clinical lead, two activities coordinators, one staff trainer, the deputy manager and the registered manager. We observed how staff interacted with 40 people using the service in communal areas on the four units. We observed interactions for a further five people who were at the time of observation in their individual rooms.

We looked at 14 records of people who used the service, 20 medicine administration records and ten staff records. We also looked at records related to the management of the service. This included a range of audits, the complaints log, minutes for various meetings, safeguarding records, the health and safety folder, and policies and procedures for the service. After the inspection we also received a call from a relative telling us about their experience.

Inadequate

Is the service safe?

Our findings

At our previous inspection although risks to people were documented, the interventions to mitigate the risks were not always clear. During this inspection we found that most of these had improved however the actions required by staff to assist people where not documented. For example, risk assessments for people presenting with behaviours that challenged did not detail how to manage the behaviours. They made generalised statements like "calm them down" without outlining how. In addition people's pain and continence assessments were not always completed and did not always explain how the identified problems could be minimised in order to protect people using the service. For example a person who could not verbalise pain's assessment did not detail signs to look out for to indicate that they were in pain. Furthermore, people were assessed as needing to be on a fluid monitoring chart without calculating the individual's daily intake based on their weight in order to ensure adequate hydration. This meant peoples daily intake was estimated rather than tailored to their specific needs. Manual handling risk assessments were partially completed as they did not always specify the sling size. This left people at risk of falls or skin tears if inappropriate sling sizes were used. Similarly continence assessments were not specific to the individual and it was not always documented how incontinence was managed.

Equipment used by the service provider for providing care or treatment to people was not always used in a safe way. We found that pressure relieving mattresses were not always set according to people's weights.. Although people were weighed regularly we found that the new weights were not always inputted onto the pressure relieving mattress settings to ensure that they were set at the correct rate. On Norman unit this was rectified on the second day of the visit. However on the rest of the units there were inconsistent systems in place to ensure pressure relieving mattress were reset according to people's weight in order to reduce the risk of developing pressure sores. This meant that although people had appropriate equipment in place to help prevent pressure damage, these were not always effective as they were not always set at the correct rate

Medicines were not always handled safely. We found discrepancies on some of the medicine administration records (MARs) when reviewed. There were gaps on some MARs sheets without any explanation to indicate if the medicine had been administered. This made the records inaccurate and difficult to establish if people were receiving their medicines as prescribed and could negatively impact on people's health.

Furthermore we found that topical medicine prescriptions were not always clear, and that administration of topical medicines was not always recorded as it was left to the care staff to administer during personal care without always ensuring that the staff administering the creams had an understanding of why and how the medicine was to be administered. Thirdly we found inconsistencies in relation to where as required medicine was prescribed. Some as required medicines were on the MARS and others were on an as required separate sheet of paper. Inconsistent systems of prescribing in different places could lead to medicine errors by resulting in people potentially missing their medicines.

People told us that there were staff around most times with the exception of meal times where people had to wait longer should they require assistance during meal times. We observed that on one out of the four units people sometimes waited for 10 minutes to be attended to especially during meal times. We reviewed call bell monitoring records and found that there were times where people waited more than five minutes before their call bells were responded to. We reviewed rotas from September 2015 till the day of inspection and found staffing on Belgae unit remained appropriate. However, staff on Saxon and Belgae were not always proactive during meal times and did not always ensure that some staff were on hand to care for people in their rooms, rather than all staff concentrating on serving meals, which left people waiting for assistance. Staff were not always organised in a way that ensured people's needs were met in a timely manner.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe. One person said, "I know that I am not alone." Another said, "Staff make me feel comfortable. I trust most of them to help me when I need help."

At our previous inspection in January 2015 we had concerns that infection control guidelines were not followed and the premises was not clean. During this

Inadequate

Is the service safe?

inspection we found that infection control guidelines related to slings, syringes and handwashing were adhered to. Cupboards containing substances hazardous to health were kept locked and the premises including the toilets were cleaned. The visibly dirty carpet had been replaced by laminate flooring. Although the flooring on one unit was sticky in places this had been rectified before we left the service. People were cared for in a clean environment and infection control procedures were followed in order to protect people from infections.

Staff were aware of the whistle blowing procedure and told us they would not hesitate to report any poor practices that may put people at risk to their unit manager or the registered manager. Staff had attended safeguarding training and could explain the different types of abuse and how and where they would report any witnessed or allegations of abuse. People were protected from the risk of abuse because appropriate guidance was available and appropriate steps had been taken to ensure staff understood the need to protect people.

Incidents and accidents were monitored and appropriately managed. Staff told us and records showed how they used body maps to records any bruises and showed us incident forms they used to capture data such as falls, pressure sores and any medicine errors. Staff told us that unit leads discussed these with staff at meetings and any learning or changes to the management of people were shared during every handover.

Staff were aware of procedures to handle foreseeable emergencies such as fire and medical emergencies. Staff had attended basic life support training and could tell us the procedure to follow in both a medical emergency and in the event of a fire. Regular fire drills were completed and staff were aware of where to find the colour coded system in place to evacuate people based on their levels of mobility. People were protected as staff had been trained and could follow the procedures in place to keep people safe.

Robust recruitment procedures were in place. These included appropriate checks to ensure that staff were suitable to work with vulnerable adults. Two references, proof of identity, qualifications and occupational health clearance was also kept on file. Staff were made aware of recruitment policies including sickness and absence and annual leave. We spoke to the registered manager about the disciplinary process and they told us that they had support from human resources to enable them to carry out disciplinary procedures in order to protect people from poor care delivery practices.

Requires improvement

Is the service effective?

Our findings

At our inspection in September 2014 and again on 30 January 2015 and 9 March 2015, we identified shortfalls in how people's capacity to understand and consent to decisions about their care was assessed by the service staff. We asked the provider to send us an action plan outlining how they would make improvements. When we inspected the service on 8 and 9 October 2015 we found that some improvements had been made, but we still had some concerns. During this visit staff knowledge had improved however capacity assessments were still not completed fully. Eleven of the 14 care plans we reviewed had a partially completed Mental Capacity Act form enclosed. Furthermore where people needed advocacy or had communication barriers it was not always documented how consent was obtained. Consent to care and treatment was sought but staff did not always wait for a response. For example, we observed occasions were people were outpaced by staff and where staff did not always wait for people's responses.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported to eat and drink or offered alternatives if they did not like the food. We observed mealtimes on all the units over the two day inspection. Although food was delivered to people we observed on one of the units that people were not asked if they still wanted their stated choice of meal as encouraged when serving people living with dementia as they may not always remember. Staff delivered the food without an attempt to explain what was on the plate. We saw several people had not touched their food by the end of the meal service and staff just took away their plates without offering an alternative. We observed staff assist a person to eat then leave to go answer the unit phone without explaining why they were leaving. There was no attempt by an allocated staff member who was assigned to collect the plates to interact with people or offer alternatives. On some of the units we saw that dietary preferences were clearly outlined on a board using codes to ensure that each member of staff serving food was aware of people on special diets. Although there were comprehensive food preferences records this was not always followed or communicated to the chef. For example, a person's assessment said they preferred cultural specific food at times and it was documented that this had been communicated with the chef. However when we interviewed the chef they did not have this person's request and said they relied on the daily food choices form completed by staff and sent to the kitchen each day.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they attended annual training for infection control and first aid. They had also received training on dignity and nutrition and dementia care we saw evidence of this in training records. The trainer showed us the training matrix and the training program for 2015. However we still found some gaps in knowledge of care staff, in particular those working with people living with dementia still had gaps in understanding or responding appropriately to people. For example, people with dementia who may be repeating or constantly asking to go home or people leaving their food unless prompted or offered alternatives.

Regular supervision including group supervision and annual appraisals were completed in order to ensure that staff were supported. Records showed that group and individual supervision took place where staff were able to reflect on practice and learn from current incidents. Staff told us they had been appraised in the last year and we saw evidence of this in the files we reviewed.

Requires improvement

Is the service caring?

Our findings

Seven out of the fifteen people we spoke with told us that staff were caring. The rest had mixed views and thought some staff were better than others. One person said, "Staff are pretty good but you get one or two who can be funny at times!" Another person said, "Sometimes the staff's bedside manner is not too good." A third person, "They are stressed sometimes and impatient, they haven't got the time to help me with a bedpan when they're dealing with something else."

Another person said, "Staff chat sometimes but I feel I'm taking their time." People thought the care they received was variable depending on who was on duty.

At our previous inspection on 30 January 2015 we found that people's dignity was not always maintained. There was no interaction between people and staff on some of the units. During this visit we found that most people were treated with dignity and respect. Staff responded when people called for assistance and addressed people by their preferred names. We observed that people were spoken with and treated with respect on two out of the four units. One person said, "They're good and they respect me." Another person said, "'They treat me good." We observed that on Saxon and Belgae although there were interactions there were not always meaningful apart from when staff asked if they were ok or if they wanted a cup of tea. There were people who spent long periods alone. This was particularly evident on Belgae where two people were visibly distressed at different times. The care staff team did not always have the confidence or skills to recognise the needs of these people beyond their immediate health needs.

We observed people in morning and at lunch on both days of inspection and found very little activity in the morning period. Staff were polite but quite reserved particularly on two of the units. People sat down in the communal lounges on all four units. Some looked withdrawn and had very little interaction with staff apart from when asked if they were ok or wanted a drink. We observed on one of the units just before lunch that some staff were chatting in the kitchenette whilst waiting for the food to arrive instead of engaging with the 18 people in the dining room. We saw people sitting silent and alone. There was more interaction during lunch and people were attended to and served food on two out of four units. People received varying degrees of meaningful interaction depending on which unit they lived in. There was little acknowledgment of the emotional and psychological needs of the individuals receiving their care. There were facilities and resources available but these were not always utilised in order to engage with people living with dementia. This meant that people did not always receive care that met their needs.

This was a breach of Regulation 9 1 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's diversity was respected. Staff told us how they accommodated people's preferences including their religious or cultural preferences during personal care and meal times. They gave examples of how people's wishes to be assisted with personal hygiene needs by same gender care staff were honoured. People told us that they had been involved in decorating their room, in choosing their clothes and when choosing what to eat. They told us they could stay in their room if they chose.

Staff encouraged people to be independent. Staff gave examples on one of the units of two people who had come onto the unit unable to mobilise but through encouragement and appropriate equipment had started to mobilise and we verified this by checking people's records. We saw staff encourage people to mobilise within the service.

Requires improvement

Is the service responsive?

Our findings

At our inspection in January 2015, we identified shortfalls in the assessments and review of care plans. We asked the provider to send us an action plan outlining how they would make improvements. When we inspected the service on 8 and 9 October 2015, we found that some improvements had been made, but there were still some concerns relating to the assessment, planning and reviewing of care given as some care plans were incomplete or not up to date.

During this inspection we found that care planning systems had improved. However there were still shortfalls in the care planning as they were not always person centred and did not include details of how to effectively respond to needs identified. Whilst the new care planning documentation was comprehensive the only evidence of collaborative working with people and their families was when care had become challenging. The language used within the care plans on three of the units did not reflect that people or families where appropriate were involved in care planning to meet the personalised needs of the individual. There was limited evidence within care plans of end of life wishes which were fairly generic suggesting a need for further development to build the confidence and skills around end of life care planning. There was no evidence of the person's voice in the care plan.

People's dependency levels were completed pre admission and during the post admission review, however on two occasions we noted that people had higher dependency levels than they were assessed but this had not been recorded. This meant that dependency levels were sometimes reviewed incorrectly which could lead to inappropriate staffing levels that did not match people's needs.

Communication care plans for people who could not speak English were not always followed. There was a vast difference between what staff said they do or have been told to do and what records showed. For example one care plan said that an interpreter was to be used but there was no evidence of any interpreter being present at care reviews in the care plans we reviewed. Staff also said a member of staff who spoke a person's dialect would be available on duty every shift but this was not mentioned in the care plan. In most cases what staff said was more up to date that what was written in the care plan with the exception of one care record. Reassessments of pain people experienced were not always completed. Moreover we found care plans did not reflect people's current needs. For example, a care plan about moving and handling said someone was mobile, however upon observing the person and talking to staff looking after this person we found that this person now required assistance of two staff plus a hoist as they had deteriorated a few weeks prior to our visit. This meant that care plans were not always reviewed in order to reflect the current needs of people and could lead to inappropriate care delivery if staff followed an old care plan.

All fourteen care plans reviewed had an aspect of either the assessment itself or the care plan itself that was not up to date. There were monthly evaluations without necessarily reassessing or indicating when reassessment was required for pain and continence. For people with catheters, care plans were generic, did not indicate what the daily fluid intake was for each person and said "encourage fluids" rather than the amount each individual was supposed to drink based on their individual weight. This left people at risk of not getting hydration based on their individual assessment.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were able to partake in activities if they wished. One person told us they spent lots of time in the lounge and said, "When you're here, your here most of the day. I'm pretty satisfied, I can't complain. Sometimes the staff sit and chats but usually they're pretty busy doing one thing or another." Another person was complimentary about the activity co-ordinators because they brought books, offered manicures and took them on shopping trips to Ilford. However the same person also said they would like to have a few quizzes as an activity to keep their brain active.

Activities were arranged daily for people by two activities coordinators. We found that these were based on people's preferences to some extent as there was a garden patch with tomatoes grown by people who used the service. People who were able to go out or expressed and interest to go out also had access to a windmill and a fish pond. We saw that a small group of people were taken out on both days we inspected and that those who ordered newspapers had them delivered to them by the activities

Requires improvement

Is the service responsive?

coordinators in the morning. We saw an activates plan, however we observed that there were limited activities for people who chose to stay in their rooms and people with communication difficulties. Although interests were identified in interests assessments on admission, there was no clear evidence of how activities coordinators used these to inform the activities that happened. In addition memory boxes were empty outside people's rooms and there were no orientation boards to keep people living with dementia orientated to date, place and time.

We **recommend** that best practice guidance be sought on how to effectively engage with people living with dementia.

People told us they could receive visitors at any time. One person's visitors came twice a day with several other people receiving visitors daily. Friends and relatives described having unrestricted access and informative contact with the nurses and team leaders. Two relatives visiting the service told us, "Everyone is very welcoming. We have no complaints so far." We found that for people staying in their rooms there was risk of social isolation which was usually bridged by relatives coming in to visit.

People told us that they could express their concerns to the manager or any member of staff. They were not aware of the exact contents of the complaints policy but were confident that their relatives would do that on their behalf if needed. Staff were aware of the complaints system and told us that they would report any complaints to their line manager. There were systems in place to acknowledge, respond to, resolve and learn from complaints. We reviewed the complaints that the service had received and found that they were acknowledged and responded to in line with the provider's policy.

Inadequate

Is the service well-led?

Our findings

At our previous inspection on 30 January 2015 we found that there were ineffective systems in place to monitor aspects of the quality of care delivered. Although there were regular quality audits which included daily checks of medicines records, monthly audits of documentation and infection control, the infection control audit and documentation audit had failed to address concerns related to cleanliness, infection control and accuracy of people's records we found on our visits. During this visit all of the above had improved with the exception of record keeping.

People's records did not reflect their current health conditions. For example, one care record documented that a person was mobile although staff told us that this person was now using a hoist. Similarly we saw inconsistencies in recording weights on one unit where weights were transferred to care records but these were not always dated properly. Similarly upon inspection of care records we found that records about activities people had participated in were not always recorded. For example, for one person over a three month period there was only one recorded activity in August 2015. However when we asked staff they told us that the person had gone out the previous week into the garden and was taken out regularly but this had not been recorded anywhere.

We found that although monthly monitoring and night checks were completed they had failed or were yet to address the issue of inconsistent record keeping, incomplete capacity assessments and the knowledge gap for some staff in terms of how they responded to repetitive requests from people living with dementia. For example the setting of one of the dementia units had murals and appropriate signage, however some staff could not articulate what these meant and how they used this in practice.

Although an electronic call bell monitoring system was in place, we found no evidence to indicate that call bell response times were being analysed in order to monitor and address any persistent delays in answering people's calls.

This was a breach of Regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in place who was supported by a deputy manager, a clinical lead a trainer and a regional manager who supported the manager. The registered manager had informed the Care Quality Commission (CQC) of important events that happen in the service in a timely way. This meant we could check that appropriate action had been taken.

People told us that they could approach the unit leads, the deputy manager and the clinical lead and they were very visible on the floor. Staff also said their managers and the management team was approachable and visible all the time including weekends. Relatives told us they were able to express their concerns with the exception of relatives on one unit who felt that voicing their concerns would impact on the care delivered.

Prior to our inspection we had received information from a whistle blower alleging that bullying and preferential treatment occurred on one of the units. During the inspection two relatives and one person mentioned that the staff sometimes raised their voices and shouted at each other. In addition they all named one particular senior staff member who they said raised their voice and came across as rude. One person on that same unit said, "Staff shout at each other a lot, it doesn't make you feel comfy when that happens." This was echoed by one other person and two relatives. We spoke to the registered manager about this after the inspection and they told us that they were aware that the named person sometimes came across as abrupt and that there were conversations held with the individual to address this. Staff on that unit told us they worked as a team. However this indicated that on that particular unit there was a closed culture as none of the people we spoke with were willing to be named or approach management for fear of repercussions.

People's views were gathered through an annual survey completed by an independent company. We reviewed the results of a survey completed in May 2015 with results published based on 28 responses which also highlighted that areas for improvement were overall rating of staff at the home and promptness of staff attending to needs of people who used the service. We saw that an action plan from the previous year's report had been actioned as the garden had been improved and there were now two activity coordinators in place

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. Where people lacked capacity to consent the registered person did not always act in accordance with the MCA 2005 Act Regulation 11 (1) 3

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The nutritional and hydration needs of service users were not always met. Reasonable requirements of a service user for food and hydration arising from the service user's preferences were not always met. If necessary, support for a service user to eat or drink was not always appropriate. Regulation 14 (c) and(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The care and treatment of service users did not always meet their need or reflect their preferences. The registered person did not always ensure that staff completed collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user.

This section is primarily information for the provider

Action we have told the provider to take

Care or treatment was not always designed with a view to achieve service users' preferences and ensuring their needs are met to the maximum extent possible.

Regulation 9 1. (b) (c) 3 (a) (b)