

London Borough of Hounslow

Clifton Gardens Resource Centre

Inspection report

59 Clifton Gardens
London
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Date of inspection visit:

05 April 2016

06 April 2016

07 April 2016

Date of publication:

20 June 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection of Clifton Gardens Resource Centre on 5, 6 and 7 April 2016.

Clifton Gardens is a care home and is run by the London Borough of Hounslow. It provides accommodation for up to 43 older people in single rooms. The majority of people at Clifton Gardens Resource Centre are living with a diagnosis of dementia. The home is situated within a residential area of the London Borough of Hounslow. At the time of our visit there were 39 people using the service.

We previously inspected Clifton Gardens Resource Centre on 30 October and 5 November 2014 and the home was rated as Inadequate. Issues were identified in relation to infection control, staffing levels, unsafe care practices, staff training, assessments and quality assurance. Improvements have been made in relation to the care provided.

At the time of the inspection there was a registered manager in place. 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 had a policy and procedure in place for the administration of medicines but this was not always followed by care workers. Records did not accurately show when medicines were administered. Medicines audits did not identify that improvements in the quality of the service were required.

There were improvements in the level of staffing at the home but at times care workers were focused on completing tasks. The home was clean and there had been improvement in relation to infection control.

Care workers had received training in relation to the use of hoists and moving and handling. Risk assessments for specific issues were now in place and processes were in place in relation to pressure sore management.

People told us they felt safe when receiving support from care workers. Each person had an evacuation plan in place in case of an emergency.

The provider had an effective recruitment process in place. Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

The provider had policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People we spoke with felt the care workers were caring and treated them with dignity and respect while

providing care. Care plans identified the person's cultural and religious needs.

Detailed assessments of the person's needs were carried out before they moved into the home and each person had a care plan in place which described their support needs. Care workers completed a daily record of the care provided.

A range of activities were arranged at the home and people told us they enjoyed them.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines and monitoring the quality of the service provided. You can see what action we told the provider to take at the back of the full version 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?

Some aspects of service were not safe. There were procedures in place for the safe management of medicines but staff did not complete records relating to the administration of topical creams as required by the provider's own systems.

The provider had processes in place for the recording and investigation of incidents and accidents.

There were risk assessments in place in the person's care folder in relation to the care being provided.

Requires Improvement ●

Is the service effective?

The service was effective. The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the Act and understood the importance of supporting people to make choices. Processes were in place to ensure decisions were made in the person's best interest if they were assessed as not having capacity.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

There was a good working relationship with health professionals who also provided support for the person using the service.

Good ●

Is the service caring?

The service was caring. The care plans identified how the care workers should support the person in maintaining their independence.

People using the service felt the care workers were caring and treated them with dignity and respect while providing care. This was supported by comments made by relatives we spoke with.

The care plans identified the cultural and religious needs of people using the service.

Good ●

Is the service responsive?

Good ●

The service was responsive. An initial assessment was carried out before the person moved into the home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Care workers completed a daily record of the care provided.

Is the service well-led?

Some aspects of the service were not well-led. The provider had a range of audits in place to monitor the quality of the care provided but, in relation to medicines, the audit did not provide adequate information to identify areas for improvement.

People using the service and care workers felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their managers.

Requires Improvement ●

Clifton Gardens Resource Centre

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 the 5, 6 and 7 April 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider 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. We also reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with three people using the service, three relatives and four care workers. We also spoke with the deputy manager and the activities coordinator. We reviewed the care plans and daily records for six people using the service, the medicine administration record (MAR) charts for 19 people, employment folders for two care workers and records relating to the management of the service.

Is the service safe?

Our findings

Following our comprehensive inspection of Clifton Gardens Resource Centre on 30 October and 5 November 2014 we made a recommendation that the provider should review guidance relating to the administration of medicines provided in blister packs.

During our inspection on 5, 6 and 7 April 2016 we saw that medicines were being stored securely but we saw the administration of medicines was not recorded accurately.

We looked at the Medicines Administration Record (MAR) chart for one person at 12 noon and saw the eight medicines which should be administered at 9am had not been recorded on the chart. We checked the blister pack for the person's medicines and saw they had been administered and the care worker confirmed this had happened.

During the inspection we saw the MAR chart for one person at 12 noon and saw the medicines due to be administered at 1pm had already been recorded as given. We asked the care worker if these medicines had already been administered and they explained that they had completed the MAR chart in advance as it would be busy during the lunch time period. This meant that the person's MAR chart indicated they had received medicines which had not yet been administered.

We looked at the MAR charts for seven people and saw that specific medicines that were prescribed to be administered up to four times a day had been recorded by care workers as not required for a period of up to five days. These medicines included treatment for constipation which was prescribed to be given four times a day and medicines to improve breathing including inhalers and Ventolin syrup. The care workers had recorded these medicines were not required but no information relating to how that decision was made had been recorded. The deputy manager explained that even though these medicines were prescribed by the GP to be administered regularly throughout the day the care workers would ask the person if they required the medicine. The deputy manager also explained that in the case of the treatments for constipation, the person may not need this medicine to be administered up to four times a day unless they were suffering with constipation. They agreed that the GP should review the prescribing of these medicines to see if they could be administered when required.

We saw the record charts for prescribed creams had a section to describe how the cream should be administered. On the forms we looked at, this section stated the cream should be used as directed but no directions were recorded. This meant that the care worker applying the cream could not check how often it should be administered, to which part of the body and any specific requirements such as applying it after a wash or the cream should not be covered.

We saw the care workers had completed the creams record charts we looked at using the code 'O' which stood for Other. This did not indicate if the cream had been administered and the care workers had not recorded any notes to describe the reason for the use of this code. We spoke to the deputy manager who confirmed that when agency care workers applied prescribed creams they completed the record form using

the code 'O' instead of writing their initials. This meant that the records did not indicate which care worker had applied the cream.

The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our comprehensive inspection of Clifton Gardens Resource Centre on 30 October and 5 November 2014 we found that people were at risk of not receiving appropriate care as there were not enough care workers available.

At the inspection on 5, 6 and 7 April 2016 we saw that some changes in the number of care workers had been made but during busy times of the day care workers were still very busy.

We received mixed feedback from relatives we spoke with who said "There are not enough staff to provide care. They are unable to spend time with people and the staff can be task focused" and "The staff do their best but they can be busy." A care worker said "Sometimes there are not enough staff so as you are dealing with high needs people it can be difficult." Another care worker told us "One person needs more of my time so I don't rush them so they can do things at their own speed so it can take 40 minutes to help with their personal care. I still have three other people to help and other people need breakfast and their medicines." We were told by another care worker "Things have improved as there are more staff now so we can do more things but it can be busy."

The deputy manager explained that recruitment had been put on hold in previous months as vacancies were being held for care workers transferring from another home. The care workers had now transferred as well as a number of people who had been living at the other home. At the time of the inspection there were 13 people who required the support from two care workers of which nine people had to use a hoist when moved. From the 13 people there were six people who required support from care workers to eat and drink.

During the inspection we saw that care workers in some units were very busy during breakfast as people needed support with personal care, eating their breakfast and receiving their medicines. On one unit we saw there was one care worker providing support for five people who were assessed as having a moderate level of support need. We saw the care worker was trying to provide support on their own for these five people. While they were helping a person to get dressed there were no other care workers on the unit to support the other people. This also occurred on another unit with a similar number of people with moderate support needs. At other times of the day we saw that care workers had more time with the people they were supporting and were not as busy. During lunch and evening meals the care workers were able to spend time with people and provide the support they needed. Care workers were also able to take part in group activities that were arranged in the lounges.

We discussed this with the deputy manager and the head of regulated services for the provider. They identified that the care workers had too many responsibilities to complete during the breakfast period which meant that they could not have all their focus on the care being provided. They confirmed that a review of these responsibilities would be completed to enable the care workers to spend more time with the people using the service. This could include transferring the administration of medicines to senior care workers.

During our comprehensive inspection of Clifton Gardens Resource Centre on 30 October and 5 November 2014 we found that people were not protected from the risks of infection due to poor cleaning practices.

At the inspection on 5, 6 and 7 April 2016 we saw that cleaning procedures had been improved and the home was clean without any malodours present. We saw housekeeping staff were cleaning the home throughout the day and all the bathrooms and communal areas were clean. We did note that some of the wheelchairs used around the home were dirty which included dust and food waste. This was discussed with the deputy manager and a new cleaning rota was introduced which included the steam cleaning of all the wheelchairs and hoists on a monthly basis. By the end of the inspection we saw the wheelchairs that had been assessed as the dirtiest had been steam cleaned.

During our comprehensive inspection of Clifton Gardens Resource Centre on 30 October and 5 November 2014 we found that people were not protected in relation to a range of risks when receiving care. We saw care workers were not using the appropriate hoist when moving a person in a lounge. The moving and handling risk assessments for five people had not been reviewed since 2013. Housekeeping staff were supporting people to eat but had not received any formal training in providing this support. We also saw assessments had not been carried out to review the risk of pressure sores and how these should be managed.

At the inspection on 5, 6 and 7 April 2016 we saw that care workers were using the appropriate hoist when moving people. The care workers spoke clearly to people to explain what was happening. The slings and hoists were clearly identified so care workers could clearly identify which one to use. We saw all the care workers had completed training in relation to moving and handling.

During the inspection on the 5, 6 and 7 April 2016 we saw the housekeeping staff were still providing support to people during mealtimes. We spoke with staff and reviewed the training records and saw that they had completed training to enable them to support people appropriately and safely during meals.

We looked at the moving and handling risk assessments for six people during the inspection and saw they were all up to date. These had been reviewed regularly and provided care workers with information describing the support each person required in relation to moving and handling which reduced the risk of them receiving inappropriate care.

The deputy manager explained that if a person was now identified as being at risk of pressure sores, a risk assessment was carried out and regular checks were made on the person's skin integrity during personal care. During the inspection we saw Waterlow Assessments, which are used to calculate a person's risk of developing pressure sores, had been completed for people identified as at higher risk. These assessments had been regularly reviewed and relevant care plans were in place to provide care workers with guidance on how to reduce any risks and manage any existing skin integrity issues. We also saw people had risk assessments in place in relation to nutrition which were up to date.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. Relatives also confirmed they felt their family member was safe when receiving care. We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. We looked at the records of safeguarding concerns and we saw information relating to the concern, notes of the investigation, any actions taken and the outcome recorded. The provider also had a whistle blowing policy and procedure in place.

We saw each person had an evacuation plan in place in case of an emergency which provided care workers with guidance on what action should be taken to support the person appropriately. The plan also identified issues which might impact on the evacuation of the person from the home including mobility and health conditions.

We looked at how accidents and incidents were managed in the service. A record form was completed with the details of the event, who was involved and what actions were taken. The registered manager or the deputy manager would then review the completed form. Any contributory factors to the event would also be identified. An investigation into the accident or incident would be completed and the record would then be signed off. The information was then transferred to the provider's computerised records system and the registered manager would do a review of the details and approve the record. During the inspection we looked at six incident and accident records and we saw they contained details about the event, what action was taken and that they had been reviewed by either the registered manager or the deputy manager.

The service followed suitable recruitment practices. When applications were received the registered manager and deputy manager would review the forms and produce a shortlist for interview. The interviews were arranged by the provider's human resources department and applicants were asked for two references. When the references were received the registered manager would review them to see if they were suitable. New care workers could not start work until a criminal record check had been received. During the inspection we were unable to look at the recruitment paperwork for care workers as this was held by the provider's human resources department but we saw two care workers had notes on their records confirming their references and criminal record checks had been received and approved.

Is the service effective?

Our findings

During our comprehensive inspection of Clifton Gardens Resource Centre on 30 October and 5 November 2014 we found that people were being cared for by care workers who were not supported to deliver care and treatment safely and to an appropriate standard as they did not receive the necessary training, supervision and annual appraisals.

At the inspection on 5, 6 and 7 April 2016 we saw that care workers were up to date with all the training identified as mandatory by the provider. Care workers we spoke with confirmed they had completed a range of training courses. One care worker said "I have found the training really helpful with my job". The deputy manager confirmed that all training was recorded on a spread sheet which was regularly checked to ensure any refresher courses were arranged when due. We also saw that care workers had regular one to one meetings with their manager and an annual appraisal. This was supported by the records of one to one meetings we saw in the employee records and from speaking to care workers.

The deputy manager explained new care workers completed the provider's corporate induction as well as an induction to the home. They told us the Care Certificate was in the process of being introduced. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. Care workers we spoke with told us they found the induction helpful in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

The deputy manager confirmed that DoLS had been applied for when people had been assessed as lacking mental capacity to make specific decisions. We saw a spread sheet was used to record when an application had been made, if it had been approved, the date of approval and when it needed to be renewed. The deputy manager told us that each person's DoLS paperwork was kept securely in an office. A DoLS care plan was developed for each person when an authorisation had been received which identified if any conditions had been made as part of the DoLS and providing guidance for care workers on how to support the person appropriately. Care workers we spoke with confirmed they understood the Mental Capacity Act and the importance of it in supporting people to make choices.

We saw there was a good working relationship between the service and health professionals who also supported the individual. We saw each person had a section of their care plan which related to their general

health. The deputy manager explained that when a General Practitioner (GP) or district nurse visited a person they recorded any treatment that had been provided as well as any information about changes to the person's care. This information was then discussed with the care workers during their handover meeting. The contact details for the person's GP were included on the resident information sheet. We saw posters displayed around the home informing people living at the home and relatives that an optician would be visiting each unit during April. This meant that people had access to healthcare services, received on-going healthcare support and were supported to maintain good health.

People we spoke with told us they liked the food. One person told us "I like the food but I can have something different if I don't like it." Another person said "I really like the food but I am confused what does Cajun Chicken mean?" This comment referred to an item on the menu for Cajun chicken which people could not understand and there was no clear description of the food available. This was discussed with the deputy manager and they confirmed the menus would be changed to include a more detailed description of the food choices and provide care workers with more information to answer questions about people's options. Menus were displayed on all the tables in the dining rooms and we saw care workers were asking each person their choice of food for the following day. We saw care workers were aware of who required thickened fluids and they added the appropriate thickeners to their drinks. They also were aware of each person's dietary needs and we saw they ensured people received a soft food diet and were supported to eat their meal.

Is the service caring?

Our findings

People using the service and relatives were asked if they felt the care workers were kind, caring and treated them with dignity and respect when they provided support. People told us "The staff are really nice" and "They are very kind people." Relatives said "My family member's key worker treats them as their own relative", "The staff treat people really well and they are nice. It is a good care home and people feel happy and safe" and "They treat my family member with respect. You get to know all the staff and they are all good people."

During the inspection we saw the care workers demonstrated how they treated people in a caring manner and respected each person's privacy and dignity. We asked care workers how they maintained a person's privacy and dignity when providing care. Care workers told us "If a resident only wants a female care worker we make sure this happens. During personal care I make sure the parts of the person's body I am not washing are covered. Some people can become scared so you need to explain everything that is happening" and "You need to make the person feel safe and tell them what you are doing and explain everything. You need to reassure them they are safe. We make sure they are covered during personal care the person should never be naked."

During the inspection we saw that care workers provided support when required but encouraged the person to do as much as they could. We saw a care worker encourage a person to walk a short distance but had a wheelchair available when it was required. We also saw a care worker clearly explain to a person with a visual impairment where the food was located on their plate throughout lunch so they could eat without support and maintain their independence.

We asked staff how they helped people maintain their independence. A care worker told us "We support them to do the things for themselves like dressing so we don't take away their independence. The person will tell you what they need you to help with. You need to respect their wishes." Another care worker said "During personal care we try to supervise instead of support and help the person do what they can so they don't forget how to do things. People help make their tea and wash themselves if they can. They do what they can and we help out with things they can't do." The care plans we looked at identified what daily activities each person could complete with minimal support or when they required greater involvement of the care workers.

Equality and diversity care plans identified the person's cultural and religious needs. We saw care workers were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person's interests and hobbies as well as their work and family history.

Is the service responsive?

Our findings

During our comprehensive inspection of Clifton Gardens Resource Centre on 30 October and 5 November 2014 we found that people's needs had not been assessed regularly to ensure their care and support needs could be met by the service. Also information about each person's life, their family and experiences before moving into the home were not completed in their care folder.

At the inspection on 5, 6 and 7 April 2016 we saw the care management reviews which were completed six weeks after the person moved into the home and then every six months had been completed for people using the service. These reviews were carried out with the person living at the home, their relatives, the key worker and their social worker. The assessment reviewed the person's support needs and checked the care plan to ensure these were reflected accurately. We looked at the records for six people using the service and saw their care management reviews were up to date. The assessment forms indicated that the person and/or their relatives were involved in all the reviews. The deputy manager explained that a detailed assessment was also carried out when the person was referred to the home to see if their care needs could be met. They also told us the assessment was led by the person referred to the home and their relatives. Additional information about the person's care needs was obtained from their social worker and GP. The information from this assessment was used to develop their care plan.

The deputy manager explained that an interim care plan was developed during the persons first six weeks living at the home. Once it was agreed at the six week review that the home could provide the appropriate level of support required by the person the care plan was finalised. During the inspection we looked at the care plans for six people

Each person had a care plan folder which was kept securely on the unit where they lived. The care plan folder included a resident information sheet which contained the contact details for their relatives, GP and social worker if they had one. There were a range of care plans in place including personal hygiene, continence care, night time care and nutrition. The deputy manager confirmed that the care plans were reviewed monthly and we saw all the care plans we looked at had been reviewed monthly. The care plans were detailed and focused on the person's wishes as to how they wanted their care provided.

We saw that each person's care folder included information about their family, personal life and experiences before moving into the home. This provided care workers with background information about the person they were supporting.

People we spoke with told us they enjoyed the activities and this was supported by our observations throughout the inspection. One person told us "I really enjoy all the activities and the activity person is always very happy and jolly." During the inspection we saw 22 people came to the main lounge area where they were supported by care workers to play tambourines and sing along with music. Another activity we observed was painting pictures in the activity room where ten people were involved. Other activities included going for a walk and being visited by a Pets as Therapy dog. We saw that activities timetables were displayed in all the units and people were supported to different parts of the home to take part. The deputy

manager and the activity coordinator explained that some of the people using the service enjoyed visiting the local shops and they would accompany them to the local supermarket to help with small amounts of shopping. The home had four chickens located in a courtyard which people could see from a lounge and from their bedrooms. There were also two rabbits located on a roof terrace which could be accessed by people living in units of the first floor. People were involved in the care of these animals and care workers used them to start discussions with people.

A relative we spoke with told us "I know how to make a complaint but I don't think I would ever need to as we are happy with the care." People we spoke with were unable to tell us if they knew how to make a complaint but relatives told us they were aware of the process and could raise concerns on their family member's behalf if required. Information about the complaints process was displayed around the home and in information folders in people's rooms. The deputy manager explained that when a concern or complaint was raised it would be reviewed by the registered manager. The person raising the concern would be contacted and the issues discussed with them with the aim to resolve any concerns as soon as possible. If the concern was not resolved it would be raised to a formal complaint. We looked at the complaints folder and saw detailed information about the investigation, any correspondence and the outcome was recorded.

People and their relatives were able to provide their feedback on the quality of the care provided. The deputy manager told us a questionnaire was sent to people using the service and their relatives in January 2016. We looked at the completed questionnaires the provider had received and we saw the feedback was positive. The deputy manager explained four meetings with the people using the service were held per year. At these meetings activities, food and any issues relating to the home in general were discussed. We saw the detailed notes from the last two meetings that were held.

Is the service well-led?

Our findings

During our comprehensive inspection of Clifton Gardens Resource Centre on 30 October and 5 November we found that the provider had a number of audits in place but some of these had not been regularly carried out and did not provide appropriate information to identify issues with the quality of care.

At the inspection on 5, 6 and 7 April 2016 we saw there had been some improvement in the information provided by the audits that were completed but we saw issues in relation to the medicines audit.

The MAR charts should be checked by the senior care workers twice a day but we saw this was not regularly carried out. On one unit we saw the checks had not been carried out on 10 occasions and on another unit 15 times during the previous month. In addition a monthly medicines audit on each unit was carried out to review the storage and recording of medicines. We looked at the recent audits and saw that where actions had been identified there was no record as to whether they had been completed and by whom. We saw that an audit identified that one person was refusing to have their eye drops administered and the action required a referral to be made to the GP but there was no indication this had occurred. This meant that the provider could not ensure medicines were being stored and administered in an appropriate manner.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager completed a monthly quality assurance audit which provided an overview of the outcomes from a range of audits. The information included the number of people referred for assessment by the home, number of admissions and respite placements, complaints and concerns. We saw the registered manager had recorded the information from most of the range of audits completed each month.

A system recorded when each call bell was pressed and the length of time taken for a care worker to respond to it. This report was reviewed by senior care workers and discussed as part of the handover.

The deputy manager explained that a new system had been developed to enable any trends to be easily identified in relation to incident and accident reporting. The report identified if there were any trends in the type of event reported and if specific people were experiencing a recent increase in accidents and incidents so a cause could be investigated.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Care workers told us they felt supported by their manager "If I need extra help I can call for it. We always go to the manager or deputy if we have any questions or concerns" and "All the senior care workers are very helpful. If I have any problems I can go to them. If I am busy the seniors always come to give help" and "All the staff help each other out in the home." We saw there were regular team meetings and notes were taken.

We asked relatives if they thought the service was well-led. A relative told us "The place has changed a little bit over time. Some of the transferred staff were not used to the higher level of people's needs here", "I think the home is well run and I am happy with the home. They keep me informed about my family member if anything happens" and "At all levels people want to do their best."

We also asked care workers if they thought the service was well-led. Care workers told us "Things have improved here as there are more staff so we can do more things", "There is good teamwork and communication", "The manager is a really good person" and "The management is good and there is a good manager. They help us all the time with care in the units."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assessed, monitored and improved the quality of the services provided. Regulation 17 (2) (a)