

## Olton Grange Residential Home

# Olton Grange Residential Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 30 August 2017 and was unannounced. Olton Grange Residential Home provides care and accommodation for up to 25 older people. There were 19 people living at the home when we carried out our visit. A number of people at the home lived with dementia.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who had registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection a registered manager had not been in post for over 12 months. The manager who was responsible for running the home was in the process of applying for registration.

The home was last inspected on 21 July 2016 when we found the provider was not meeting the required standards. We identified two breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These breaches were in relation to the safe care and treatment people received and the leadership of the service. Care and treatment was not provided in a safe way. Risks were not assessed and action had not been taken to reduce risks. Systems and processes were not established or effective. The quality and safety of the service was not assessed or monitored. Accurate records of people and their care and treatment were not maintained.

The provider sent us an action plan outlining how they would improve. During this inspection we checked whether the improvements had been made. We found some improvements had been made but action had not been sufficient in response to the breaches in regulation.

New audits and checks to monitor the quality and safety of the home had been implemented. However health and checks of the building safety were not effective. Also, the provider's fire risk assessment was out of date and was not fit for purpose. This meant the provider could not always demonstrate how they ensured people and the staff would be kept as safe as possible.

At our previous inspection, we were told meetings where people who lived at the home could discuss any issues or concerns would commence. At this visit, they still had not taken place.

The provider had received a Provider information Return (PIR) as part of this inspection process but this had not been completed and returned to us as requested.

Some improvements had been made to manage the risks associated with people's care. Risk assessments and management plans identified potential risks to people's health and wellbeing. However, information for staff to follow to reduce risks was not always recorded.

At our previous inspection people were not involved in reviewing their care and their care records had not been regularly reviewed. Reviews had commenced but had not identified when people's risk assessments did not contain sufficient information. However all of the people we spoke with told us they were involved in their care reviews and received their care and support in the way they preferred which met their needs.

Incident and accident records were completed. Since our previous inspection the manager had implemented a system to analyse the records and we saw action had been taken to reduce the likelihood of the incidents happening again.

Relatives confirmed they had opportunities to be involved in people's care and people were encouraged to maintain relationships important to them.

People told us they felt safe living at Olton Grange. Procedures were in place to protect them from harm and staff had received safeguarding training. Staff were confident to challenge poor practice and share concerns with their manager.

Sufficient and experienced staff were on duty to meet people's needs. Most staff told us they had received an induction when they started working at the home. The provider's recruitment procedures minimised, as far as possible, the risks to people safety.

Since our previous inspection medicine audits had commenced to check they were given safely and effectively. Improvements had also been made to the way medicines were stored. People received their medicines when they needed them but staff had not consistently recorded when they had administered people's prescribed creams.

People provided positive feedback about the food and dining experiences at the home. Staff demonstrated good knowledge of people's nutritional needs. People were supported to manage their health conditions and had access to health professionals when required.

Managers and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Consent to care was sought in line with legislation. People were supported to make choices and decisions about their everyday routines. This meant the rights of people were protected.

Staff were caring and knew the people who lived at Olton Grange well. We saw they quickly responded to people's requests for assistance. People's right to privacy was respected and their dignity was maintained by staff who supported them to be as independent as possible.

People spoke positively about the social activities available to occupy their time. People and their relatives knew how to make a complaint and felt comfortable doing so. No complaints had been received in the last 12 months.

The manager spoke positively about the support they received to be effective in their role. People and their relatives were happy with how the home was run. Staff told us they enjoyed working at the home and spoke positively about the manager.

Some staff had not had their work performance monitored for over 12 months. Staff confirmed they had some the opportunities to attend and contribute to team meetings to share ideas and drive forward improvements.

Annual quality questionnaires were sent out to gather people's views on the service they received. The provider had an improvement action plan in place to improve the décor in the home to make the home a nicer place for people to live.

The manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home.

We found two 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?

Requires Improvement 

The service was not consistently safe.

Health and safety audits were not effective and the fire risk assessment in place was out of date and not fit for purpose. Risks associated with people's care were not always recorded. People felt safe and procedures were in place to protect them from harm. Incident and accident forms were completed and analysed. Action to reduce reoccurrence had been taken. The provider's recruitment procedures minimised the risk to people's safety. People received their medicines when they needed them but the administration of people's prescribed creams needed to be improved.

### Is the service effective?

Good 

The service was effective.

Staff were trained and had the right skills and knowledge to support people effectively. The manager and staff understood the principles of the Mental Capacity Act 2005. Staff respected people's decisions and gained people's consent before providing their care. People told us they enjoyed the food. People had access to health care professionals when required.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness by staff who knew them well. People were supported to make choices and decisions about their everyday routines. People were treated with dignity and the staff demonstrated their commitment to continually supporting people to be independent.

### Is the service responsive?

Good 

The service was responsive.

People received the care and support they needed and staff responded quickly to people's requests for assistance. People spoke positively about the social activities available to occupy

their time. People and their relatives knew how to make a complaint and felt comfortable doing so.

### Is the service well-led?

The service was not consistently well-led.

The provider had not ensured that all of the quality assurance procedures in place were effective to assess and monitor the quality and safety of the service people received. People had some opportunities to feedback on the quality of the service they received. People, relatives and staff spoke positively about the manager and how the home was run.

**Requires Improvement** 

# Olton Grange Residential 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 was 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 took place to follow up on two previously identified breaches in the regulations, and to make sure the required improvements had been undertaken. The inspection took place on 30 August 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs to people living at Olton Grange Residential Home.

Prior to our visit we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also spoke with local authority commissioners who funded the care some people received. They informed us they had visited the home in July 2017 and had made some recommendations to improve the care people received.

During the visit we spoke with five people who lived at the home and four relatives. We also spoke with the manager, one trustee, two senior care workers, three care assistants, the cook and one laundry assistant.

We looked at the records of four people and two staff records. We looked at other records related to people's care and how the home operated. This included checks the management team took to assure themselves that people received a good quality service.

# Is the service safe?

## Our findings

At our previous inspection on 21 July 2016 care and treatment was not provided to people in a safe way. Risks were not assessed and steps were not taken to do what was reasonably practicable to mitigate known risks. This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We asked the provider to make improvements to the way they assessed and documented risks. In response they sent us an action plan outlining how they would do this. They told us they would implement risk assessments which were individual to each person's needs to ensure care was provided to people in a safe and consistent way. We found during this visit some improvements had been made but further improvement was required.

The health and safety checks completed at the home were not effective. For example, some doors including the sluice room and the 'laundry chute' door were not securely locked. This presented a risk because some people lived with dementia and the sluice room contained chemicals such as disinfectants which could be consumed. The laundry chute was used by staff to discreetly transfer laundry from the first to the ground floor of the home. We saw the door of the chute was big enough for a person to fit inside and fall which could cause harm. We brought our findings to the attention of the manager who made immediate arrangements for suitable locks to be fitted to the doors. The day after our visit we contacted the provider and they informed us that action had been taken to address our concerns.

The fire risk assessment in place at the home was not fit for purpose and had not been reviewed since 2013. This presented a risk because the provider could not demonstrate to us how they ensured people and the staff would be kept as safe as possible in the event of a fire. We discussed this with the manager and they told us, "The fire risk assessment is a priority." They had already identified that the information was out of date and they had plans in place to update the risk assessment. Following our visit we contacted the provider and they provided assurance that action would be taken to address our concern. Six weeks after our visit we were informed that a specialist fire safety company had been instructed to complete the fire risk assessment at the home.

Risk assessments and management plans identified potential risks to people's health and wellbeing. However, information for staff to follow to reduce risks and to keep people safe when delivering care was not always recorded. For example, one person could become anxious and display behaviours which could potentially cause harm to themselves or to others. There was no information available to staff to inform them how to manage the risk, such as potential signs, triggers or how to support the person or others safely. However, staff we spoke with did know how to support this person if they became anxious. We discussed our findings with the manager and they acknowledged further detailed information to manage risks needed to be available to the staff team.

During our previous inspection one person was at high risk of falling and a risk assessment to manage the



risk was not in place. During this visit we checked and falls risk assessments were in place for people who needed them. Our discussions with staff assured us they knew how to reduce risks but improvement was required because information was not always documented. For example, information on how to keep people safe when they were mobilising was not always recorded.

This was a continued breach of regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At our previous inspection records of accidents and incidents were not analysed to identify themes which might prevent them from reoccurring. During this visit we saw improvements had been made because the manager analysed accident and incidents monthly. Analysis in August 2017 had identified that nine people had fallen in communal lounges in July 2017. To prevent further falls we saw a designated staff member was present in communal lounges during our visit. One person commented, "There is always one staff in here, (lounge). If they leave, another (staff member) replaces them." The manager, staff and relatives told us this action had reduced the number of falls in the four weeks prior to our visit.

During our previous inspection some people were prescribed 'as required' medicines. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Protocols (medicine plans) for the administration of these medicines were not in place. During this visit improvements had been made because protocols had been implemented to make sure medicines such as those for pain relief were administered safely and consistently. This was important because some people could not verbally inform staff of their pain.

During our previous inspection the temperature in the room where medicines were stored was too high and this meant people's medicines could be ineffective. During this visit we checked and saw new thermometers had been purchased and daily room temperatures were recorded. The recordings for the four weeks prior to our visit were at the recommended temperature for safe storage.

During our previous inspection medicine audits had not been completed to ensure they were given safely and effectively. Since that inspection improvements had been made. For example, the manager had implemented daily, weekly and monthly medication checks. The manager said, "I am confident people get their medicines when they require them, we have had no errors and that evidences procedures are safe."

Comments from people included, "I get my pain killers when I need them." And, "Never any issues with my tablets." Staff who administered people's medicines confirmed they had received medication training. The manager observed staff practice each month to make sure they were competent to do so. We saw a staff member safely administered oral medicines to people during our visit. However, when staff had administered prescribed creams, we saw they had not consistently recorded this administration on the MAR charts. Guidance was not in place to inform staff where to apply the cream onto a person's body. For example, MARs stated, 'apply as directed' this presented a risk because the cream could be applied in the wrong place or at the wrong frequency. We discussed this with the manager who assured us they would take action to ensure people's creams were applied correctly.

People told us they felt safe living at Olton Grange. One person explained this was because they used their call bell during the night time and the staff always responded quickly. Another said, "There are lots of people around. I feel safe in the company of others." Our discussions with people's relatives assured us they felt people were safe. Comments included, "No concerns at all, it's fine here," and, "I am confident (person) is kept safe."

Procedures were in place to protect people from harm. The provider's safeguarding reporting procedure was displayed in communal areas of the home to inform people how to report if they felt unsafe. Staff told us they had received training to safeguard adults and this meant they understood the signs that could indicate if a person was at risk of abuse. Staff told us they were confident to challenge poor practice and to share concerns with the provider, the manager or CQC. One staff member told us, "If I saw anything, I would report it. I am their (people's) voice and eyes so I would report to safeguarding." Our discussions with the manager confirmed they were aware of their responsibilities to keep people safe and report allegations of abuse so they could be investigated correctly.

There were sufficient numbers of experienced staff on duty to meet people's needs. One person said, "There is always enough staff to look after me." A relative told us, "Yes, there are good staffing arrangements in place." Staff told us the levels of staff on duty had increased following our previous inspection and this meant they could meet people's needs more quickly. One staff member said, "There is enough of us, it's better now the new manager is here."

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. New staff were recruited based on their experience and values. They did not start work at the home until their disclosure and barring check (DBS) and references had been received. These were then checked by the provider to ensure the person was suitable to work with people who lived at the home. The DBS completes background checks to ensure as far as possible staff members are suitable to work with people who use services.

## Is the service effective?

### Our findings

People told us they received effective care. Comments included, "They (staff) are skilled, and they work as a team." And, "Staff do go on training so they know how to look after me."

Staff told us they completed regular training courses which included dementia awareness and food hygiene which made them feel confident to carry out their roles. The manager was in the process of updating the records of the training the staff team had completed. This was to ensure they had an overview of when training needed to be updated.

Most staff told us they had received an induction when they started working at the home. Their induction included visiting the home to meet people and working alongside experience colleagues before they worked unsupervised. Completion of the induction ensured the provider that staff understood their policies and procedures and meant they had received training in-line with the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

The manager had a level 5 diploma qualification in Leadership for Health and Social care which assured the provider they had the skills they needed to carry out their role effectively. The staff team had opportunities to complete qualifications such as level two and three social care diplomas.

All of the people we spoke with provided positive feedback about the food and dining experiences at the home. Comments included, "The food is very nice," and, "The food is very good, I get whatever I ask for." In January 2017 records showed people had been asked and were 'happy' or 'very happy' with the food available. During our visit we saw people had positive mealtime experiences. People were shown 'plated up' meals so they could smell and see the food available, to help them decide what they would like to eat. Staff were attentive, and provided the support people required to enjoy their meals. Staff demonstrated good knowledge of people's nutritional needs, likes and dislikes.

Some people were at risk of dehydration and needed their fluids monitored to ensure they consumed enough to maintain their health, especially in recent hot weather. We looked at a sample of fluid charts and whilst we were confident that people had received enough to drink overall, improvements were required to how this was recorded. For example, staff had recorded 'cup,' 'beaker,' or 'all,' instead of the actual quantities drank. The manager told us they would discuss this with the staff to ensure action was taken to rectify this.

People were supported to manage their health conditions and had access to health professionals such as doctors and dentists when required. Comments from people's relatives included, "(Person) goes to the doctor by himself sometimes, no problems," and, "There are no delays with seeing professionals."

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection some authorised restrictions to deprive people of their liberty had expired. During this visit we checked and found improvements had been made. The manager had implemented a new system to ensure authorisations near their expiry date were correctly resubmitted to the supervisory body for approval.

The manager and the staff understood the principles of the Act. For example, they assumed people had capacity to make everyday decisions. We saw staff asked people for their permission before supporting them and some people refused assistance to maintain their personal hygiene. When this happened, staff knew to try different ways to engage people so they received the support they needed. One staff member said, "We can't force, it's their choice, we can only encourage people." Some people were unable to communicate verbally so staff maintained eye contact and watched people's body language, to understand whether or not they consented to support. This meant the provider was working within the principles of the MCA.

## Is the service caring?

### Our findings

People told us staff were caring. One person said, "It's just the way they are, very caring". Staff we spoke with demonstrated a shared commitment to providing good quality care which enhanced people's lives. One said, "I treat people with respect because that's how I like to be treated." We saw throughout our visit people were treated with kindness by staff who knew them well. Staff referred to people by their preferred name, and maintained eye-to-eye contact when speaking with them. We saw people sat and chatted with staff about their previous occupations or family.

Throughout our visit the atmosphere at the home was relaxed and we heard laughter especially during the afternoon when we heard staff telling some people jokes.

Staff knew what could cause people to become upset or worried and demonstrated how they provided people with comfort. On one occasion we saw a staff member put a 'comforting arm' around a person who was upset and the person responded well to this by smiling. A family member commented, "They (staff) deal with people in a lovely and thoughtful way."

We saw the staff team demonstrated their commitment to continually supporting people to maintain their independence throughout our visit. For example, they gently reminded people to hold stair rails and to take their time when they were walking around the home. Staff told us they always encouraged people to complete tasks for themselves such as, washing their own hands and face with a flannel. One person told us, "They (staff) do encourage me to do what I can for myself, that's a good thing."

Staff maintained people's dignity. For example, we saw a staff member discreetly whispered into the ear of a person when asking them if they needed to use the toilet before lunch. We also saw a person using a toilet had left the door open. Although not immediately obvious, it could impact on their privacy or cause the persons self-respect to be compromised. Staff quickly recognised this and intervened to provide supported in a respectful manner.

People were encouraged to maintain relationships important to them and there were no restrictions on visiting times. One relative commented, "When I came with a friend they (staff) suggested we sit somewhere more comfortable and they brought us tea which was kind." They explained this made them feel welcome.

## Is the service responsive?

### Our findings

All of the people we spoke with received their care and support in the way they preferred. Comments included, "They (staff) are good and helpful" and, "My every need is catered for here."

A relative explained their family member enjoyed dancing and listening to music and this had a positive effect on their well-being. They told us they had seen staff members encourage their relation to 'get up and have a dance'. This assured them staff had a good understanding of the support their relation required.

We saw staff responded quickly to people's requests for assistance. For example, one person asked for a cup of tea which was promptly provided. At lunchtime another person said their meal was cold. A staff member immediately returned the person's meal to the kitchen and it was reheated. The person thanked the staff member for their help and told us, "They (staff) are good here; they will do anything for me."

Staff demonstrated they were knowledgeable about the people they cared for and confidently described in detail people's preferences and needs. For example, one person did not like crowds of people. We saw at lunchtime they were provided with a lap tray and chose to eat their meal in a quiet area of the home. Staff told us they provided the person with the tray because the dining room could become busy and they knew this could cause the person to become anxious. Another person had swollen feet and we saw staff supported them to elevate their legs. Staff told us they did this to reduce the swelling.

Staff said they knew people because, "We have all been here such a long time, we know them." One staff member told us they were kept updated about people's changing needs during the shift handover meetings. This information was useful because they could adapt their approach, especially if people were feeling unwell. Staff also told us communication had improved since our previous inspection and this meant staff worked well together as a team. A notice board that contained information such as people's healthcare appointments was on display in the staff room. A staff member commented, "It is helpful to have a visual reminder." This meant essential information was given to staff so they could respond to people's needs in a consistent way.

Pre - admission assessments were completed to assess whether people's care and support needs could be met at the home. The manager explained this process was important as it made sure the home was the right place for the person to live.

At our last inspection people were not involved in their care reviews. During this visit we saw improvements had been made because people told us they had meetings with the staff to talk about their care. One person said, "They do ask me what I like and they (staff) write it all down." Relatives confirmed they also had opportunities to be involved in reviews. One told us, "I have been to care reviews. They (staff) are good, they update me on any changes or things I need to know."

People spoke positively about the social activities available to occupy their time. Comments included, "There is enough for me to do;" "I like Tuesdays as someone plays the piano;" and, "We have exercise classes

and bingo." People told us they also enjoyed visits from external singers and aromatherapy sessions which took place every couple of weeks. During our visit we saw several people chose to join in with a general knowledge quiz during the afternoon. Afterwards people told us they had enjoying having a 'laugh and a bit of banter' with the staff.

A copy of the provider's complaints procedure was displayed in communal areas of the home which informed people how to make a complaint. People and their relatives knew how to make a complaint and felt comfortable doing so. A typical comment was, "I would go straight to the manager's office and she would sort out any problems." We looked at the complaints and compliments book which had been implemented by the manager since our previous inspection. No complaints had been received and three compliments had been recorded which demonstrated relatives thought highly of the care provided by staff.

## Is the service well-led?

### Our findings

At our previous inspection on 21 July 2016 systems or processes to monitor the quality and safety of service provided were not established or operated effectively. An accurate and complete record of each person, their care and treatment was not maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Following the inspection we received an action plan from the provider which showed us how they planned to make improvements including changing the way they completed audits to gain an overview quality of the service provided to people. During this visit we found some improvements had been made however the provider remained in breach of this regulation.

New systems to monitor the quality and safety of the home had been implemented and records showed the manager completed audits which were shared with the provider and the board of trustees. We saw some audits including medicine were effective. However, health and safety checks were not effective and required further improvement.

Some improvements had been made to manage the risks associated with people's care. However, further improvement was required to ensure the information contained in risk assessments provided staff with the guidance they needed to keep people as safe as possible. For example, how to keep people safe when people were being supported in moving, and when people's behaviour challenged others. Despite this staff spoken with had a good understanding of these matters.

At our previous inspection people's care records had not been reviewed regularly to make sure the information remained correct. During this visit we saw this had commenced but the reviews had not identified when people's risk assessments lacked detail for staff to manage risks. Staff members told us, "We really try but no one has showed us what a good care plan or risk assessment looks like," and, "We haven't had any training to complete reviews but we want to learn." We discussed this with the manager and they acknowledged they did not always check the content of people's care records as other work had taken priority. They recognised this was an area for improvement and gave us assurances this would be rectified

At our previous inspection, meetings where people who lived at the home, could discuss issues or concerns, were not being held. During this visit meetings were still not happening. We discussed this with the manager who recognised the importance of the meetings and told us, "Meetings are in the pipeline, it will mean people can put forward their ideas and suggestions to improve things."

This was a continued breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.

During this visit people and their relatives spoke positively about how the home was run. One person, when asked about the manager said, "She's lovely. Always had a smile on her face and asks me if I'm feeling okay," A relative told us, "The manager has made a lot of improvements; it seems more stable, she gives the place an air of confidence."



The manager told us they had a 'hands on' approach, and said, "I can't manage from behind a closed door. I need to see what is going on." We saw they spent time sitting and talking with people during our visit. This approach ensured they had an overview of how staff were providing care to people.

The management structure consisted of the provider, the manager, and a board of trustees. The manager had worked at the home for just over 12 months and during our last inspection they were in the deputy manager role. They had accepted the manager's position in June 2017 and were in the process of registering with us.

Staff told us they enjoyed working at the home and they spoke positively about the manager. Comments included, "Firm but fair," "Approachable, things have got better since they have started working here." One explained since our last inspection the manager had worked hard to lead the staff team in 'the right direction.' They felt this action had improved the care people received because staff felt they could approach the manager and ask questions which had improved staff morale.

We saw good examples of team work and communication between the staff and the manager during our visit. We saw staff confidently approached the manager who provided them with support and advice. We looked at communication processes which included handover records. This showed us that staff passed on information and received important messages.

Some staff told us their work performance had not been monitored through supervision meetings (one to one meetings with a manager) for over 12 months. One commented, "It would be nice to get some recognition." We discussed this with the manager who explained a few meetings had commenced in the month before our visit and plans were in place to ensure meetings happened every 6-8 weeks in line with the provider's policy.

Staff confirmed they did have opportunities to attend and contribute to team meetings to share ideas and drive forward improvements.

The manager spoke positively about the support they received to be effective in their role. They said, "If I need anything I just pick up the phone and I can get advice or support." However this was the manager's first managerial role and records showed they had not had a one-one meeting with the provider to discuss their performance since they had started work at the home. The manager explained a meeting with the provider had been requested and was in the process of being arranged.

Annual quality questionnaires were sent out to gather people's views on the service they received. Completed questionnaires were analysed to assess if action was required to make improvements. We saw 14 responses had been received to questionnaires which were sent out in 2017. Two people had commented that the décor could be improved to make the home a nicer place to live. In response to this an improvement action plan had been implemented. We saw some bedrooms had been redecorated and some carpets were in the process of being replaced.

The home was also audited by external organisations. In July 2017 the local authority quality monitoring team had visited and checked the leadership and management of the home. They had made some recommendations to improve the service people received. The manager assured us the recommendations were being actioned at the time of our visit.

As part of our inspection process we asked the provider to complete a Provider Information Return (PIR). The PIR is an important element of our inspection process that asks the provider to give some key

information about the home, what it does well and improvements they plan to make in the future. The manager confirmed the PIR had been received. However, it had not been completed and returned.

The manager knew which notifications the provider was required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications and they understood the importance of us receiving these promptly so we were able to monitor the information about the home.

It is a legal requirement for the provider to display their ratings so that people are able to see these; we found this had been done at the home and on the provider's website.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment was not provided in a safe way for service users. Risks were not assessed and steps were not taken to do what is reasonably practicable to mitigate these risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems or processes were not established and operated effectively. The quality and safety of the service was not effectively monitored