

# Osborn Manor

## Inspection report

38 Osborn Road, Fareham, Hampshire,  
PO16 7DS  
Tel: 01329 823216  
Website: [www.osbornmanor.co.uk](http://www.osbornmanor.co.uk)

Date of inspection visit: 11 June 2015  
Date of publication: 24/07/2015

### 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



### Overall summary

This inspection took place on 11 June 2015 and was unannounced.

Osborn Manor is a service that is registered to provide accommodation for up to 14 older people, some of whom are living with dementia. Accommodation is provided over two floors and there are stair lifts to provide access to people who have mobility problems. On the day of our visit 12 people lived at the home.

Our last inspection at Osborn Manor was carried out on 1 April 2014. At this inspection we found the provider had not complied with regulations which related to care and welfare of people who use services, safeguarding people who use services from abuse, and assessing and

monitoring the quality of service provision. We asked the provider to take action to make improvements. The provider sent us an action plan which said they would be compliant by June 2014. We found some improvements had been made but further work was required to ensure they were meeting minimum standards according to the regulations.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

# Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were supported by staff to take their medicines. However, the provider policy for medicines management was not always adhered to and we identified gaps in the recording of medicines. These gaps had not been identified by the registered manager and no action had been taken to address these.

Improvements had been made to protecting people from the risk of abuse. People felt safe and staff knew their roles and responsibilities in protecting people. Where concerns required reporting the provider had ensured this was done. Improvements had also been made to the management of risk and the plans of care for people. Clear risk assessments had been developed and provided guidance for staff. Staff were knowledgeable of people's needs and the support they required.

People told us the staff were kind and caring. No one had any concerns and said they were happy with the care and support they received. Staff respected people's privacy and dignity and used their preferred form of address when they spoke to them. Observations showed that staff had a kind and caring attitude. People told us the manager and staff were approachable. Relatives said they could speak with the manager or staff at any time.

Thorough recruitment checks were carried out to check staff were suitable to work with people. Staff were supported to develop their skills through training and supervision. The provider supported staff to obtain recognised qualifications. Staffing levels were maintained at a level to meet people's needs. The provider was looking to introduce a dependency tool which would support them to monitor the staffing levels in the home. We have made a recommendation about the use of dependency tools when determining staffing levels.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. We found the provider had suitable arrangements in place to establish, and act in accordance with people's best interests if they did not have capacity to consent to their care and support. The registered manager understood her responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and they had applied for authorisation under DoLS to ensure people were protected against the risk of being unlawfully deprived of their liberty.

People were satisfied with the food provided and said there was always enough to eat. People were given a choice at meal times and were able to have drinks and snacks throughout the day and night. Improvements were needed where people's nutrition and hydration needs required monitoring and we have made a recommendation about this. Staff supported people to ensure their healthcare needs were met.

The registered manager operated an open door policy. They had introduced systems to support people, relatives and staff to provide feedback on any aspect of the service. This included regular meetings and annual surveys.

At our last inspection we found the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people. There were no audits undertaken to monitor the quality of service provided. At this visit we found improvements had been made however, further improvements were needed. Audits undertaken were not effective in identifying concerns and where actions had been identified these had not always been completed. People's records needed further work to ensure they reflected all their needs.

We found 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 this report.

# Summary of findings

## 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 managed safely because the provider's policy was not adhered to and gaps in administration records had not been looked into.

Staff understood safeguarding people at risk and knew what action to take if they had concerns. Risks associated with people's care were managed safely.

Staffing levels met people's needs and safe recruitment practices were being operated.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Staff were supported through supervisions and training. There were some gaps in the training staff had received.

Consent was sought from people and where people lacked capacity to make certain decisions the Mental Capacity Act was understood and applied.

People's nutritional needs were met but improvements were needed when people's intake required monitoring. People had access to healthcare professionals when they required this.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were supported by staff who understood their needs and were caring and compassionate.

Staff demonstrated an understanding of respect, privacy and dignity.

**Good**



### Is the service responsive?

The service was responsive.

People and their relatives had been involved in the development of their care plans and staff were knowledgeable of people's needs. Staff demonstrated how they had responded to people's changing needs.

No complaints had been received. There was a clear complaints policy and people were supported to understand how to use this.

**Good**



### Is the service well-led?

The service was not always well led.

The registered manager was open and transparent. They operated an open door policy and had implemented systems to support staff, people and relatives to provide feedback.

**Requires Improvement**



# Summary of findings

Auditing of the quality of the service was not always effective in identifying concerns and taking action to address these and people's records were not always fully reflective of their needs.

# Osborn Manor

## 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 11 June 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and told us they had not received this. We took this into account when we made the judgements in this report.

We also reviewed previous inspection reports and looked at our own records such as any notifications of incidents we had received. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas of concern.

During the inspection we spoke with three people, one relative, three staff and the registered manager. It was not always possible to establish people's views directly due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We looked at care records for four people and the medicines records for eight people. We looked at recruitment, training and supervision records for five members of staff. We also looked at a range of records relating to the management of the service such as activities, menus, accidents and complaints, as well as quality audits and policies and procedures.

# Is the service safe?

## Our findings

People felt safe at the home and said staff gave them any help they needed. The relative we spoke with said they had no concerns about their relative's safety.

Staff supported people to take their medicines and people told us they always received their medicines on time and when they needed them. However, we found gaps in the recording of medicines for four of eight people. Medicine administration records (MAR) for these four people were incomplete and there were no records to identify the reason for this. The registered manager was not aware of these gaps until we highlighted them. This meant we could not be assured people were receiving their medicines as prescribed.

The provider had policy and procedures for the safe handling of medicines. The policy stated that weekly stock checks should be undertaken by the deputy manager however this was not being undertaken and the registered manager confirmed no auditing of medicines was undertaken. The policy also stated that no medicines were to be stored in the food fridge; however one person's medicine was stored here as no alternative fridge was available. The medicine held in the fridge was stored at the correct temperature, which was checked daily. Whilst the provider had a policy in place to safely manage medicines for people, it was not always being adhered to.

The failure to ensure people's medicines were administered, stored and audited effectively was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records of medicines received into the home were maintained by documenting this on people's MAR sheets. Three people had plans in their care records regarding their medicines, however for one person we saw this lacked guidance about how they liked to take their medicines and the support they required. MAR sheets contained a photograph of the person they related to. We observed medicines being administered at lunch time and saw that this was carried out in a calm and unhurried manner. People were encouraged to drink with their medicines and the staff member ensured medicines had been taken before leaving the person. There were procedures in place for the use of controlled medicines. These were kept in

accordance with the relevant guidelines. We checked the records of controlled medicines for one person against the number of tablets remaining and found them to be accounted for.

At our last inspection the provider was in breach of regulation 11 of the Health and Social Care Act 2008 (regulated activities) regulations 2010. They were not meeting the regulatory requirement in relation to safeguarding people from abuse because they were not reporting incidents between people that may be considered a safeguarding concern.

At this inspection, the provider was now meeting minimum standards with respect to safeguarding people. There were policies and procedures in place regarding the safeguarding of adults at risk which gave clear guidance about what to look for and who to report concerns to. Where incidents of a potential safeguarding concern had occurred in the home these were reported to the local authority and CQC. We saw where safeguarding concerns had been raised with the registered manager, appropriate action had been taken to address these. The registered manager knew what actions to take in the event any safeguarding concerns were brought to their attention. Staff understood safeguarding and said they would report any concerns to the manager. They said if they felt appropriate action was not taken they would report concerns to the appropriate external professionals.

At our last inspection the provider was in breach of regulation 9 of the Health and Social Care Act 2008 (regulated activities) regulations 2010. They were not meeting the regulatory requirement in relation to assessing and managing risks associated with people's care. At this inspection the provider was now meeting minimum requirements with regards to managing risks safely. We found risk assessments were contained in people's plans of care and these gave staff guidance to help keep the person safe. For example one person had a risk assessment in place as they could be at risk of skin breakdown. The risk assessment advised staff of the action to take to minimise this risk. This person and another had a history of urinary tract infections (UTI). A risk assessment was in place which guided staff about what they should monitor for and the action they should take if they suspected a UTI. For a third person there was an identified risk associated with their medicines and a clear plan was in place which advised staff of the action they should take.

## Is the service safe?

The provider had an up to date fire risk assessment for the building and an action plan had been developed to address the work that was required. We saw action had been taken where required. Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation. There were contingency plans in place should the home be uninhabitable due to an emergency such as total power failure, fire or flood.

The registered manager told us about the staffing levels at the home. This included three care staff from 8am to 2pm, two from 2pm to 8pm, one waking night worker and a sleep in member of staff. The registered manager was present throughout the day and at times the deputy manager was an additional member of staff available to provide direct care. The home employed domestic staff for four hours a day every day and external activity providers were also used. Our observations showed staff responded quickly to people's needs and requests, and had time to spend sitting and talking with people. People and staff told us they felt there were enough staff most of the time. However one person told us they could not go out without staff support

due to their mobility difficulties. They said they liked to go out everyday but were not always able to as staff were too busy at times. The manager was not using a dependency tool at the time of our inspection but they told us they had been researching this and planned to introduce this to ensure they were meeting people's needs at all times.

**We recommend the provider seek reputable guidance about the use of dependency tools to assess people's needs, to ensure appropriate staffing levels at all times.**

Recruitment records showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to an interview.

Following a successful interview, recruitment checks were carried out to help ensure only suitable staff were employed. Staff confirmed they did not start work until all recruitment checks had taken place.

# Is the service effective?

## Our findings

People told us they felt staff knew them well and supported them as they needed. A relative told us they felt staff were knowledgeable about people. People told us the food was good and said they received the support they required to see their doctor. Staff were seen to engage with people in a positive way.

All new staff members completed an induction when they first started work. The registered manager told us this was based on their level of experience and provided them with guidance about their job role. It involved a period of time working with other experienced staff members. The provider supported staff to obtain recognised qualifications such as Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Supervision meetings with staff took place regularly. Records for five staff members showed they received supervision sessions which involved discussion about people, working relationships, any safeguarding issues and training needs. We saw in these records that staff were given the opportunity to feedback to their supervisor. Most staff told us they felt supported and were able to speak to the manager at any time, however one member of staff said they did not feel they were always able to talk to the manager and deputy manager as they found them unapproachable at times.

The registered manager provided us with a copy of the training record which we identified a number of gaps in. Whilst staff we spoke with had a good understanding of safeguarding adults at risk we noted that the training matrix showed that three of 14 staff had not received this training. Staff also had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards but four of 14 staff had not completed this training. The home supported people living with dementia. Whilst staff knew people well, one told us they felt more training about the needs of people with dementia would be beneficial to staff. The training matrix showed that 11 of 14 staff had not received training to support them in their understanding of how dementia can affect people. Other areas of training were provided including moving and handling, health and

safety, fire safety, first aid and medicines administration. Training was discussed with staff in supervisions and staff meetings. Staff told us they felt training supported them to understand their roles.

Records confirmed that people were asked for their consent in relation to their plans of care and in sharing these with relatives. Where people had refused for their plans of care to be shared this was clearly documented. In addition where people had made specific requests for something not to happen this was clearly recorded.

We saw in one person's records how the home had identified a particular concern and had undertaken a mental capacity assessment prior to providing the support they needed. The assessment was clearly recorded, however the actions taken had not been documented as a best interests decision. The manager and staff we spoke with understood the Mental Capacity Act 2005 and staff said if they had any concerns about a person's capacity they would report them to the registered manager. The registered manager understood the need for best interests meetings and at the time of our visit this was taking place for one person, involving them, their family and other professionals. Care plans guided staff to support people to make their own decisions. For example, one person's plan of care regarding their nutrition needs stated how their family had made a specific request. This told staff to be aware of this request but to always ask the person first.

The registered manager was aware of their responsibility in relation to Deprivation of Liberty Safeguards (DoLS). Use of the DoLS ensures that people can only be legally deprived of their freedom of movement when it has been authorised as being in their best interests. Where required DoLS applications had been made and submitted to the local authority responsible for deciding these.

People said they enjoyed the food and always had enough to eat and drink. They said there was always something to eat and drink available and if they wanted more or something different this was supported. There was a pre-planned menu that people were able to discuss during resident meetings. No one living at the home required support to eat their meals but staff told us this would be provided if needed.

People had care plans associated with eating and drinking, their preferences and the support they might require. For example, one person's plan detailed how they required the



## Is the service effective?

use of adapted cutlery and might on occasions need staff to cut their food up for them. A second person described how they only liked to eat small portions and that staff must ensure they always had access to a jug of fluid. We noted for a third person their care plan provided very little information about their likes and dislikes however a document further in their care records provided more information. People's weight was monitored regularly and staff told us if they had any concerns they would request a GP review or referral to dietician. The registered manager and staff told us how they monitored some people's food and fluid intake to ensure this was sufficient. However we found care plans did not provide guidance to staff to ensure they knew how much a person should be eating or drinking over the course of 24 hours. The monitoring charts did not support staff to understand how much was being consumed as it did not detail the actual amounts eaten or

drunk and had not been totalled. A lack of guidance about a person's ideal intake meant staff would find it difficult to monitor if their nutrition and hydration needs were being met, and identify if further action was required.

**We recommend that the service uses relevant guidance on how to ensure required nutrition and hydration is monitored effectively.**

People had access to a range of healthcare professionals including opticians, dentists, GP and specialist nurses. Referrals to other health professionals were made promptly. Care records were updated to reflect the outcome of the appointments and staff acted on advice and guidance. People were confident that medical attention would be sought and that a GP or emergency services would be called if needed. One person told us how staff had responded quickly and sought medical attention following a fall.

# Is the service caring?

## Our findings

People were satisfied with the care and support they received. They told us they were well looked after and said all the staff were kind and caring. One person said “Very good here. You just have to ask the staff and they will do it for you. They treat me well. They are always happy and it makes me happy”. A relative told us the staff were “very engaging, compassionate and caring”.

Staff were knowledgeable and understood people’s needs. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them. Staff spent time talking with people and encouraged them to join in activities and talk about things that were important to them.

People were offered choices and these were respected. For example, one person chose to remain in bed until late morning and this was respected. Another person’s care records showed how they sometimes did not want to take their medicines and guided staff to give them the choice at each medicines round. People were encouraged to be involved in decisions about the home through monthly resident meetings. These gave people the opportunity to make any comments or suggestions whilst also keeping people updated about anything taking place in the home.

Care plans recognised people’s preferences and abilities as well as the support they needed. For example, for one person their care plan described how they were able to dress themselves but needed support to do buttons up. For another person their care records described how they preferred doors and windows to be shut as they felt the cold.

People’s privacy and dignity was respected. Records for people were stored confidentially and only staff who needed these had access. Staff knocked on people’s doors and waited for a response before entering. Staff used people’s preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact. Staff showed they had a caring attitude towards people and recognised when they needed support. One person became distressed and disoriented during the morning. A staff member responded immediately, they spent time with the person orientating them around the home and giving them information which supported them to understand what was happening. The staff member was kind and compassionate in their approach.

# Is the service responsive?

## Our findings

People said they were happy in the home and described the staff in a positive way. They told us staff knew and understood their needs and provided the care and support they required.

At our inspection in April 2014 we found the provider was in breach of regulation 9 of the Health and Social Care Act 2008 Regulations (2010) because people's needs were not always fully assessed and care and treatment was not always planned.

At this inspection, we found improvements had been made. Before people moved into the home a pre assessment was undertaken to ensure the home could meet their needs. This included gathering information about the history, likes, dislikes and current needs of people. Staff told us these gave them a good level of information to be able to understand the support people needed, including any risks that may be associated with their care.

Following this assessment, care plans and risk assessments were developed. Staff told us people were included as much as possible in their care plans. They did this through talking to people and their families to establish what their needs and wishes were. Not every person we spoke with could recall this but we saw evidence in people's records that they had been involved. A relative told us they had also been involved but where their relative was able to provide feedback the manager had sought it from them. Staff said the care records had improved and supported them to respond to people's needs appropriately.

When staff came on duty they received a verbal handover from staff going off duty. This included any issues that had occurred and any appointments or specific information for individual people. Staff told us these handovers helped to ensure staff were able to respond to people's needs effectively and helped ensure people were supported in a meaningful way. There was also a staff communication book kept in the office. This was used by staff and management to pass on information to each other.

Staff were knowledgeable about people's needs and the support they required. For example, one person who had diabetes was being supported to monitor their blood sugars weekly, at their request. Staff had involved the diabetic nurse with this person as their blood sugar levels

were previously high due to their dietary intake. Staff were able to describe how they had been working with this person around their dietary intake and their blood sugars were now stable. Staff said although their blood sugars no longer required weekly monitoring they were continuing with this at the person's request.

This person had a diagnosed mental health condition and their care plan contained information about how this presented and gave clear guidance about the support they required. Staff were able to tell us about the support this person needed and the registered manager advised how their bed had been placed in a particular part of their room with the window opening partially due to a phobia they had.

One person told us about an accident they had whereby they had slipped. They told us the staff responded immediately and grab rails were fitted to the bathroom. A relative told us how they felt the home had been very responsive to their relative's needs. They described how their relative had been unable to operate the taps in their room, so the registered manager had these replaced to support the person to be able to use these. This relative described how the support the staff had provided meant their relative had improved and was now able to return home.

The provider did not employ their own internal activity coordinators but sourced activities from external providers. Staff told us they also did activities with people including playing dominos and spending time talking to people. However, one member of staff told us they felt care staff could do more activities when activities delivered by external providers were not planned. Most people told us they were satisfied with the activities. One told us there was plenty to do, whereas another told us they "get bored sometimes." We saw external provider activities ranged from music therapy to reminiscence quizzes and mobility exercises. On the day of our inspection, activities were taking place all day and everyone in the communal areas was encouraged to join in. Where people chose not to this was respected, and where they chose to spend time in the garden this was supported.

Staff spent time with people and responded quickly if people needed any support. Throughout the day staff

## Is the service responsive?

spoke to people and asked them if they wanted any assistance. People told us that the staff in the home knew the support they needed and provided this as they required it.

There was a complaints procedure in place and the manager told us that complaints and concerns would be

responded to in a timely manner. No complaints had been made in the last 12 months. People felt they could raise complaints if they needed to and told us they would speak to the manager. We saw people were reminded of the complaints procedure in resident meetings and were encouraged to provide feedback.

# Is the service well-led?

## Our findings

At our inspection in April 2014 we found the provider was not meeting the requirements of the regulations in relation to the monitoring and assessing of the quality of service provision. This was a breach of regulation 10 of the Health and Social Care Act 2008 (regulated activities) regulations 2010. Where information was being collected in relation to accidents this was not always used to inform care plans. Audits of the service were not being completed. At this inspection we found some improvement had been made but further work was required.

The provider was in the process of changing their care planning to a computerised system. The administrator was supporting staff to do this by inputting the data and then providing this to the staff to ensure it reflected people's needs. This work had not yet been completed. Whilst most care plans contained information which would guide staff about the support people required, we did identify some gaps. For example, one person's care plan for diabetes lacked detail about their usual blood sugar range. It did not contain information about the signs staff should monitor for which may indicate concerns or detail the action staff should take if the person should become unwell as a result of low blood sugars. Staff we spoke with knew some of the signs to look for and what to do, however the plan of care did not reflect this.

The registered manager told us they reviewed the care plans for every person on a fortnightly basis. They said they then held a meeting with senior staff to discuss actions that were needed. We found that whilst these meetings were taking place they did not identify all the actions that were needed in relation to people's care plans. For example, a meeting held on the 19 May 2015 did not identify the concerns we found with a person's diabetes care plan which had been written in April 2015.

The registered manager told us no internal audits of medicines were undertaken. Audits of medicines would have identified the concerns we had. The lack of audit meant prompt action could not be taken to address any concerns.

The registered manager told us an external medicines audit had been carried out by the pharmacy. We saw this was undertaken in December 2014 and identified an action to obtain a thermometer and check and record daily the

temperature where medicines were stored. Whilst the temperatures of the fridge that medicines were stored in were kept, the room temperatures for medicines held in a trolley in the hallway were not. This meant action to make improvements had not been acted upon.

The failure to ensure effective monitoring of the quality of the service and accurate and complete records was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other audits were taking place. For example the registered manager was in the process of analysing the involvement of people in activities. They told us they would be doing this over a period of a month to see if people were participating and enjoying these. They said dependant on the findings and if required they would produce a plan of action to change these. An audit of appraisals for staff had been undertaken and a plan had been developed to ensure these were carried out.

We found incidents of falls were recorded in accidents records and falls logs. This information was used to inform people's plans of care and risk assessments had been developed. Staff knew the people they were supporting and told us any information about how they might improve the care for people was discussed at handovers and in staff meetings.

The registered manager told us about the home's values which were for people to be themselves, live a full life and for staff to provide person centred support only when needed. They told us they aimed to instil this in staff through supervisions, team meetings and general discussions. Observation of staff practice reflected this and staff spoken with held the same values.

The registered manager told us they operated an open door policy and hoped that staff would feel they could talk to them at any time. Most staff we spoke with felt able to talk to the manager and felt they would listen and take action to address any concerns they had. We saw in staff records where the manager had taken action when issues had arisen. Most staff felt they were encouraged to make suggestions and felt listened to. Staff meeting records showed the manager was open with staff about issues that needing improving on and also recognised the difficulties for staff. A staff survey had been undertaken in August 2014 and the results of this had been discussed in a team meeting in February 2015. All staff present had agreed that

## Is the service well-led?

the feedback had been negative at times and this was due to low staff morale which they felt had improved now staffing consistency had improved. Staff were encouraged to raise any concerns they may have with the manager and were reminded they did not have to wait for a formal supervision meeting to do this.

People told us they could talk to staff and the manager at any time. A relative told us the manager was always available to talk to and were confident they would take action if needed. This relative told us “They [the manager] are proactive”.

Feedback from relatives had been sought in May 2014. A summary report had been produced based on the comments made and this had been provided to relatives. Where relatives had raised concerns a response had been provided. For example, one person had raised concerns about access for people with restricted mobility. The response detailed the access via a different route for people. Concerns had been raised in relation to some

building/environment works that relatives felt was required. A response had been provided and we saw that some works to improve the environment had been done including an en-suite bathroom and at the time of our visit the kitchen was being refurbished.

The registered manager had also undertaken surveys to gain the views of staff, people and relatives. A survey in February 2015 for people sought their views of the meals and other areas of the service. This showed people were satisfied and we saw meals were a discussion point at each resident meeting. No action plan had been developed but the registered manager told us of the action they had taken in relation to some comments. For example, one person had said it was a bit cold by the window. The registered manager told us they had checked the window to ensure it was in working order. The registered manager had not recorded this action. Another comment indicated the person did not understand complaints and we saw this had been discussed during a resident meeting.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured the safe management of medicines. Regulation 12(2)(g).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured effective systems had been established and were operated to assess, monitor and improve the quality of the service provided.

Regulation 17(2)(a)(c)