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The Coach House 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 23 February 2017. Our last inspection took place on 11 and 13 January 2016 when we gave an overall rating of the service as 'Requires Improvement'. We found two breaches of the legal requirements in relation to the safe management of medicines and good governance. At this inspection we found ongoing concerns with the safe management of medicines.

The Coach House is a care home for 21 residents, providing accommodation and services to older people; it is situated in a residential area of Garforth and is close to local amenities and public transport. There were 17 people using the service when we visited.

Medicines were not managed safely as fridge temperatures showed medicines were not stored at the required temperatures. Gaps were seen in medication administration records and one person was given another person's pain relief which was not their prescribed dosage. Medication audits had not identified the concerns found during our inspection. The issues we identified at our last inspection had not resulted in satisfactory improvements in the safe management of medicines. The registered manager completed audits covering infection control, beds and rooms which were more effective.

Notifications were not submitted to the Care Quality Commission (CQC) as required under the terms of the registered provider's registration. We dealt with this outside the inspection process.

Supervisions and appraisals were not carried out in accordance with the registered provider's policy. Staff had received an induction and were mostly up-to-date with their training programme. MCA and DoLS were managed satisfactorily. Staff knew to offer people choice and how to respond appropriately if a person refused care.

Recruitment was safely managed as relevant background checks had been carried out to ensure staff were suitable for working with vulnerable people. People felt safe and staff knew how to recognise and respond to signs of abuse. There were sufficient numbers of staff deployed in the service and feedback from people and staff confirmed this.

Staff and resident meetings took place and people were regularly asked for feedback regarding the service they received. People and relatives knew how to complain. Complaints were appropriately dealt with and responded to by the registered provider.

Risks to individuals were appropriately assessed, monitored and reviewed. Building maintenance and fire safety was appropriately managed as the necessary checks had been completed.

People were able to access a range of healthcare services. A visiting health professional spoke positively about the care provided by staff at The Coach House Care Home. People were happy with the food they received. Drinks were regularly provided throughout the day of our inspection. We observed a positive

mealtime experience where people were well supported.

Feedback from people and relatives we spoke with confirmed staff provided good care. People's privacy and dignity along with equality, diversity and human rights were respected by staff. Staff knew people's care preferences and there were good natured interactions between people and staff.

Care plans contained sufficient information for staff to provide effective care. We saw these were updated on a regular basis and people and relatives were part of their reviews.

An activities coordinator was due to start at the end of February 2017. People received stimulation through a programme of activities with external entertainers and trips out also taking place.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this 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?

The service was not always safe.

Medicines were not safely stored and administered.

There were sufficient numbers of staff deployed in the service. Recruitment was safely managed as relevant background checks had been carried out.

People felt safe. Risks were appropriately assessed, monitored and reviewed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not receive supervision and appraisals in line with the registered provider's policy. Staff received an induction and training records showed staff were mostly up-to-date with these requirements.

MCA and DoLS were appropriately managed. Staff knew to offer people choice and what to do in the event they refused care.

People had access to a range of healthcare services. People were complimentary about the food and we observed a positive mealtime experience.

Requires Improvement ●

Is the service caring?

The service was caring.

People and relatives spoke positively about the care they received from staff. Staff were familiar with people's care preferences.

Privacy and dignity was respected and people's equality, diversity and human rights were met.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Care plans contained sufficient information for staff to follow.
Regular reviews were taking place.

An activities coordinator was due to start in February 2017.
Activities were taking place and people also went out on trips.

Records showed complaints were appropriately managed.

Is the service well-led?

The service was not always well-led.

Concerns identified during our previous inspection had not resulted in the necessary improvements relating to safe management of medicines. Notifications had not been submitted to the Care Quality Commission as required.

The registered manager carried out surveys, staff meetings and resident meetings to gather feedback about the service.

Staff and people were complimentary about the registered manager. There was a positive culture amongst the staff team.

Requires Improvement ●

The Coach House 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 checked 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 23 February 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Some people who lived at the home were unable to tell us about their experience of living at The Coach House Care Home due to difficulties with communication. However, we spoke with a total of seven people who lived at The Coach House Care Home and four relatives who were visiting the home at the time of our inspection. We also spoke with the registered manager and five members of staff. We observed care interactions in the communal lounge in the morning as well as during and after lunch. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at four people's care plans.

Before the inspection, the registered provider had completed 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.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At our last inspection we found people were not safe because medicines were not managed safely and appropriately. At this inspection we found the provider had not met the legal requirements in this area.

The room in which medicines were stored was tidy and the room temperature was recorded on a daily basis. The fridge temperature was also recorded on a daily basis. However, we saw between 9 January and 22 February 2017 there were only nine occasions when the fridge temperature was recorded as eight degrees Celsius or less. This is higher than the recommended safe range of 2-8 degrees Celsius. Medicines may spoil and become unfit for use if they are not stored correctly.

The medication audit for January 2017 recorded 'fridge temperatures were documented, however, there were some high readings, staff need to ensure if they received a high reading that is above eight degrees that they check the fridge later and document the lower temperature if it was high due to been opened during use, if the temp remains high we should contact the chemist as there could be a fault with the fridge'. We found there was no guidance for staff to follow concerning what the appropriate temperature range should be.

Most medication was administered via a monitored dosage system supplied directly from a pharmacy. We saw medication administration records (MARs) were used to record when people's medicines had been administered and they contained a picture and information about each person, including any known allergies and conditions.

We saw one person's MAR dated 30 January to 26 February 2017 stated 'Codeine 30mg tablets one to be taken four times a day 'when required'' and had been signed as administered at 08:00 on the morning of our inspection. The staff member we spoke with was unable to locate the box of Codeine in the medicines trolley. They told us they had given them another person's Codeine. Another staff member said, "We have no idea how many tablets we should have for [name of person]." We noted the Codeine strength for both people was different which meant this person had not received the correct strength of Codeine.

MARs recorded the time people's medication was administered, for example, 08:00, 13:00, 18:00 and 22:00. We saw from the MARs we looked at that lots of medicines had been refused at 22:00 and notes of when medicines were not administered were not routinely recorded on the back of the MAR. For example, one person's Ibuprofen gel was recorded on the MAR as 'apply three times a day to both knees'. We saw all the dates on the MAR since 30 January 2017 had been recorded as refused at 22:00. This meant we could not be sure people had received their medicines as prescribed. We saw a pattern of people not receiving their medicine which staff had not explored as to how this could impact the person's health or requested advice for alternative prescriptions.

We looked at how staff administered prescription creams. One person's ointment was recorded on the MAR as 'apply twice a day to both legs' but the body map had not been completed. A staff member told us the ointment was to be applied to the legs below the knee only. We saw from the MAR the ointment should be applied at 08:00 and 22:00, however, the ointment had only been applied once at 22:00 since 30 January

2017 as all other dates had been recorded as refused, although there was no record on the reverse of the MAR to say why. We saw in one of the bathrooms there were two pots of cream on top of a cabinet, both with prescription labels on but these were unreadable. One was Sudacrem and one was Conotrane. We asked the registered manager why they were there and they said, "I honestly don't know."

Some people were prescribed medicines to be taken only 'when required' (PRN), for example, painkillers and laxatives that needed to be given with regard to the individual needs and preferences of the person. The provider's medication policy stated 'if a PRN medicine is administered on a regular basis a referral to the prescriber should be considered for a review of the resident medication. This action must be clearly recorded in the resident's care plan'.

We saw some people's PRN medicines were given routinely and we found there was no guidance to help staff understand in what circumstances PRN medicines should be offered. For example, one person did have PRN guidance for Paracetamol which stated two tablets to be taken four times a day. However, the MAR showed one or two tablets to be taken four times a day; therefore, this was not prescribed as PRN medication and had not been transcribed accurately from the prescription label. A staff member told us, "I always give her two, but I'm not sure why." We saw another person had been prescribed Paracetamol which stated 'two to be taken every four hours if required' but there was no PRN guidance for staff to follow. A third person had been prescribed Co-codamol which stated 'one or two to be taken four times a day when required'. This was not treated as PRN medication, we saw it was been given routinely every day.

We found that care and treatment was not provided in a safe way for people using the service because there was no safe management of medicines. This is a breach of Regulation 12 (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. We looked at the controlled drugs (CDs) kept in the home and the CD register. The CDs were kept in a locked cupboard in a locked room. Checks of the stock levels found these were correct and matched the records kept.

We saw competency checks had been carried out for staff who administered medicines in February 2017. The registered manager told us two staff members were booked on a 'train the trainer' course for the safe management of medicines which was scheduled for the beginning of March 2017.

People we spoke with told us they felt safe living at the home. Comments included; "Oh I do feel safe here definitely. The night staff check on you to make sure you are okay" and "Oh yes, I am much safer here than when I was living at home on my own." Relatives told us, "Dad is definitely safe here" and "I have peace of mind as mum is kept safe." One staff member said, "I think they're safe here."

Staff we spoke with were able to identify abuse and how to report it. One staff member told us, "I would go in and report it to [name of registered manager]. Once I've passed it on, I know it will go through the appropriate channels."

During our inspection we saw there were sufficient numbers of suitably deployed staff to meet people's needs. Feedback from people, relatives and staff confirmed this. Although the registered manager did not have a formal dependency tool in place to determine staffing levels, they told us, "I've done it listening to staff." People told us; "There is enough staff. You never have to wait long if you need them" and "There is more staff now than a few weeks ago, because two staff had left." Only one person commented differently. They said, "The levels of staff can vary, sometimes you have to wait."

Relatives comments on staffing levels included; "There are always plenty of staff", "There seems to be enough staff each time you visit" and "Yes, there are always several care staff around each time I come." Staff we spoke with told us, "There's usually enough staff on" and "There's never a point when we haven't got anyone to cover."

We looked at the recruitment records for four members of staff. The records showed safe recruitment practices were followed. We found recruitment checks from the Disclosure and Barring Service (DBS) and two references were obtained before staff began work. The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people. This meant the home had taken steps to reduce the risk of employing unsuitable staff.

On our arrival we found some redecoration work taking place in a communal area of the home. We found the registered manager had a risk assessment in place for these works to ensure they were carried out safely. The home was clean and there were no odours present. One person said, "The home is always kept clean." Another person commented, "They are always cleaning my room."

We observed one person being assisted with a hoist. This was done safely and staff explained what they were doing to the person they were assisting. Individual risks to people were identified, assessed and monitored in people's care plans. These covered, for example, medication, nutrition, skin integrity and social needs.

We discussed the layout of the dining room at mealtimes with the registered manager as there was a narrow thoroughfare between people's wheelchairs for staff to walk past with hot meals. They told us they would look at this.

Information on what to do in the event of a fire was on display. Weekly testing of the fire alarm was evident from the records we looked at. Staff told us this happened every Thursday. A fire risk assessment had been completed in January 2017 and fire drills had taken place as recently as the same month. Personal emergency evacuations plans were available for staff to refer to in the event of a fire.

A fire alarm system inspection had taken place in October 2016. Portable appliance testing had been completed in January 2017. Gas and electrical safety certificates were up-to-date and water supply checks had been carried out. Other maintenance checks were also found to be up-to-date.

Is the service effective?

Our findings

We saw the registered provider's supervision policy stated 'under the provisions of the Health and Social Care Act 2008, all staff must attend formal supervision sessions at least four supervisions per year'. We looked at the 'supervision and appraisals grid' for 2016 which showed not all staff had received supervision in line with the provider's policy. For example, one staff member had received supervision once during 2016 and another staff member had received supervision twice during the same period.

In January and February 2017 we saw 22 staff had received supervision meetings. Supervisions covered; training, safeguarding, support, feedback, time keeping, attendance and personal development. We look at the 'supervision and appraisals grid' for 2016 and noted staff had not received an appraisal during this period. We saw the provider had an appraisal policy which stated 'Appraisal interviews will take place on an annual basis during a two month period in which it is announced well in advance'. Following our inspection, the registered manager informed us they had completed all staff appraisals during April and May 2017.

We concluded the registered provider had not taken appropriate steps to ensure all staff received appropriate ongoing or periodic supervision and an appraisal to ensure competence was maintained. This is a breach of Regulation 18(2) (Staffing); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training records we looked at showed most staff were up-to-date with their training requirements. The registered manager shared their 2017 programme of training with us which demonstrated how training gaps were being addressed.

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 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 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. Care plans we looked at contained MCA assessments. For example, one person's care plan stated 'I do have some mental capacity and I am able to make some informed decisions for myself, like what I would like to wear and what I would like to eat etc but for all financial decisions this will be left for my family to deal with'.

Staff we spoke with had a clear understanding of the MCA and how this affected their work. Staff told us about the importance of offering people choices such as what to eat, wear and where they wanted to spend their time. One staff member gave an example of a person living in the home. They said, "We know what she likes and what she doesn't like, but we still ask." Staff told us they would respect people's decisions if they

refused care and would report it if this happened routinely.

We looked at DoLS and saw these were monitored to ensure applications and authorisations were in place where needed. Some staff were less clear about their understanding of DoLS and who these affected. We were made aware that staff were booked on to MCA and DoLS training scheduled for March 2017.

We observed lunch time in the dining area and saw there was plenty of interaction between people and staff. People were having conversations between themselves and staff and on one table there was joking and laughter between staff and people. Everyone we spoke with told us the food at the home was good. One person said, "The food is always nice here. They give you something different if you don't like the meal." Another person commented, "We are fed so well. I am putting weight on. We get plenty of drinks to keep us hydrated."

Two people who were sat in the dining room needed some support with their meal. We saw staff sitting with them supporting and encouraging them. Where people needed clothes protectors these were provided. We also saw where people required specialist equipment such as utensils to enable them to eat properly this was provided.

We saw throughout the day drinks were offered to people. We also saw there was a jug of juice in the lounge. The registered manager had introduced 'grazing' boxes which included chocolate and other treats to encourage people to have snacks through the day.

Staff told us they worked with health professionals including district nurses, GPs, chiropodists, dentist and opticians. We saw evidence of this in care plans we looked at.

A visiting health professional told us referrals from The Coach House Care Home to their service were made without delay and these were always appropriate. They said staff followed guidance they left for them to meet people's care needs.

One person told us they felt their needs were being met by staff who knew what they were doing. They said, "I was really ill with a bad chest infection. They were really good. They got the doctor out for me. I was seen three times by the doctor and had three lots of antibiotics. I am much better now." One relative told us a GP had been called for their family member when they became unwell and had to be admitted to hospital. They said, "They always ring me if they are concerned about dad's health. Dad was admitted into hospital and [name of staff] went with him and stayed with him until we arrived, even though she had finished her shift hours ago she stayed. We even offered to pay for her taxi home, but she would not accept this and just said she would get her husband to pick her up. We were so grateful."

Is the service caring?

Our findings

Everyone we spoke with told us they thought the staff were kind, caring and treated them with respect. One person said, "All the staff are friendly. They treat you as an equal. They don't talk down to you because they are young and you are old. All the staff are caring. When I was unwell they brought all my meals to my room. The staff put themselves out here and always make visitors welcome."

Other comments included; "I am looked after well. The staff are good", "Everyone is so kind. [Names of staff members] are wonderful handymen as they keep my bedroom cool. Just how I like it", "They are all really nice. I have been really poorly, but I asked to come back here from hospital" and "The staff are pretty good. There are some that will bend over backwards."

Relatives were also complimentary about the care provided by staff. Their comments included; "They are fabulous", "It is lovely here. Mum is happy here and the staff are really nice. Mum never talks about home", "Mum is very settled here. Mum loved it from the first day she moved in. The staff are brilliant. They can't do enough for her" and "The staff are all very good. The young staff have good teachers and mentors. I think my mum is getting good care here and she is as happy as she can be."

Another relative said, "Dad chose this home. The staff are all very, very friendly. They always make me feel welcome when I visit. They offer me drinks. There are no restrictions for visiting." The relative then went on to tell us their experience at Christmas. They said, "The family was invited to Christmas lunch. They went that extra mile at Christmas as dad was not feeling well and did not want to come downstairs. So they brought a table upstairs set with all the trimmings including Christmas crackers for us all to have lunch, which I thought was brilliant."

People we spoke with all confirmed their friends and relatives could visit at any time and there were no restrictions. Relatives we spoke with also confirmed they were able to visit at any time.

We observed people laughing and joking with staff. We saw positive interactions and observed people were relaxed in their surroundings.

Staff told us they enjoyed their work and were committed to ensuring people received high standards of care. One staff member told us, "I like the job, I like the residents. It can be very rewarding." Another staff member said, "I wanted my mum to come here. I knew she'd get well looked after." A third staff member commented, "These people in here are like my family. I just like looking after them."

We asked a visiting health professional about the staff team. They told us, "I find them friendly and quite easy to talk to. The residents always seem tidy and well-kempt."

The registered manager and staff knew people well and were able to explain the needs and preferences of people they cared for. A visiting health professional told us, "Because it's small, they do know them quite well. I think they do a really good job."

People living at the home told us staff always knocked on their bedroom doors before being asked to enter. We observed throughout the day staff did knock on doors and waited to be asked to enter people's rooms. Staff knew how to protect people's privacy and dignity. One staff member said, "I always knock on the door. I always cover them up during personal care."

We were told by a staff member one person made their own meals with some support from staff. This meant they were encouraged to retain their independence as well as being assisted to meet their cultural needs. Information on advocacy services was on display in the home. Advocacy services provide impartial advice for people who need support with key decisions where they have no family or friends available to assist them.

One compliment we looked at read 'I would like to thank you for all the care, kindness and compassion during dad's [period of time] with you'.

Is the service responsive?

Our findings

We looked at four care plans and found these contained sufficient information for staff to provide effective care. Pre-assessments had been completed which meant the registered provider checked to make sure they could meet people's care needs before they moved in to The Coach House Care Home.

Care plans contained sections which covered, for example; continence, medication, medical history, mobility, food choices, religious beliefs and end of life care. We saw evidence of life history and other personalised information which covered; 'what others like about me and admire about me', 'what's important to me' and 'how best to support me'.

One person's care plan stated 'I like to go to bed around 10pm every night and like to get up around 6-7am normally'. People we spoke with told us they were able to get up and go to bed as they wished. One person described their morning routine. They told us, "I get up but they leave me in my nightwear until I come round. I have a wash and have my breakfast and then they come back to help me get dressed. It is my routine. This is why I like this place. They are not patronising." Another person told us, "I can get up and go to bed as I want. I have [name of staff] to help me shower and she is lovely."

We saw evidence of monthly reviews and in addition to this, people and relatives were able to be part of their annual review of their care needs.

At the time of our inspection an activities coordinator was not in post, although this role had been recruited to and the staff member was set to start at the end of February 2017 providing activities three days a week. People we spoke with had been made aware of this.

We spoke with people about activities in the home. One person told us, "We did have [name of staff] but she has left. We did have keep fit last week and a singer/dancer two weeks ago." Another person said, "We have played darts, skittles, snakes and ladders and bingo of course."

The activities planner on display showed 'chair-obics', arts and crafts, bingo, films and a weekly knitting group. Once a month 'music for health' provided stimulation and a singer also visited. In December 2016, people had been taken out to a local garden centre. We looked at daily activity records which showed when activities took place, people's participation and enjoyment levels and whether any additional support was needed to help people join in.

We looked at the way complaints were handled and saw this was well managed. We saw the complaints procedure was displayed in the entrance area. People we spoke with knew who to speak to if they had a complaint or concern. One person said, "I would speak with staff if I had a complaint." Another person told us, "The manager is always asking me if I am happy with everything. I am extremely happy here." One relative commented, "I have no complaints, but if I did I would speak with either the staff or the manager."

We looked at the record of complaints and found clear records of complaints, investigations and responses.

This included 'low level' concerns which were dealt with appropriately to ensure people's continued satisfaction with the service they received.

Is the service well-led?

Our findings

At our last inspection we found some gaps in governance arrangements. At this inspection we found the provider had made some improvements, although our concerns about the safe management of medicines had not been sufficiently responded to.

We noted a medication room audit had been carried out in January 2017, which included the room and fridge temperatures and these had been recorded as not needing any action. However, as found during our inspection, the fridge in the medication room had exceeded the recommended temperature on several occasions during January 2017. The medication audit had not identified that PRN protocols were not well managed.

Records we looked at showed incidents had taken place which the registered manager had discussed with the local authority safeguarding team. However, the CQC had not been notified regarding these events which is a condition of the registered provider's registration. We dealt with this outside the inspection process.

The registered manager told us the quality of the service was monitored by quality audits, 'resident and relatives' meetings and talking with people and relatives. We saw there were a number of audits, which included infection control, beds and rooms. We saw the room audit had an action plan which showed actions resulting from the previous audits were acted upon. A staff member told us the identified actions from the January 2017 infection control audit were in the process of been completed. Although we saw a mattress audit had been completed in January 2017, we found the February 2017 audit identified the same concerns with the quality of the mattresses in three people's rooms. The registered manager told us, "I have not had a chance to look at the January audit as yet."

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

Staff we spoke with told us they felt comfortable if they needed to approach the registered manager who had an 'open door'. Staff comments included; "She's a good manager", "If you've got any problems, you can go to her. She's approachable" and "She'll ask me if I have any concerns. It's quite relaxed." People living at the home told us they thought the home was well run. One person said, "This home is well run and [name of manager] is lovely. I tell my friends how good it is here."

Staff commented positively about the culture amongst the team. One staff member said, "We get on pretty well. You've got to be able to work as a team." Another staff member commented, "We all seem to get along."

The registered manager told us full staff meetings should take place every three months. Records we looked at showed the last full staff meeting took place in April 2016. However, more recently, meetings for senior

carers and night staff had taken place. We saw these meetings were effective in identifying relevant issues.

We saw 'resident' meetings took place quarterly and were well attended. The registered manager was present during these meetings. In August 2016, discussions around menu options took place. For example, people expressed they only wanted one cooked breakfast a week which it was agreed would take place on Sunday. In February 2016, discussions included; activities, trips and food. It was recorded that people felt well cared for and happy with the service they received.

People and relatives told us they were regularly asked for feedback about the service they received. We saw the registered manager had carried out staff, resident and relatives surveys over the past 12 months. We noted these were in line with the Care Quality Commission's, safe, effective, caring, responsive and well-led key questions. We saw all the responses were positive with either 'agree' or 'strongly agree' stated. We saw some of the questions asked included topics such as communication, confidentiality, dignity, management arrangements, compliments, safety and overall satisfaction.

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 18 HSCA RA Regulations 2014 Staffing The registered provider had not taken appropriate steps to ensure all staff received appropriate ongoing or periodic supervision and an appraisal to ensure competence was maintained.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have systems for the proper and safe management of medicines.

The enforcement action we took:

Warning notice