Mr & Mrs R S Rai

Kingsley Cottage

Inspection report

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Tel: 01543422763

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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 inspection took place on 24 March 2016 and was unannounced. At our last inspection on 29 May 2013, we found the provider was meeting the legal requirements we inspected.

Kingsley Cottage is registered to provide accommodation and or personal care for up to 17 people, some of whom were living with dementia. On the day of our inspection, the home was full.

There was a registered manager in post who had registered in 2002. 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.

The provider worked alongside the registered manager at the service. There were no clear arrangements in place to determine who had overall responsibility for ensuring effective systems to assess, monitor and drive improvement in the quality and safety of the service. The home's environment was not well maintained and potential risks to people's safety were not being identified and managed. People received their medicines when they needed them but improvements were required to ensure medicines were stored, recorded and managed safely.

The registered manager and staff were not working within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff sought people's consent before providing care but people's capacity to make their own decisions was not assessed when needed. Some people were being deprived of their liberty to keep them safe but applications had not been made to ensure this was formally and legally agreed to be in their best interests.

People felt safe living at the home and their relatives were confident they were well cared for. If they had any concerns, they felt able to raise them with the staff and management team. Risks to people's health and wellbeing were assessed and managed. There were sufficient suitably recruited staff to keep people safe and promote their wellbeing. Staff received training so they had the skills and knowledge to provide the support people needed.

Staff knew people well and encouraged them to have choice over how they spent their day. Staff were kind and caring, promoted people's privacy and dignity and encouraged them to maintain their independence. People were supported and encouraged to eat and drink enough to maintain a healthy diet. People were able to access the support of other health professionals to maintain their day to day health needs.

People received personalised care and were offered opportunities to join in social and leisure activities. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes. People's care was reviewed to ensure it remained relevant and relatives were invited to be involved.

There was a positive atmosphere at the home. People and their relatives were asked for their views on the service and this was acted on where possible. Staff felt supported by the registered manager and provider and were encouraged to give their views on the service to improve people's experience of care.

We found a number of 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.

Staff recognised their responsibility to keep people safe from the risk of abuse. However, the registered manager did not understand the requirement to report potential safeguarding concerns to the local authority safeguarding team and to CQC. Improvements were needed to ensure the home's environment was safe for people. People received their medicines as prescribed but improvements were needed to ensure that medicines were stored, recorded and managed safely. Risks associated with people's care were assessed and managed. There were sufficient staff and the provider followed recruitment procedures to ensure the staff were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The registered manager and staff did not follow the legal requirements to ensure the rights of people who were unable to make decisions about their care were protected. Staff received the training and support they needed to meet people's needs. People were supported to eat and drink sufficient amounts and accessed the support of other health professionals where needed.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respected their privacy and dignity. People were able to make decisions about their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends who felt involved and were kept informed of any changes.

Is the service responsive?

Good

The service was responsive.

People were offered opportunities to take part in activities that interested them. People's care was reviewed to ensure it met their needs and relatives were invited to attend reviews. People felt able to raise concerns and complaints and were confident they would be acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Effective systems were not in place to assess, monitor and improve the quality of care people received. People's opinion of the service was sought and their concerns were discussed with them. The registered manager and provider were accessible to people and their relatives. Staff felt valued and supported in their role.

Kingsley Cottage

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 24 March 2016 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information of concern we had received and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the service commissioners who are responsible for finding appropriate care and support services for people, which are paid for by the local authority. We also spoke to the local authority safeguarding team to get information about an ongoing investigation.

We spoke with 11 people who used the service, three relatives, and five members of the care staff, the cook, a visiting health care professional, the deputy manager, the registered manager and the provider. We did this to gain views about the care and to ensure that the required standards were being met.

We spent time observing care in the communal areas to see how the staff interacted with the people who used the service. Some of the people living in the home were unable to speak with us in any detail about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us

We looked at the care records for five people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including premises and equipment checks, recruitment and training records and staff rotas.

Requires Improvement

Is the service safe?

Our findings

As part of an ongoing safeguarding investigation following a recent incident at the home, we received information that the premises were not adequately maintained to keep people safe from the risk of avoidable harm. We saw that the provider carried out checks to monitor the safety of the home's environment but these were not effective in ensuring that all parts of the home were, as far as possible, safe for people. For example, the provider had not carried out a risk assessment of the hot and cold water systems to ensure adequate measures are in place to control any identified risks. The provider told us they were not aware of the requirement to do this. Where risks were identified, adequate control measures were not put in place to minimise the risk of people coming to harm. We saw a risk assessment which identified safe temperatures for baths, showers and washbasin but this was not effective because washbasin temperatures were not monitored. One person told us they used the basin in their room to wash themselves and we saw that people were able to access the staff bathroom, which was not locked. We discussed this with the provider who told us the temperatures were regulated on the washbasins. However, we tested the water in the staff bathroom and had to remove our hands after running it for a short while because it was very hot.

We identified other potential risks that could contribute to accidents or injuries, for example, the cylinder cupboard in the upstairs bathroom had no lock fitted and was therefore accessible to people. We saw the provider had alarms that could be used to alert staff that people were moving around the home but these were not checked to ensure they worked effectively. For example, an alarm had been installed that sounded when people opened the door into the garden and a rope alarm was hung at the bottom of the stairs at night to alert staff if anyone went upstairs. We saw that these were difficult to use and only worked intermittently when they were demonstrated to us by the staff and the provider.

We found areas of the home were in need of repair. For example, in one of the ground floor rooms a person showed us that the electric socket their bed was pushed next to was broken. We brought this to the attention of the provider who telephoned an electrician to repair it. They told us this had happened before but had not explored other ways of resolving the problem. In the conservatory, we saw a socket had been taped up. The provider told us it was a nurse call point that was inoperable but had not been removed. In both bathrooms the metal radiator covers were rusty and presented an infection control risk.

The provider told us the lounge carpet had recently been replaced but we noticed it was not fitted properly at the entrance to the conservatory and posed a potential tripping hazard. Maintenance at the home was arranged by the provider. We saw they carried out routine checks, for example to check for leaks or if light bulbs needed to be replaced but there was no maintenance plan in place to address the areas of disrepair we found. The provider told us, "We do repairs as and when needed and when the budget allows. At the moment, we are focusing on providing hospital beds for people and that has meant considerable expense." One member of staff told us the provider was sometimes slow to get things repaired, "We have to keep on at them to get things done."

This was a breach of Regulation 12 (1)(2)(d) of the of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Staff told us they had received training in safeguarding and demonstrated they understood how to recognise the different types of abuse. One member of staff told us, "If we have concerns, such as unexplained bruising, we record this on a body map and report it to the manager or deputy. They complete an incident report and report it to safeguarding". Discussions with the registered manager demonstrated that they did not understand that they needed to report their concerns to the local safeguarding team where people may be at risk of potential abuse. For example, we found that the registered manager had not referred an incident of unexplained bruising to the safeguarding team. This meant the registered manager did not follow local safeguarding procedures to ensure that all potential safeguarding concerns are reported in order that action can be taken to protect people from the risk of abuse.

We identified some concerns with the storage of medicines. We saw that medicines were stored and administered from lockable cabinets located in the registered manager's office. We saw that the member of staff did not always lock the medicines cabinet whilst they went to each person to administer their medicines. We saw that the office could be accessed by people coming out of the communal lounge to go to their bedrooms or the bathroom. We discussed this with the member of staff and the registered manager and they agreed that the cabinet should be kept locked at all times to ensure people were protected from the risks associated with medicines. We found that effective recording systems were not in place. For example, the quantities of medicines listed on people's Medication Administration Records (MAR) did not match the numbers of medicines stored for each person. We checked the stocks of three people's medicines and all three did not match the numbers recorded on the MAR. This meant the manager could not tell us how much medicine was being held for each person. We found there was no information to help staff identify when people might need 'as and when required' medicines, for example for pain relief, which is particularly useful for people who are unable to express themselves verbally. We discussed this with the registered manager who agreed they had not got any protocols in place and understood the importance to have them to ensure medicines were offered in a consistent manner.

People told us they received their medicines when they needed them. We observed a medicines administration round and saw that people received their medicines as prescribed. The member of staff administering medicines explained to people what the medicine was for and checked that they had swallowed their medicine before moving on to the next person. Staff told us and records confirmed they had received training to administer medicines and had their competence checked periodically by the registered manager.

As part of an ongoing safeguarding investigation following a recent incident at the home, we received information that the staff had not followed the provider's procedures. Staff we spoke with told us that if someone had a fall, they would follow the home's emergency procedure and call an ambulance and the on-call member of staff for support. The incident would then be recorded in the person's daily records and an accident record would be completed. The provider and registered manager told us, and staff confirmed, they had met with the staff to reinforce the emergency procedures and ensure that people received safe care and treatment at all times.

We saw that risks associated with people's care had been assessed and there were management plans in place to minimise the risks. For example, we saw that moving and handling risk assessments identified the equipment staff should use to move people safely. We saw that when people were moved this was done safely and in line with their risk assessment and the guidance provided to staff. Relatives we spoke with told us they were confident their relations were safe living at the home. One relative told us, "I can see they are safe, just being around and seeing how staff care for them". We saw there were checks on the fire

equipment and people had personal emergency evacuation plans in place to ensure that people would be evacuated safely in the event of an emergency, such as a fire.

People we spoke with and their relatives told us there were sufficient staff to meet people's needs and some commented that the staffing numbers had been increased recently. One person said, "There's more now the new girls have come. At night, they pop their head round the door to see if you're alright. They're very good." A relative told us, "They were short when they went through a change of staff last year but now things are okay." We spent time observing care in the communal areas of the home and saw there were enough staff to meet people's needs. We saw that staff responded promptly to people's requests for assistance and most call bells were answered within five minutes. Most of the time there was a member of staff in the communal areas chatting with people and providing assistance when required. We saw that staffing numbers were based on people's dependency levels and staff numbers were varied to meet people's needs during the busy times, for example an additional member of staff was rostered on to assist with serving the evening meal and helping people to have a bath. Staff rotas showed that the recommended staffing numbers were being maintained and the manager told us staff were able to work additional hours to cover sickness and holidays and when people's needs changed.

Staff told us the provider carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us and records confirmed they had been unable to start work until their DBS check and references had been received, This showed the provider followed procedures to ensure staff were suitable to work with people.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS) when this is in their best interests and legally authorised under the MCA under the DoLS.

We checked whether the provider was working within the principles of the MCA. The registered manager and staff told us some people living in the home were unable to make decisions about their care and support. Although staff we spoke with understood how people who lacked capacity should be helped to make decisions about their care and support, we saw that where people were unable to consent, mental capacity assessments and best interest decisions had not been completed in accordance with the Act. For example, one person's care records showed that their relative had signed an end of life care plan which stated that the person should not have medication to 'prolong life and suffering'. There was no mental capacity assessment in place and no documentation to show that this decision had been made in the person's best interests. Another person's records stated that a relative managed the person's finances. However, there were no details of the person being authorised to do this, for example having power of attorney and no mental capacity assessment to show that the person lacked the capacity to make decisions for themselves. This meant these people's rights had not been protected.

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

The registered manager told us that no one had or required a DoLS authorisation. We saw that the front door to the home was locked for people's safety. We heard a person regularly asking to get out or go home and saw staff stopped the person trying to leave on two occasions. The registered manager told us that the person did not have the capacity to understand that it was not safe for them to leave the home but a DoLS was not needed because the staff supported the person to go out when needed. This showed the registered manager did not understand DoLS because they had not recognised that this person was potentially being restricted and required a DoLS assessment to ensure this was in accordance with the MCA and in their best interest.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff sought their consent before providing them with support. One person told us, "They ask, after all, it is your life, isn't it". Another said, "They ask if they can help". We saw staff explained what they wanted to do and sought people's consent before assisting them. For example we heard a member of staff

asking a person if they were happy to sit at a particular table for their lunchtime meal. They said, "Is it okay for you to sit by [Name of person]. I thought I'd make sure it's alright with you." This showed staff understood the importance of gaining consent.

People and their relatives told us the staff had the skills and knowledge needed to provide the care people needed. A relative told us, "Staff are experienced and understand people's needs." Staff told us and records confirmed that regular training was provided in areas that were relevant to the needs of people living in the home. We saw the registered manager monitored training to ensure staff received regular updates to ensure they had the up to date knowledge they needed to care for people. Staff told us they received supervision with the registered manager which gave them an opportunity to discuss their performance and discuss any training needs. Newly appointed staff told us they received an induction and training in skills such as safe moving and handling that prepared them for their role. One member of staff told us, "I've been given time to read care plans to make sure I know what each person needs and I've had the support of an experienced member of staff throughout". Staff told us and records confirmed staff met with the registered manager on a regular basis during their induction and they were observed to check they had understood their training and were competent in skills such as safe moving and handling. These arrangements ensured staff had the knowledge and skills they needed to care for people effectively.

People told us they enjoyed the food. We saw people had a choice of meal at lunchtime and heard the cook asked people for their teatime choice. People told us they were offered alternatives if they did not like the meal being offered. One person told us, "If you don't like the choice, they find you something else." Another person said, "If there's something I don't like, they will do something else for me." We saw that people's nutritional needs were assessed. The chef had information on people's nutritional needs and told us how they provided any specialist diets, such as pureed meals for people with swallowing difficulties. We saw that people were supported to eat their meals in accordance with their needs and staff encouraged people to eat and drink enough to maintain good health.

People told us they were able to access the support of other health professionals to maintain their day to day health needs. One person told us, "Being a diabetic, staff keep their eye on me and get the doctor if I'm not feeling well." Another told us, "I haven't been here that long but I have seen the doctor. A third said, "I get my eyes checked regular." People told us they were supported to receive dental treatment when required.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring and they liked living at the home. One person said, "We are well looked after." Relatives we spoke with were equally positive about the staff. One relative told us, "The staff are very friendly and caring, they are good with people." Another said, "I pop in whenever and I've never heard any of the staff speaking harshly." We saw staff treated people with kindness and promoted their privacy and dignity. Staff reassured people when they were moving them using equipment such as the hoist and explained what they were doing throughout the manoeuvre. For example we observed a member of staff assisting a person to move using equipment, and said "You're not able to stand on your own, and we're just bringing the equipment." And when they began to lift them, "Can you lift your arm up a bit, and can you lift your feet. That's it, going up."

Staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. One person told us, "If you want to go to the toilet they take you and wait outside while you finish. They're very good to you." Staff told us and we saw they promoted people's privacy by knocking on people's doors and making sure doors were closed when supporting people with personal care. One person told us, "I share a room but the staff draw the curtain in the room if they are changing the other person. They are good like that."

Some people told us they had been involved in the planning of their care. One person told us, "They made sure I was ever so comfortable about everything. They asked me things like, 'what do you want us to call you'?" Relatives we spoke with told us they felt involved and were kept informed about changes in their relation's care and treatment. One relative told us, "The staff always tell us if [Name of person] hasn't been too good." People told us they were able to make decisions about their day to day routine. One person said, "I get up when I like." Another said, "They come round and ask if I'm ready to get up but I can stay in bed if I want." We saw that people could choose to spend time in their rooms or sit in the lounge. People told us the staff encouraged them to be as independent as possible. One person told us, "They let you do things for yourself but they watch us to check we are OK." Another said, "I like to do what I can for myself." We saw staff encouraged people to walk using their frames and gave praise and encouragement and did not rush them. Staff told us they supported people to retain their independence by encouraging them to do as much for themselves as possible, for example washing themselves where they were able to. One member of staff told us, "We encourage them to do things for themselves but we make sure we are there to assist if needed."

We saw staff acknowledged people when they went into a room and engaged them in conversation. Staff knew people well and reminisced with them about their lives. One person had their telegram from the Queen displayed on the wall in the lounge and staff chatted to them about it. We saw that people were relaxed with staff and heard some light hearted banter between them. Staff were attentive to people and responded to reassure them when they were upset.

People were encouraged to maintain important relationships with family and friends. Relatives we spoke

with told us they were able to visit whenever they wished. We saw that staff welcomed visitors and chatted with them. A professional visiting the home told us, "This a very family orientated home. Nothing is too much trouble for the staff and they always put people at ease."

Good

Is the service responsive?

Our findings

People told us staff provided care and support in the way they wanted it. One person told us, "The staff are very attentive." Another said, "I'm very happy with the support I've had." A relative told us the staff made sure their relative had everything they needed when they had to go into hospital. They told us, "I got the phone call and came up. There was a bag packed from the home and already sorted and I followed the ambulance. When [Name of person] came back, the staff had everything ready and made sure [Name of person] was made comfortable as soon as they arrived." We saw that information about how people wanted to receive their care and support was recorded in their care plans, along with details about their life history and important relationships. Where people were unable to provide information for themselves, their relatives had been consulted. We saw that staff knew people well and used their knowledge to ensure people received personalised care.

People's needs were assessed prior to moving into the home and their care was regularly reviewed to ensure it continued to meet their needs and relatives told us they were invited to take part to support their relative where appropriate. Relatives told us they were invited to take part in reviews. Staff told us and records confirmed that they recorded the care people received on a daily basis and any concerns that other staff should be aware of. Staff told they discussed this during the shift handover which ensured incoming staff were kept up to date about people's needs.

People told us they could participate in social, leisure and spiritual based activities that met their individual preferences. One person told us, "There's bingo and music and we have someone come and give us exercises." Another person said, "Every so often, someone comes in to do exercises and we have a singer occasionally. It's lovely at Christmas time. They make sure you have a good Christmas and New Year." People told us they could join in if they wished but staff respected their wishes if they chose not to. One person said, "We can choose what we want to do. I like to go in the garden, although I can't help out like I used to in the past." On the day of our inspection, we did not see people engaging in any activities. The registered manager told us there was no set routine for activities as they preferred to respond to what people wanted. We saw that there were books and craft items for people to use, for example, we heard a member of staff saying they were going to make some Easter bonnets with people. People were also able to see the hairdresser, who was visiting on the day of our inspection. People told us they were able to follow their religious and spiritual beliefs. One person said, "There has been a vicar round but I haven't attended yet." Staff told us a minister visited on a weekly basis to give Holy Communion.

People told us they would be happy raising any concerns or complaints. One person told us, "If anything was bothering me I would just tell staff but I haven't had cause to complain." Another said, "It isn't often we have any problems here." Some people told us they had raised concerns and they had been dealt with to their satisfaction by the manager. Relatives we spoke with told us they would tell the staff if they had a concern or complaint but they had no concerns at the moment. One relative said, "Everything is up to standard." There was a complaints procedure in place and the registered manager kept the records in their office log. We saw that two complaints had been received, one of which was being investigated by the provider, the other complaint concerned a minor issue had been responded to immediately and resolved.

Requires Improvement

Is the service well-led?

Our findings

The provider worked at the service alongside the registered manager but there were no clear arrangements in place to determine who had overall responsibility for ensuring effective systems to assess, monitor and drive improvement in the quality and safety of the service. The checks carried out by the provider to ensure that the premises were safe for people were not effective in identifying and managing potential risks we identified and ensuring that where repairs were needed they were carried out promptly.

The systems in place to monitor accidents and incidents were not effective in ensuring that action would be taken to prevent reoccurrence. Accidents and incidents were recorded and reviewed by the registered manager or deputy manager. We saw the registered manager summarised the accidents and incidents that occurred each month but the analysis was not sufficiently detailed, for example it did not identify how, when and where the incidents had occurred. This meant there was a lack of oversight in identifying trends to enable action to be taken to prevent reoccurrence.

The registered manager or provider had not understood the need to notify us about potential safeguarding incidents that had occurred at the home, in accordance with the requirements of registration with us. This meant we could not check that appropriate action had been taken.

The registered manager did not carry out checks to ensure that medicines were stored, managed and administered correctly. The registered manager told us they relied on the annual pharmacy audit, which we saw had been completed out on 3 March 2016 and did not carry out any other checks themselves. We saw that this did not check the stocks of medicines against the Medicines Administrations Records (MAR) for every person receiving medicines at the home and had not identified the inaccuracies we found. This meant the systems in place were not effective in ensuring people were being protected against the risks associated with medicines.

There were no checks undertaken to ensure that people's care plans were accurate and appropriately written. We saw that the room where people's care records were stored was not locked which meant people's personal information was not being kept confidential.

Housekeeping staff completed cleaning schedules to confirm completion of required tasks but these were not monitored by the registered manager or provider. This meant they could not be sure that the cleaning systems were effective to protect people from the risk of acquired infections.

We found that some of the provider's record keeping systems were not well organised. For example, recruitment records were not stored in a central place and it took the provider some time to provide details of the checks they had carried out with the Disclosure and Barring Service (DBS). In addition, certificates for maintenance checks carried out on the equipment in the home such as hoists and wheelchairs were not stored with the equipment register. The provider told us this was because some records were electronic and it took them some time to show us the records, which confirmed that the equipment remained safe for use.

The above concerns demonstrate that effective systems were not in place to assess, monitor and mitigate the risks to the health, safety and welfare of people living at the service. This was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a positive atmosphere at the home. People and their relatives told us the registered manager and provider were approachable and were always available and happy to speak to them if they had any concerns. One person pointed out the provider to us and said, "They look after you well here." One relative told us, "I think it's a happy home.". Another said, "The manager and staff go above and beyond in my opinion, I wouldn't hesitate to recommend the home." Staff told us they felt supported by the registered manager and provider and they had meetings which gave them an opportunity to raise any concerns. One member of staff told us, "The manager and owner are always around." Staff told us they were able to give their views on the service and felt they were listened to. Staff knew about the provider's whistleblowing policy and told us they would not hesitate to use it and were confident the manager would take action if they went to them with any concerns. One member of staff told us, "I spoke with the manager about a concern I had and they took action. The manager is very good about things like that."

People, their relatives and professionals involved with the service were invited to give their opinions of the service through a questionnaire or informally via the staff and registered manager. One person told us, "We get together a bit, but it's not a formal meeting." We saw that the results were positive and included comments such as, "We receive TLC at all times from staff and residents" and "Very helpful and pleasant staff". Although there were few negative comments, we saw the registered manager and provider had responded to people individually, for example we saw that they had discussed a person's request in relation to their bathing preferences with them to make the changes they required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's capacity to make decisions for themselves was not being assessed where needed. Regulation 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have systems and processes to ensure the premises were well maintained and safe for people. Regulation 12(1)(2)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not in place to prevent people from being unlawfully restricted. Regulation 13(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed.

Regulation 17(2)(a)(b)