

Reason Care Limited

# Elm Lodge Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected this service on 26 January 2017 and the inspection was unannounced. Elm Lodge is registered to accommodate 46 people in one adapted building and support is provided over two floors. Both floors had a dining room and two communal lounges. A secure garden area was available that people could access. At the time of our inspection 41 people were using the service.

The service had 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 2008 and associated Regulations about how the service is run.

At the previous inspection on the 23 June 2016 the provider was meeting the regulations that we checked but further improvements were needed in the quality of people's care. We rated the safe, responsive and well led domain as requires improvement and the overall rating for the service was Requires Improvement.

At this inspection we found improvements had been made in the safe domain, but improvements in the responsive and well led domain were needed. This is the third consecutive time the service has been rated overall as 'Requires Improvement'. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found the systems in place to ensure improvements were made and sustained were not effective.

The improvements we asked the provider to make at the last inspection, to ensure people were offered a consistent programme of activities that met their needs had not been achieved. We identified that the activities available at the last inspection were reliant on the availability of the activities coordinator. At this inspection the lack of a specific person to provide activities meant that people were receiving fewer activities than they were at our last visit. This was because the provider had not made sufficient alternative arrangements to ensure people were provided with activities on a consistent basis. Although the majority of records looked at were up to date, some were not and didn't reflect people's current care needs. This demonstrated that the systems in place to monitor the service and identify where improvements were needed were not effective.

Staff understood their role to protect people from the risk of harm and understood their responsibilities to raise concerns. Individual risks to people and environmental risks were identified and minimised to maintain people's safety. Assistive technology was in place to support people to keep safe. Systems were in place to prevent and control the risk of infection.

People were protected against the risk of abuse, as checks were made to confirm staff were of good character. There was a sufficient skill mix of staff available to meet people's care needs. Medicines were

managed safely and people were supported as needed to take their medicine as prescribed and access healthcare services.

People were consulted regarding their preferences and interests and the staff team knew people well. People were supported by staff that were trained and they were supported with their dietary needs and to access healthcare services to maintain good health.

People were supported to have maximum choice and control of their lives and staff understood the importance of gaining people's consent regarding the support they received. The policies and systems in the service supported this practice.

People's rights to privacy and dignity were respected and they were supported to maintain relationships with people that were important to them. People's representatives were involved the assessment and development of their care plans. There were processes in place for people to raise any complaints and express their views and opinions about the service provided.

Visitors were welcomed at any time. People and their relatives knew who the registered manager was and they were involved in developing the service; which promoted an open and inclusive culture. The provider and registered manager understood their legal responsibilities and staff were supported by the registered manager to enable them to fulfil their role.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

People were supported to keep safe by staff that understood their responsibilities to report any concerns. Risks to people were minimised and they were supported to take their medicines in a safe way. Sufficient numbers of staff were employed through recruitment procedures that checked their suitability to work with people. The systems to manage infection control and hygiene standards were effective.

### Is the service effective?

Good ●

The service was effective.

People received supported from trained staff and their rights to make their own decisions were respected. People were supported to maintain a diet that met their requirements and preferences and their health was monitored to ensure any changing needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff were caring towards people and promoted their rights to make choices and their privacy and dignity were valued and respected. People were supported to be as independent as possible and maintain relationships with people that were important to them

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive

Improvements were needed to ensure people were continuously provided with activities to support social integration. People and their representatives contributed to the assessment and

development of their care plans. People and their representatives were supported to share any concerns and these were addressed in a timely way.

### **Is the service well-led?**

The service was not consistently well led.

Systems were in place to monitor the quality and safety of the service but they were not always effective in identifying areas for improvement. People and their representatives were consulted and involved in the running of the service. The provider understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies that ensured people's needs were met.

**Requires Improvement** 

# Elm Lodge Care Home

## Detailed findings

### Background to this inspection

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

Our last comprehensive inspection was undertaken on the 23 June 2016 and the provider was meeting the Regulations that we checked. However, we found that further improvements were needed in the quality of people's care. We rated the safe, responsive and well led domain as requires improvement. At this inspection we found improvements had been made in this area, but some further improvements were required.

Elm Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Elm Lodge is registered to provide accommodation and personal care support for up to 46 people across two floors; both have separate adapted facilities. There were 41 people using the service at the time of our inspection.

This comprehensive inspection took place on 26 January 2018 and was unannounced. The inspection visit was carried out by two inspectors.

On this occasion we did not ask the provider to send us provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the registered manager the opportunity to share information they felt relevant with us. We also reviewed information we held about the service. This included information from the local authority, such as information regarding a recent quality monitoring visit and statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

We spent time observing care and support in the communal areas and observed how staff interacted with people who used the service. We spoke with 15 people who used the service and three people's relatives. We spoke with the registered manager, one team leader, one senior carer, four care staff, the cook and administrator.

We looked at four people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We asked the registered manager to email copies of their staff training matrix to us; so that we could see how staff were trained and supported to deliver care appropriate to meet each person's needs. The registered manager sent these to us within the required timeframe.

## Is the service safe?

### Our findings

At the last inspection the staff skill mix did not always ensure that people's care could be delivered in a timely manner or that new staff were appropriately supervised. The provider had taken action to address this by ensuring a senior member of staff was rostered on duty on both floors. People told us the staff were available to them as needed. One said, "The staff are always around if I need them and always happy to help me. If I ring my bell at night they come pretty quickly." Another said, "The staff always help me when I need them; they're very good." Staff we spoke with told us there had been some staff sickness over recent months but felt the staffing numbers were adequate to meet people's needs. One told us, "We cover shifts, there's willing teamwork." Another said, "There have been occasions when we have had to manage with lower numbers but we pulled together to cover the shifts. It seems to be okay again now and there are new staff starting." There were seven staff on duty in the morning and six in the afternoon on the day of our inspection visit; our observation showed that requests for assistance were responded to in a timely manner.

Risks to people's health and wellbeing were assessed and in general, we found that they were reviewed and amended as people's needs changed. However we identified that one person's moving and handling assessment hadn't been updated to reflect their change in the level of support they required. This had not impacted on their care as the person's mobility had greatly improved and they only required minimal support. Staff were aware of this and were able to tell us about the progress this person had made and the support they required. This was corroborated by the person who told us, "I'm determined to get back on my feet. It's nice here but I am only staying until I am well enough to go home. The physiotherapist comes to see me and I have daily exercises to do. I just need a bit of help getting in and out of bed and with my shower." The registered manager confirmed they had been delayed in updating this risk assessment and confirmed it would be updated to reflect the person's current support needs.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. This demonstrated that the systems in place minimised the risk of harm to people who used the service.

At the last inspection records to show the administration of people's prescribed skin creams and lotions were not consistently maintained. At this inspection we saw that these records were maintained to demonstrate they had been applied as prescribed.

People were supported to manage their medicines safely and this was seen when we observed the support people received at the lunch time meal. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' (PRN) basis, we saw this was offered to them first. We saw there was guidance within the PRN protocols available for staff to ensure people had these medicines when needed.

Records were in place to demonstrate that people received their medicines as prescribed or if not, the reason why. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. Where people required medicine to manage their behaviour, we saw this was only administered as needed and was monitored to ensure people were referred, as required, to external professionals. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them. Staff who administered medicines told us they received training and had checks to ensure they managed medicines safely and records seen confirmed this. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result.

People felt safe with the support provided to them by the staff team. One person said, "All of the staff seem very nice, I can't fault them they are friendly and helpful." Another person said, "It's a nice place, not bad at all." Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person that used the service. One member of staff said, "I would report it to the manager." They were able to describe what to do in the event of any alleged or suspected abuse occurring. They understood what whistle blowing meant and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. One staff member said, "You can report to Social Services and the Care Quality Commission as well." They told us they received training and records seen confirmed this. The staff also confirmed they had access to the provider's policies and procedures for further guidance.

Plans were in place to support people to keep safe when they demonstrated behaviours that put themselves or others at risk of harm. Records were kept regarding incidents where people demonstrated behaviours that put themselves at risk; these included the interventions provided by staff; which included distraction and redirection techniques. We saw that staff used these techniques to support a person, in accordance with their care plan when they became agitated.

We saw that people were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the equipment they needed to keep safe. We saw that equipment was in place as reflected in care plans, such as sensor mats where people were at risk of falls. Risk assessments provided staff with guidance on how to support the person and we saw that these were followed. Equipment was maintained and serviced as required to ensure it was safe for use.

Plans were in place to respond to emergencies with personal emergency evacuation plans in place for each person. The staff we spoke with were knew how to support people if an emergency happened.

We saw that the premises were clean and that staff understood how to prevent infections. There was personal protective equipment available and we saw staff used this when needed. Staff undertook relevant training to ensure they kept people safe from the risk of infection. Staff we spoke with knew how to prevent infections. One told us, "We wear protective clothing and wash our hands." We saw that infection control audits were undertaken to identify any areas for improvement. We looked at the audit completed on the 10 January 2018 which showed that no actions were required. Where actions for improvements had been identified in previous audits we saw these were addressed promptly. A cleaning schedule was in place and policies and guidelines were available for staff to follow. This included information from public health England regarding managing outbreaks, handling spillage of bodily waste and a hand hygiene procedure. The provider had been rated a five star by the food standards agency in October 2016. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food had completed training in the safe handling of food.

We saw that accidents and incidents were reviewed and actions taken as needed to ensure people received the appropriate support. For example a falls decision tree was in place to guide staff on the actions that needed to be taken. The registered manager told us, "The falls we have are usually down to infections which then get treated. If there was a pattern for anyone we would refer them to the falls team."

## Is the service effective?

### Our findings

People's support needs were assessed prior to using the service. One person told us, "Someone came to see me when I was in hospital, to see what help I needed." We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs, their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

We saw the provider ensured people were protected under the Equality Act. This was because the barriers that people faced because of their disability had been removed to ensure they were not discriminated against. This varied from call systems that enabled people to call for staff support, a loop system to support people with a hearing impairment and accessible facilities within the home, to enable people to move around the home independently.

People were happy with the support they received from the staff team. One person said, "The staff are very good, they know what help I need and what I can do for myself." Staff we spoke with said they had regular training, supervision and support to carry out their duties. One member of staff said, "You can ask anything." Another described the training as, "Good." They told us they had received training in dementia, which was relevant to the needs of the people they supported. Staff also told us they received supervision and guidance to support them in their role and that senior staff were supportive and helpful. The registered manager told us that new staff completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. This demonstrated that new staff received the support and training required to support them to meet people's needs and maintain their safety.

We saw the lunchtime meal looked appetising and there was a choice on the menu. We saw food for specific diets were available. For example, one person told us they required a gluten free diet and we saw this was clearly documented in their care plan. At the lunch time meal we heard the staff confirming with the person that their meal was gluten free. This demonstrated that people received the support they needed to ensure their dietary needs were met. Another person said, "The meals are good." A relative told us, "I'm happy with the food [family member] has." We saw that assessments and weights were monitored and reviewed to ensure any changing needs were identified and managed; so that people could be referred to the appropriate health care professional when needed. For example we saw one person had received input from a multi-disciplinary team regarding their diet; as they required low sugar diet to manage their diabetes. Their care plan included guidance for staff regarding the risk of low and high blood sugar and the symptoms the person may display and the actions and support they would need if this occurred.

People were supported to access external health professionals to maintain their health care needs. A relative confirmed their family member had seen the optician and chiropodist. The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. For example one person appeared disorientated on the morning of the inspection. The

registered manager instructed the staff to obtain a urine sample. The doctor was called to visit the person and by the end of the inspection it had been confirmed that the person had an infection and the antibiotics they had been prescribed were collected and the first dose administered to them.

The design of the building enabled access for people that used wheelchairs and we saw that people were able to walk around with or without staff support as needed. There were outdoor spaces available for people to access and equipment such as hoists and walking aids were available to enable people to move safely. There were lifts to enable people to access other floors.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision, such as the support the person needed to ensure their personal care needs were met.

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example people were asked before support was provided and choices were offered at meal times. One person told us, "The staff always ask me they never make decisions for me."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. Some people had a DoLS which had been authorised and any conditions relating to the authorisation were recorded and had been met. Discussions with staff demonstrated they had an understanding of the Act and DoLS and we saw they had received training.

## Is the service caring?

### Our findings

People felt the staff were polite and helpful. One said, "They're a good crowd." Another said, "We can't fault any of them." We saw staff were polite and respectful when speaking with people. One member of staff told us, "I always explain what I'm going to do; I wouldn't dream of taking someone to the bathroom without explaining what I'm going to do." We saw interactions between staff and people were warm and compassionate. Staff communicated with people effectively and used different ways of enhancing that communication, for example, by touch and altering the tone of their voice appropriately. People were listened to and were comfortable with staff. We saw communication plans were in place to guide staff on how to communicate with people at a level and pace they understood. For example, one person's plan directed staff on how to reassure them and we saw the staff followed this when the person became upset. Information within communication plans included details regarding people's vision, hearing and aids they used.

Staff encouraged people's independence and supported them to make decisions for themselves wherever possible. The staff explained things and used different approaches to ensure people understood and could make informed choices. However we did not see any pictorial aids that may have assisted people. The registered manager told us she had identified this as an area for improvement.

The registered manager confirmed that people were supported to make decisions using independent advocates when needed and we saw records were in place to demonstrate this. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

A relative confirmed their family member was cared for in a dignified manner and told us "Staff are really good; I can't fault them at all." We saw staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions.

All care staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give examples of how they did this, such as closing curtains, approaching people quietly, and covering people when they received personal care. People we spoke with confirmed this. One person told us, "The staff always make sure the door is closed when they support me to have a shower and they always knock on my door before they come in."

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One visitor told us, "The staff are always welcoming to me when I visit." Relatives confirmed they were always kept informed about their family member's care.

## Is the service responsive?

### Our findings

At the last inspection we saw that people were supported to engage with others and participate in home life at the service but this was not always consistently achieved. The registered manager told us that fewer activities than usual had been provided to people; as there was currently no specific member of staff available to provide these. The manager confirmed that during this period care staff were responsible for providing activities. One member of staff told us, "We do try, but supporting people with their personal care has to take priority over activities. We had entertainers in at Christmas and everyone seemed to enjoy that." We did not see any activities provided on the day of the inspection. Most people were in the lounges and had the television or radio on or were looking at newspapers and magazines. Some people told us they enjoyed the quizzes available; however other people said they didn't feel there were enough activities to occupy their day. One person said, "I just watch TV, there isn't much else going on." On the first floor where most people were living with dementia we did not observe any social or therapeutic interventions provided to people; other than the support people received at meal times and with their personal care needs. This meant that the improvements we asked the provider to make at the last inspection to ensure people were offered a consistent programme of activities that met their needs had not been achieved.

This was a breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activity) Regulations 2014.

At the last inspection staff did not always observe or respond to people in a timely manner when they needed assistance. At this inspection we saw improvements had been made. We saw that staff were available promptly to support people as required. For example we saw staff supported people to use the bathroom when they needed it. Discussions with staff demonstrated they knew people's likes and preferences and we saw these were recorded in care records. One relative told us, "Everything is always really good." Regular meetings were undertaken with relatives and representatives of people that used the service. We saw that minutes of these meetings were recorded including any suggestions made and actions taken.

At the last inspection some areas of the home and the garden were in need of redecoration and maintenance. At this inspection we saw improvements to the environment had been made. This included an extension to the home which had increased the provider's registration to accommodate up to 46 people. We saw that the garden area had been maintained and was accessible to people. However due to the cold weather people confirmed they did not wish to access it. One person said, "I like sitting here, looking out at the allotments, it's a nice view but it's too cold to go out at the minute."

People's cultural and diverse needs were incorporated within their initial assessment and care plans. People's relatives confirmed they were involved in these. Staff understood about respecting people's rights and supported them to follow their faith. Some people we spoke with confirmed they received visits from the local vicar to meet their religious needs.

The registered manager confirmed they were aware of accessible information standards (AIS) and were

implementing this to support people. AIS were introduced by the government in 2016 to make sure that people with a disability of sensory loss are given information in a way they can understand. The registered manager confirmed that white boards were available to support people to communicate. They told us, "We don't have anyone that uses these at the moment but we have used them in the past for a person. We are looking at providing picture menus for people; as some people may benefit from these. Currently we show people the two choices at each meal to help them decide." We saw some people were supported to choose their meal using this method at the lunch time meal.

Relatives confirmed they would feel comfortable telling the registered manager or staff if they had any concerns. One relative told us, "I would tell the manager if I had any concerns. I am sure they would sort it out for me." The staff confirmed that if anyone raised any concerns with them they would inform the person in charge. One member of staff told us, "I would tell the manager or the person in charge if the manager wasn't on duty." A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these had been addressed in a timely way; we saw that the actions taken and outcome were recorded. A system was in place to audit the complaints received to identify any patterns or trends and take action as needed.

At this time the provider was not supporting people with end of life care, therefore we have not reported on this at this inspection.

## Is the service well-led?

### Our findings

At the last inspection we found further improvements were needed ensure a consistent approach in the timeliness of people's care were met. At this inspection we saw that these had been met; as people received support in a timely way from the staff team.

Quality monitoring was in place. This included audits of the environment and infection control, food hygiene monitoring, medicines and care plans, and staff training and support. We saw that in general, areas for improvements were identified and actions taken. For example body maps and sheets for administering creams had been put in place for care staff to complete when creams had been applied. The manager undertook a daily 'walk around' the home and we saw that any issues identified were addressed. For example, when it was noted that three people had not received a shave; the records showed this had been addressed later in the day. However, some of the records we looked at were not always updated in a timely way to reflect people's current needs. As recorded under the safe domain, the moving and handling assessment for one person had not been updated to reflect the improvements they had made in their mobility. Another person's care plan had not been updated regarding the DoLS authorisation made, to show this had been authorised. However a copy of the authorised DoLS was in place within their file and staff we spoke with were aware of this. This meant that although care practices were safe and effective; improvements in auditing were needed to ensure records were kept up to date to reflect this.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections.

The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the whistleblowing procedure and confirmed they were happy to raise any concerns with the registered manager. One staff member said, "I would be comfortable telling the manager anything. I wouldn't hesitate to whistleblow to her if I needed to. I am confident she would address it." We saw a positive rapport was in place between the registered manager and staff team who told us they felt supported. One member of staff told us, "The manager is brilliant, very fair." Staff told us they had the opportunity to attend regular staff meetings and told us that suggestions they made were listened to. They gave an example of how communication between different teams had improved. We saw minutes of meetings were taken; this ensured staff who were unable to attend could read the minutes to update themselves on the discussions held.

There was a registered manager in post who was clear on their responsibilities. They understood their responsibility around registration with us and we had received notifications when significant events had

occurred within the home. This meant we could check appropriate action had been taken. The current rating for the home was displayed visibly when entering the home and on the provider's website in line with our requirements. People and their relatives told us they liked the registered manager. One person said, "She is lovely, very friendly and always stops and has a chat with me." A relative told us the registered manager made them feel "Really at ease" and had a "Personal touch". They told us they felt able to raise any issues.

There was an infrastructure of support for the registered manager which included team leaders, senior care staff and care staff. Housekeeping and catering staff were also on site along with administration staff to support the manager in the running of the home. The registered manager confirmed they felt supported by the provider

People and their representatives had the opportunity to complete surveys relating to the service. We looked at the results of the surveys from June 2017. We saw the feedback was positive. Comments included, 'All staff are friendly and have a smile.' And 'Homely atmosphere.' And 'Cleanliness is good.' The analysis showed what had been done in response to people's comments. One had thought the home could do with brightening up so the 'give a gnome a home' had been initiated and garden gnomes had been obtained to brighten up the exterior. Another person had commented it would be useful to know who was on shift so the staff board had been moved to the foyer so visitors could see who was on duty.

We saw that the registered manager promoted partnership working with other professionals such as local doctors' surgeries and community teams; to ensure people received the support they required. The manager told us, "Lots of people come here initially on a short term basis and then come back regularly for respite and several then ask to stay permanently. One person went home and then changed their minds, so we supported them to return on a permanent basis."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The provider could not demonstrate activities for people were provided consistently to meet their needs and preferences. 9(1)(a)(b)(c)   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person must send a written report setting out how, and the extent to which, in the opinion of the registered person, how systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The report must include any plans the registered person has for improving the standard of services provided to people with a view to ensuring their health and welfare. 17 (3) |