The Steppes Care Limited

The Steppes Residential Care 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?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The Steppes is a care home without nursing care for up to 29 people. On the day we visited 29 people were living there. The home is two converted houses and has a passenger lift in the main house to reach the first floor where people are accommodated. The Lodge next door has a stair lift to access the first floor. There was registered manager. 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.

People's medicines were not always managed safely to ensure people were receiving medicines correctly. Medicine management was regularly audited but improvements were not always sustained.

People's care plans did not provide sufficient detail. There was insufficient guidance to support one person living with mental health needs. Care plans for people were not always person centred and complete to ensure staff knew how to meet people's individual needs. Care plan reviews were incomplete.

There were 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 services quality assurance system had not identified some shortfalls we found for improvement for example improvements to infection control procedures. The environment could be improved to ensure there was enough space for people to dine and use the communal areas.

People and their relatives told us they felt the home was safe. Staff knew how to keep people safe and were trained to report any concerns. People were supported by staff that were well trained and had access to training to develop their knowledge.

People were treated with kindness and compassion and we observed staff engaged with people in a positive way most of the time. Relatives felt welcomed in the home and told us the staff were kind but sometimes people had to wait for assistance.

People were able to make some choices and decisions and staff supported them to do this. Staff knew what people valued and how they liked to be supported. Healthcare professionals supported people when required.

People had a choice of meals and we observed most people ate their food and could more if they wanted. When people required assistance with their food staff supported them and gave them time to enjoy their meal. People had a range of activities to choose from which included exercise classes, arts and crafts, musical entertainments, bingo and walks into town. There were links with the local community with trips out regularly organised.

The provider and the registered manager monitored the quality of the service with regular checks and when necessary action was taken. Staff felt well supported by the registered manager and deputy manager. Staff meetings and resident meetings were held and people were encouraged to make comments and contribute to the running of the home during meeting and using the annual surveys provided.

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

This service was not consistently safe.

People's medicines were not always managed safely.

Infection control measures could be improved where laundry was managed.

There were times when staff were not deployed to ensure people's needs were always met in a timely way

People were safeguarded as staff were trained to recognise abuse and to report any abuse.

People were protected by thorough recruitment practices.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's dietary requirements and food preferences were met for their well-being but their dining experience was not always acceptable when they had to wait between courses and there was not always consistent supervision and assistance from staff.

People had mental capacity assessments and Deprivation of Liberty Safeguards had been applied for when they were unable to live without supervision.

People had access to social and healthcare professionals and their health and welfare was monitored by them.

People were supported by staff who had completed their training and regular updates. Individual staff supervision meetings were completed regularly to monitor staff progress and plan additional training.

Is the service caring?

Requires Improvement

The service was not always as caring as it could be.

People were treated with compassion but communication and

respecting people's privacy could be improved.

Staff treated people as individuals and usually treated them with respect.

People bedrooms were personalised with their own mementoes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Peoples care plans did not provide sufficient detail and some required updating. Monthly reviews were incomplete.

People took part in activities and had individual engagement with staff.

The complaints procedure required updating. Comments or concerns were responded to.

Is the service well-led?

Requires Improvement

The service was not as well led as it should be.

The quality assurance systems need to be more robust to identify all shortfalls.

The manager was accessible to staff and people and had made improvements to benefit people.

Regular resident and staff meetings enabled everyone to have their say about how the home was run.

The Steppes Residential 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.

This inspection took place on 26, 28 and 31 October 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We received a Provider Information Return (PIR). 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. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with eleven people living there, two relatives, the registered manager, the deputy manager, the provider, three care staff, the activity staff, a domestic cleaner and a chef. We looked at four care records, three recruitment records, medicine administration records, staff rosters and quality assurance information. We contacted a GP practice and social and healthcare professionals that visited the service to obtain their view of the service.

Requires Improvement

Is the service safe?

Our findings

Medicine management could be improved. Staff were not taking the medicine administration records with them when giving people their medicine from the monitored dosage system. Without the record they could not check the medicine they were giving was correct and the person's identity. During the inspection this procedure was improved and all medicine record charts were placed in a folder and taken with the medicine to each person. Transporting medicine was not easy for staff as they had to use a carry case from the top floor and carry the records on very steep stairs. Since the inspection the registered manager informed us a medicine trolley was now used and staff accessed the two floors where people were accommodated using the lift. There was no protocol for staff to follow for one person was who was prescribed additional medicine 'as required' for anxiety. It was also unclear where their prescribed cream should be applied. Each person had an annual medicine review on 30 June 2016 by their GP. One person was self-medicating their medicines and the staff ordered them to ensure they always had enough. There was no formal assessment of their continued competence to self-administer.

Staff were trained to administer medicines and had regular competency checks but the results had not been recorded. Since our recommendation during the inspection a controlled drugs book had been purchased for The Lodge to avoid staff having to access the record in the main house across the drive. The registered manager reviewed the medicine policy annually, however the administration procedure required updating and there was no procedure for people who were self-medicating their medicines to ensure they continued to do this safely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff to meet people's basic care needs. However staff were not always deployed in a way that met people needs in a timely manner and kept them safe at all times. We observed at one time all care staff were in the kitchen in the main house washing up and preparing drinks and food. The catering staff started after breakfast which meant care staff had to prepare breakfast and do the washing up. This was inappropriate deployment of care staff and could be improved to ensure people always had care staff near them particularly in The Lodge.

Two people told us staff usually responded quickly to call bells but one person told us it could take five to ten minutes before staff responded in The Lodge. Staff deployment needed to improve for The Lodge where ten people lived, two of whom were highly dependent on staff to meet their needs. We shared our concerns with the deputy manager and the provider that during lunchtime and some other times there were no staff in The Lodge. The registered manager had improved this since our visit to ensure there was always a member of staff present when people were eating meals and at other times. There was always a member of staff there during the night.

We were concerned about cross infection. We were concerned about cross infection. One communal bathroom had a hand towel, rather than paper towel, for people to dry their hands on. which may not

promote infection control. The sluice area was surrounded by cleaning products and access to the hand wash basin, paper hand towels and the waste bin was restricted. The washbasin was shared in the same room with staff completing the laundry and using the washing machine. There was no procedure to ensure laundry was processed correctly in the same small room as the sluice to prevent infection control measures becoming compromised. We were informed about the improvements made to store cleaning products after the inspection but were unable to check this. We discussed with the registered manager how the laundry could be relocated to a more suitable area to improve infection control.

There were some infection control guidelines for staff to follow and they were trained to prevent cross infection. Staff used personal protective equipment for example plastic aprons and gloves and there was hand cleaner for staff and visitors to use. All areas were clean and there were no offensive odours. People told us the home was always clean. There was an infection control policy which may need to be more comprehensive. We recommend the service ensures guidance from the Department of Heath Guidelines on Infection Control are followed to ensure people are protected from the risks associated with cross infection.

People involved in accidents and incidents were supported to stay safe. However there was no reflective practice recorded to identify any preventative measures after an accident and it was unclear whether the registered manager had seen all the accident records. The accident audit we looked at did not record the times of the accidents which may alert the manager to improve staff deployment.

Health and safety information included risk assessments for all areas, equipment and products used. Safety issues identified by staff were entered in the communication diary and the registered manager made sure they were completed. The maintenance staff had completed health and safety training. Maintenance records had been completed and equipment and services were serviced as required. The water system was checked for Legionella bacteria and the service was supported by an outside agency to regularly check the water samples.

Fire risk assessments had been completed by an outside agency and they were kept by the front doors with people's Personal Emergency Evacuation Plan (PEEP). Staff fire training was up to date and the last fire drill was in August 2016. Peoples individual evacuations plans provided staff with the information to move them safely if required. There was a business continuity plan in place for emergency situations and this included telephone numbers.

People had individual risk assessments for their personal safety in the care plans. Individual risks were identified and minimised to maintain people's freedom and independence. The care plans had risk assessments for people who may, for example, be at risk from falling or when they were moved by staff. The risks were reviewed monthly and any changes were noted and action taken to minimise risks and deterioration in health and wellbeing.

People were protected against the risks of potential abuse. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People told us they felt safe in the home. Staff understood their safeguarding responsibilities and completed annual safeguarding training. They explained what they would do to safeguard people by reporting any incidents to the manager or the local authority safeguarding team. People told us they felt safe and staff were kind and considerate to them. There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member.

Safe recruitment practices were followed before new staff were employed. The correct checks had been completed to safeguard people and ensure staff were suitable and of good character. The recruitment

records we checked were complete. Potential new staff were interviewed and introduced to people in the home. New staff were required to complete an induction which included the completion of the Care Certificate.

Requires Improvement

Is the service effective?

Our findings

People's dietary needs and preferences were documented and known by the catering staff and the care staff. There was a choice of meals on the menu displayed and staff asked people before each meal what they wanted. A list of everyone's dietary needs was displayed in the kitchen. People's food likes and dislikes were known and catered for. Diabetic and vegetarian diets were provided and people at risk from malnutrition had fortified food and drinks. People told us they liked their meals and had a choice. One person told us they could have other food not on the menu at any meal, for example an omelette or a salad. Another person told us in the summer there were lots of very good cold drinks and ice-creams provided to help keep them all cool. One person said the food was, "Excellent." One person living in The Lodge told us there was a long wait between main course and dessert at lunchtime and we observed this was the case when people waited 25 minutes for dessert.

Staff were in and out of The Lodge and were attentive when they were there providing additional food and drink as requested. However we shared our concerns with the provider there were no staff members in The Lodge all the time during meals in case people began to choke or needed assistance. Since the inspection this has been rectified and the registered manager told us care staff remain there throughout meal times.

Staff were using the kitchen as a thoroughfare from The Lodge to the main house and this was unacceptable when food preparation was underway. We discussed this with the provider and they agreed to prevent care staff walking through the kitchen.

People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing. Staff followed the Malnutrition Universal Screening Tool (MUST) guidance and weighed people as required to monitor their risk of malnutrition. Where people were at risk of malnutrition a record was kept of the food they ate. The GP was also informed and fortified food and food supplements were given where required.

Some people were living with dementia and were able to make day to day decisions about their care. The registered manager had completed DoLS and Mental Capacity Act (MCA) training and was aware of her responsibilities regarding assessing people's capacity. We spoke with the registered manager after the inspection and they had a good knowledge of the Mental Capacity Act. 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.

The registered manager knew when to apply for a DoLS when people without mental capacity were at risk and may need constant supervision. 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). The registered manager told us one person had a completed mental capacity assessment and a best interest record as

they were unable to go out unsupervised. A DoLS application had been made but not authorised yet. One person living with mental health needs had been assessed by the psychiatrist and had mental capacity to make their own decisions.

There was insufficient seating in the main house lounge and dining room should everyone want to be in the communal rooms. Whilst this may be unlikely people should have a choice and feel welcomed. We discussed this with the staff and the provider as minor improvements could be made to create more space and seating.

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff training was up to date and a colour coded chart informed staff when their next training was due. The staff completed ten training course annually which included fire safety, first aid, moving and handling, safeguarding adults, DoLS, MCA, medicines and dementia care. We looked at a staff training record where the certificates had been printed when training was complete. Staff were encouraged to complete all the training annually and there were incentives given to staff to promote this. There was a designated senior member of staff responsible for all aspects of training to include organising in-house training and helping staff log on to complete online training.

The registered manager was in the process of completing a leadership award for dementia care and four staff were dementia link workers to enable them to pass the latest dementia care information to other staff. Additional resources had been provided which were helpful for people living with dementia, for example red drinking mugs. The deputy manager had completed an induction awareness course and a supervision and appraisal course.

A new member of staff was in the process of completing The Care Certificate. Six staff had completed NVQ level three in health and social care and four had completed NVQ level two, while two staff were in the process of completing NVQ level two. The deputy manager told us the registered manager monitored staff competency for moving and handling and medicines but there was no record of the checks. One member of staff told us they shadowed experienced staff when they completed their hoist training

Staff told us they had enough training and could ask for specific training during individual supervision meetings. People were supported by staff that had individual supervision meetings every eight weeks and annual appraisals. We looked at a record of an individual supervision with the staff member and there were positive comments about them and no training needs were identified. One member of staff told us their individual supervision meetings were good and they had requested to complete a two day dementia care course and this was in progress.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, an optician, a chiropodist and a community psychiatric nurse (CPN).Healthcare and social care professional visit records were not easy to access in the daily records.

One person told us their 'keyworker' does anything they ask for example collecting their prescription for them and doing their shopping. They also said staff care for their clothes well and clean clothes were returned to them the same or next day after laundry completed.

Requires Improvement

Is the service caring?

Our findings

Staff were generally kind and caring but we observed three times when staff knocked on bedroom doors but did not wait for an answer and came straight in while we were in the bedrooms talking to people. We also observed a member of staff continually shouting terms of endearment from the kitchen to a person sat in the dining room who was communicating with some anxiety. The staff member was trying to reassure them shouting "its ok love" and "ok darling" without using their name or speaking to them face to face. The person may not have known who the staff member was speaking to and it could be seen as disrespectful.

People were generally treated with kindness and compassion. One person told us the staff were. "Kind and respectful but very busy." Another person told us, "The staff are kind and respectful and they always knock on the door before entering." A new person told us staff were "kindness itself" they said they were very satisfied so far. A visiting healthcare professional told us the staff were kind and one of the people they visited had told them they were very happy there. One person said "It's alright here, I am satisfied and very pleased with the staff they all help me." One person told us they were late dressing as they were relaxing and the staff were "very kind". They said they joined in with some things in the home but were unable to describe them.as they were living with dementia.

Most engagements we observed between staff and people were attentive and caring. For example one person was concerned about seating arrangements in the main house dining room and staff reassured them they could sit where they wanted to. People were treated respectfully at a residents meeting and their comments were listened to and questions answered by the staff member holding the meeting. One person wishing to go to the local pub for a drink was supported by a member of staff with friendly camaraderie to enjoy this regular visit. Another person who didn't like the fish at lunchtime was spoken to with kindness and respect. The member of staff tried to persuade them to have anything they wanted but the person declined and the staff asked if they would like one of their favourite sweet to finish their meal to which the person agreed.

A visiting social care organiser told us the staff were very nice to people when they visited regularly and people seemed happy there. They said it was very homely there and there was always a nice smell from the home cooked meals. People received Holy Communion in the home and attended local places of worship. One person told us they hadn't been to Chapel for a while and would like to go more often. This was shared with the deputy manager who agreed to discuss this with the person.

People's rooms were personalised where this was appropriate for them and had photographs of their family and friends and some of their own treasured possessions. There were several people living with dementia and two bedroom doors had a picture on them for people to recognise their bedroom.

There was information on the notice board in the dining room which included the minutes of the last staff meeting and a report of the last quality check by the local authority to inform people. We looked at some compliment letters from relatives. Two letters said, "Thank you to all staff for the loving care that mother received during her final days" and "Your kindness and friendship to mum and us, her family, was very much

appreciated."

One person had an end of life care plan and was monitored for any signs of pain to ensure appropriate pain relief was given when required. Any changes were reported to the GP who had visited. Any pain was well managed. The person's wishes had been discussed with their relatives and recorded. Healthcare professionals were involved in their care and the district nurses had visited. There was a detailed record of what the professionals had advised. The person's relative told us, "It is wonderful here the staff are loving and caring." One staff member told us they had completed end of life care training.

Requires Improvement

Is the service responsive?

Our findings

People were supported to maintain their independence and access the community. People had their needs assessed before they moved into the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. The care plans outlined what people could do and what they needed support with. Risk assessments had actions to ensure staff knew what people could do but some needed to be updated as one person was no longer able to achieve some activities, for example access the community alone.

Care plans were straightforward but not always person centred. Some care plans were not always up to date and meaningful. One care plan was out of date as the person no longer went out alone. The staff were unsure when we asked them what the person did but later confirmed the care plan was incomplete. Daily records were usually reviewed monthly but this had not been achieved in September 2016 neither had the care plan reviews been completed for the same period. Care plans were updated when there were changes and the date was added.

Handover between staff at the start of each shift had not ensured that important information was always shared, acted upon where necessary and recorded to ensure people's progress was monitored. An incident about a person at risk from mental health concerns had not been recorded and passed onto staff at handover and the registered manager was unaware of the concerns.

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

Two people told us they reviewed their care plan with the staff regularly. People usually signed their care plan review.

Healthcare professional visits were recorded in the daily records but were not easy to retrieve to monitor when action had been taken to support one person with mental health concerns. Support from the mental health team and instructions for medicine changes were not available to monitor continuity of care. The person's GP was monitoring the person's health.

Two people were looked after in bed and had appropriate care to ensure they were comfortable. Healthcare professional visited them. Records were kept of their regular position change and diet to ensure they were well nourished, hydrated and free from pressure ulcers. One relative told us the person had complete care to prevent pressure ulcers and the staff would read their favourite book to them.

One healthcare professional we spoke with were complimentary about how the service responded to peoples changing needs and that they followed their instructions to ensure people's health and wellbeing improved.

There was a complaints procedure and policy for people and their relatives to see. This required some

updating to include the Ombudsmen and the local authority contact details should people or their relatives need this information. People and relatives knew who to complain to but told us they had no complaints about the service. One relative told us the registered manager and provider were very good at dealing with any concerns they raised straight away.

People had a range of activities they could be involved in each week. The monthly programme included trips out and in October 2016 people were invited to go to Weston-Super-Mare and Westonbirt Arboretum. There was also a visiting theatre that performed a production of My Fair Lady. One person told us, "There is plenty to do, I join in the exercise classes but I read a lot" and "I go with my friends to a church service every week." Another person told us about their art therapy and showed us the work they had completed. This person preferred individual activities with staff and they told us the staff did crosswords and quizzes with them. Before and after each daily activity session people had a choice each day of nail care, walks out, reading, games and shopping There was less activities at the weekends but people could go for a walk around the town. One relative told us there were not enough activities at the weekend. A twice weekly shop was available for people to buy confectionary and toiletries. People's care plans recorded what activities they liked to do, for example one person liked to go to a local social club and a local pub.

The activity folder had a record of all activities people had completed each month and this was totalled to see how many they had joined in with. We were told the registered manager looked at the activities completed monthly but there was no record of the audit. People who did not complete many activities one month were supported the following month to do more. We looked at one person who had completed eight activities in September and they were all recorded. One of the two activity organisers told us there was plenty of equipment for activities and a budget available to take people out. The other activity person told us they had recently completed a dementia care course and activity course. They said the training there was really good. The activity staff completed armchair exercises most days in addition to an outside organisation. Six people were joining in with exercises when we visited and the outside organisation providing them had just increased the programme from every two months to monthly. There were raised flower and vegetable beds for one person to use who had been a keen garden.

People had chosen what to eat at their monthly dinner party and had decided to go to the pub opposite every Friday afternoon. The previous Friday staff took two portable computer devices (iPads) to the pub with them for people to use while they were there. One person told us they had completed a monthly quiz for other people living in the home. They also said they had been to Westonbirt Arboretum with the staff.

There were large clocks in the communal rooms and in people's bedrooms to make it easier for people to see the time. There were pictures of the many activities people had enjoyed which included the summer barbeque in July 2016. As previously planned there was a monthly activity plan and news on the homes website each month to allow anyone to see what's happening. The provider hoped this would be useful for friends and relatives. □

Requires Improvement

Is the service well-led?

Our findings

The registered manager had not identified all the issues we noted during the inspection when they completed the services quality assurance systems. There had been improvements to the service but shortfalls remained with deployment of staff, infection control and food hygiene when care staff continually accessed the kitchen from outside.

Some quality assurance audits were completed. Medicine audits were completed monthly to check all the medicine administration records were correct and the identified action needed was completed. We looked at the weekly meal monitoring surveys to audit the quality of the food provided. People had completed questions about the presentation, nutritional value and suitability of the food. All the comments were positive about the food provided. People told us the food was, "delicious", "tasty" and "nice Yorkshire pudding." The weekly cleaning audit concentrated on different rooms each week. The areas that required additional cleaning were identified and cleaned immediately. The kitchen had been deep cleaned on 12 May 2016.

Staff felt well supported by senior staff, managers and the provider. One staff member told us the provider was supportive and the home was well run by the registered and deputy managers. They we unable to think of any changes to improve the service and told us all staff were able to make suggestions at staff meetings. Staff also completed questionnaires about the service annually. Staff meeting minutes for January 2016 and August 2016 included various topics for discussion. One had been to remind staff to take the phone with them as healthcare professionals found it hard to contact the service at times. A fire drill was completed during one meeting and discussed afterwards to ensure all staff knew what to do in an emergency situation. Feedback from the staff questionnaires was discussed in the August 2016 staff meeting. The night staff had wanted dimmer switches in the corridors and this had been arranged. On a notice board were minutes of the last staff meetings and the results of the last Gloucestershire County Council quality review of the service.

The provider was in the care home every day and was involved in running the home. The provider told us there was a stable staff team and they were building on their strengths by giving them additional responsibilities. An example was a staff member had recently completed a recognised health and safety course in Birmingham to help assist the provider with regular checks. The provider told us they were constantly looking at what needed to be improved. They planned to update the kitchen and had just changed the carpet in four bedrooms. One person told us the registered manager is very special person and always came to speak with them.

A healthcare professional told us they had completed an annual survey about the service and thought the home was excellent and well run. One person told us the registered manager was a very special person full of love and they were happy to share anything with her.

Feedback from people and relatives was sought. Annual questionnaires were sent to people, their relatives and health and social care professionals. The results from 20 responses we looked at were mainly positive.

One person commented the night staff always asked if they were alright when they had a bad night and they were encouraged to do the activities which was good for them. The action plan after the results of the residents and relatives annual survey in December 2015 included more meal choices and improvements to getting hold of staff when a staff member had forgotten to have the phone with them. These had been completed and staff reminded at their next meeting about communication.

Five professional surveys included the following positive comments, "Home is brilliantly run and residents very well looked after", "There is a special atmosphere reflecting the dedication and team work" and "The quality of care to residents is equivalent to that of a nursing home."

Resident's meetings were held monthly. One resident told us they made suggestions at the meetings and they were listened to and action was taken. For example they advised a better way to mark laundry to avoid it going missing and this was used. Another person told us a member of staff "makes notes of everything we ask for at meetings and they usually do it." The person added, "It is very good here, very efficient you can have anything you want." The minutes of each residents meeting and what was asked for and decided was recorded for everyone to see.

One staff member organised the residents meetings and they visited people in their bedrooms if they were unable to attend. This ensured everyone's view was recognised and acted upon. We looked at the 14 records for September for each person who was unable to attend the residents meeting and were visited by the staff member and had signed the record where possible. There were many positive comments about the kind staff and quality of the food provided. The comments were recorded on the action plan and addressed immediately. For example people wanted less food, less potato at lunch time and one person wanted to be offered gravy or sauces at each meal. One person wanted staff to wake them when they left a hot drink in their bedroom even when their eyes were closed. The catering staff and all care staff had been informed.

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 People who use services were not protected against the risks associated with incomplete care plans. Regulation 9 (1) (3) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with the unsafe management of medicines. Regulation12 (1) (2) (g)