

Aveland Court Care Limited

Aveland Court Care Home

Inspection report

Aveland Road
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Torquay
Devon
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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

The inspection visit took place on 26 June 2017 and was unannounced.

Aveland Court is a care home for up to 30 people some of whom were living with dementia. At the time of the inspection there were 24 people living at the service. At the last inspection in March 2015 the service was meeting the requirements of the regulations and was rated overall 'Good'. At this inspection the service is rated 'Requires Improvement'.

The service is in a residential area of Babbacombe close to the town of Torquay. The service is close to local amenities and a transport network. The service is set over two floors. It has been adapted to accommodate people who may require specific aids and adaptations for their health and wellbeing. There is an enclosed garden area which is private and not overlooked. Access is facilitated by a ramp for people with limited mobility or who require mobility aids.

Medicines requiring stricter controls were not being managed safely. The level of stock of these medicines did not reconcile with the records. Temporary secure storage facilities for medicines requiring stricter controls did not meet current safe guidelines. In that it was not fixed to a wall or floor. Prescribed creams were not being dated on opening and one person was having cream applied which was prescribed for another person. This meant people were not protected from the risks associated with unsafe medicine management.

One person required monitoring at specific times for their safety and welfare. There were gaps in these records where staff had not documented when the monitoring had taken place. This meant there was no clear audit record of what support they had received and when they had received it.

The service policies and procedures were out of date and had not been reviewed as specified in the services own records. This meant the service did not have current guidance on how it should operate in accordance with legislation.

The service was not always being maintained to a satisfactory level. One room had a damaged wall behind the door which exposed the wall cavity. Five of the eight rooms looked at had overhead lights which were not working. One of the rooms where an overhead light did not work also had a bedside lamp which was also not working. This meant some people did not have independent access to lighting when in bed.

There was not enough signage to support people with dementia move around the service and identify where they were. We have made a recommendation about this.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge for their role. Staff had received safeguarding training and knew how to recognise and report the signs of abuse. They were confident any concerns would be dealt with.

There were enough staff to help ensure people's health and social needs were met. Staff were effectively deployed across the service and people's needs were met in a timely manner. Staff were friendly and compassionate in their approach to people. People commented; "All the staff are very good. I feel well cared for" and "I am very satisfied with the staff team. I feel confident (name) is well cared for."

People were assessed in line with the Mental Capacity Act 2005 (MCA) where relevant and the management team followed the legislation to help ensure people's human rights were protected. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made appropriately.

We observed staff supporting people in a safe way when they were helping to move them from their chair to a wheelchair. People's assessments were reviewed and updated regularly to help ensure they reflected their changing needs.

Care plans were well organised and contained information covering all aspects of people's health and social care needs. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate and when available, relatives were included in the reviews. A family member told us, "We are very happy with the care here. The staff contact me when there are any issues. Yes I feel confident." People had access to healthcare professionals and their healthcare needs were met.

There was a relaxed approach to activities. Staff were familiar with the types of activities people liked either as a group or individually. People liked to take part in television quizzes which occurred on the day of the inspection and it was clear this was popular. In addition entertainers visited the service on a regular basis. Where people wanted to stay in their rooms this was respected by staff.

Staff were supported by a system of induction training, supervision and appraisals. Staff meetings were held to share information and encourage staff to make suggestions regarding any issues or ideas they may have.

We observed regular drinks and snacks were provided between meals to ensure people received adequate nutrition and hydration. Comments from people who lived at the home were generally positive about the quality of meals provided. One person said, "I like the food here. It's homely and if I don't like something there is always another choice."

People told us they knew how to complain and would be happy to speak with the provider if they had any concerns. No concerns had been reported since the previous inspection.

People's views were taken into account through satisfaction surveys, face to face discussions and formal meetings. This gave people and their relatives the opportunity to have their say and give their views about how the service was run and the quality of the service. The most recent survey showed people were satisfied with the service.

People using the service described the management of the service as open and approachable and thought people received a good service. Comments included, "I can always speak with the manager and they are always around to speak with" and "I'm confident with the manager and how the home is run."

Equipment and supply services including electricity, fire systems and gas were being maintained. However on the day of the inspection a boiler failed resulting in lack of hot water in some rooms. This was addressed immediately by a contractor.

We found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can

see the action we have told the provider to take in order to meet the requirements of the regulations at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Medicines were not being managed safely.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective. The services environment was not being maintained effectively. A number of overhead and bedside lights were either broken and not working. The service lacked signage which would support people living with dementia.

Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Requires Improvement ●

Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Good ●

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

Is the service well-led?

The service was not always well led. Records of the support provided for people were not always completed as required.

Policies and procedures used to guide the operation of the service were out of date and did not reflect current legislation.

The service sought the views and experiences of people, their families and the staff in order to develop the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Requires Improvement 

Aveland Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 26 June 2017. The inspection team consisted of one adult social care inspector.

We used the Short Observational Framework Inspection (SOFI) during the morning and over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who were able to express their views about living at Aveland Court and one visiting relative. We spoke with a visiting health professional during the inspection visit. We spoke with six members of staff.

We looked around the service and observed care and support being provided by staff. We looked at the care and support records for three people living at the service. We looked at two records relating to staff recruitment, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Medicines were not being managed safely. The service was holding medicines that required stricter controls by law. We checked the records kept against the stock of medicines held at the service, they did not tally for one person. There was a temporary storage facility for medicines requiring stricter controls. The wall mounted secure storage facility was broken. The current facility did not meet current guidelines for the safe storage of medicines requiring stricter controls. The registered manager gave assurance this would be addressed with immediate effect. Creams prescribed for people had not been dated when opened which would alert staff to an expiration date when it was no longer effective. In addition one person had a cream in their room which was prescribed for another person. This meant staff were using a cream which may not be suitable for the person on which it was being applied.

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

People had risk assessments which identified risks in relation to their health, independence and wellbeing. Where necessary assessments considered the individual risks to people. For example, one person had a potential risk of choking. The assessment took into account the need for a 'soft' diet and which foods which should be avoided. In another instance where a person was at risk of harm to themselves the environment had been made safe for them. This showed the service understood what action to take to ensure people remained safe.

People and a relative told us there was enough staff to help ensure people's needs were met. During the inspection people's requests for assistance were met quickly. When a call bell was rung it was responded to quickly. There was a good skills mix of staff on each shift. A staff member said, "Some of us have been working here for a long time. There is always a senior on each shift." A new member of staff told us, "There are enough staff to support me and do the work we need to do."

People told us they felt confident of the staff that supported them at Aveland Court. People said, "I know I can rely on all the staff" and "Knowing there is someone there when I need them makes all the difference. Yes I feel very safe." Staff told us that generally they thought there were enough staff on duty. They told us, "There are always times when we could do with more staff but on the whole it's not a problem" and "We are a good team and work well together I cover when I need to". People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in all areas of the service, so that people could call upon them if required. Staff told us, "It's a good place to work. We work well as a team. We have time to spend with residents and are encouraged to do that."

People were cared for by suitable staff because safe recruitment procedures were in place and managed by the registered manager. Staff had completed a recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained the relevant recruitment checks to be made before staff were employed to work in a care environment.

People were protected from the risk of abuse because staff had received training to help them identify

possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial training programme and this was updated as required, so staff had the current knowledge and skills to protect people. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately.

Staff were confident to report any concerns relating to people's safety. During the inspection we observed staff using safe moving and handling practices to support people to transfer. People were provided with appropriate equipment to help to keep them safe, such as walking frames, pressure relieving equipment and hoists.

Incidents and accidents were recorded in the service. The records of these showed that appropriate action had been taken and where necessary to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There was documentation to record maintenance and service of equipment as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. During the inspection a heating boiler failed resulting in some rooms not having hot water. This was addressed immediately by a contractor and was working again by the time the inspection of the service finished.

There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

The service was not always being maintained to a satisfactory level. One room had a damaged wall behind the door which exposed the wall cavity. Five of the eight rooms looked at had overhead lights which were not working. One room where an overhead light was not working also had a bedside lamp which was not working. This meant some people did not have independent access to lighting when in bed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There was little evidence of the environment being dementia friendly. For example there was no clear signage indicating which room people were entering. The use of pictures of people and/or their interests would help them orientate themselves with their surroundings.

It is recommended the service takes account of good practice guidance regarding signage to support people with dementia.

People told us they were confident in the competency of the staff supporting them. Comments included, "(Staff name's) are very good. I have every confidence in them" and "They (staff) seem to know what they are doing." A visiting professional told us they felt confident about the staff team's skills and competencies. They said, "They (staff) are very good and always act on our advice and guidance." The relative of one person said, "From what I see residents are well cared for. They (staff) contact me when there are any issues with (Person's name) and keep me informed." Records showed staff received a range of training relevant to their roles. Staff told us, "Training is always kept up to date. It's very good really" and "I've been given the opportunity to do more training because I want to work my way up. The manager is really supporting me to do that."

New staff without previous experience completed the care certificate. The care certificate is a government backed training scheme for staff in social care which it is recommended that all staff new to care complete. New staff also had an induction to the home, ways of working and a period of shadowing so they understood about the people living at the service and their individual needs.

Staff told us they received regular support and supervision and had access to the registered manager if they needed additional support in a less formal way. Staff told us, "I feel really supported by the manager" and "We work closely as a team and besides supervision we support each other."

Most people had limited mental capacity to make decisions about their care and support and how it should be delivered. However, a relative told us they had been involved in the development of their relative's care and support plan. They told us they were informed of any changes which might affect the person. The registered manager acknowledged they should be ensuring where people had been involved that they had signed the record to agree with the content and assured us they would address this immediately. It was not always possible to gain peoples consent to their care and support due to their level of mental capacity. A person can only consent on behalf of another when they hold an appropriate lasting power of attorney.

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and their choice of food. Some people made their own choices about whether to stay in their rooms use the lounge areas or both. One person was frequently moving around various lounges and dining areas. A member of staff was always available to support them. A staff member said, "(Person's name) has not been here long and so they are getting used to the home. It can be unsettling for them." There were no restrictions on how people chose to spend their time. We observed people using all areas of the service. One person said, "I don't like moving out of my room. I have everything I need here." Another person told us, "My room is very comfortable but I like to come down for my meals and have a chat."

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's capacity was assessed and considered in decision making processes. Best interest meetings were held to share decision making with family and healthcare professionals. A covert medicine administration had been agreed in a best interest meeting and it was agreed to be in the person's best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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 registered manager had applied for a DoLS authorisation for the majority of people living at Aveland Court due to their lack of mental capacity and restrictions in place. There were a number of authorisations in place at the time of this inspection which the service had notified the commission about.

People had access to a range of healthcare professionals. A staff member told us, "We have a really good relationship with the doctors and district nurses." Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. This included making appointments to see healthcare professionals when needed. There was evidence of action taken when staff detected changes in a person's health. One relative told us how the service was always quick to contact them and talk through any health related concerns. Records demonstrated staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GPs, hospital consultants, community nurses, speech and language therapists, dieticians and dentists. Advice of external health professionals was incorporated into plans of care for staff to follow.

Some people had a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders in place. These had been completed by relevant clinicians. Staff we spoke with had an accurate knowledge of which people had DNACPR arrangements in place. Copies of these orders were on the persons care plan with the original positioned on a wall in the person's rooms. We discussed the reason for this practice with the registered manager. They said they had been advised to do this as ambulance personnel would have ease of access to it. However, we pointed out issues around privacy, confidentiality and dignity and the manager agreed it would be more appropriate to store this information in the medicines records folder which would be easily accessible to staff if required and would be a more dignified way of storing this necessary documentation.

Nutritional risks were well monitored by the home. Nutritional risk assessments were updated and used to formulate meal plans which were suitable to the person. Where weight loss was identified appropriate measures were taken such as increased weight monitoring, monitoring food intake and referral to dietician

for advice and/or the prescription of nutritional supplements. The cook was aware of people's special dietary needs. For example one person was diabetic so care was taken to ensure they had a healthy diet. Other people required their food of differing consistencies and the cook was aware so that food could be prepared in a safe and appropriate way.

We observed the lunchtime meal and found it to be a pleasant experience with people supported appropriately. Food looked tasty and appetising and people told us they enjoyed it. A range of cold drinks were offered throughout the lunchtime and throughout the day.

Is the service caring?

Our findings

People told us they were happy living at Aveland Court. They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. People said, "It's not home but I do feel well cared for," "They (staff) are very kind and helpful" and "I always feel (name of person) is well cared for here. I don't have any worries about that." On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner.

We observed carers sitting and spending meaningful time with people in their bedrooms, lounges and dining areas. A staff member said, "We make the time to sit down with residents and have a chat with them. It's what caring is all about." Staff were polite, respectful, attentive and considerate. When carers went to a person's bedroom, they knocked on the door before entering. Staff took prompt action to calm any distress and used a mixture of verbal and non-verbal communication techniques to comfort people. For example, a staff member sat with a person who was becoming loud and distressing others. It was clear they understood how to divert the person's focus onto something else which resolved the situation. This showed staff understood how to support people in a kind and caring manner.

Staff were respectful and protected people's privacy and dignity. For example, when people were being supported to move around the service staff spoke with people in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. People's bedroom doors were closed when care was being delivered. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. We observed people looked clean, appropriately dressed and presentable. This indicated that their personal hygiene needs were being met by the service.

People's choices were respected and staff were sensitive and caring. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. Some care plans contained details about people's life histories and family background in 'Life Story Books'. This is important as it helps staff to understand who people are and supports meaningful engagement and conversations with them. There was also information regarding people's likes and dislikes across a range of areas including music, sports and any other interests. Some plans were not completed due to not having the information available from families and the person not having the mental capacity to recall and share the information.

Staff supported people to maintain contact with friends and family. A visitor told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. A visitor had taken their relative out for the afternoon. They told us they often did this and there were no restrictions. They said, "Always made to feel welcome."

Is the service responsive?

Our findings

People received care which was responsive to their individual needs. People told us their individual preferences were met and were respected. For example when they got up and went to bed. People were taking their breakfast throughout the morning period. A staff member said, "(Person's name) likes to lie in sometimes. It's not a problem" and "(Person's name) didn't have a good night's sleep last night so they caught up this morning." This showed were responsive to peoples choices. A relative told us, "It all seems to be going OK. If the home has any issues with health, they ring me and discuss it". A visiting healthcare professional did not have any concerns about Aveland Court and confirmed the staff responded appropriately when necessary and followed advice given to them.

People who chose to live at the service had their needs assessed prior to moving in. This helped ensure the service was able to meet people's needs and expectations. The registered manager was knowledgeable about the level of support people required. Their decisions about any new admissions were made by balancing the needs of any new person with the needs of the people already living at Aveland Court.

Everyone had a care plan in place. The care plans covered people's care needs as well as their social support needs and wishes. Care plans were subject to regular review in line with people's individual needs and were audited to establish whether the information was up to date and reflective of the person's changing needs. Reviews to check that the care plan was still accurate took place. This was important to make sure important information about the person that might have impacted upon the rest of the care plan, remained up to date. The care plans were personal to the individual and provided staff with the information they needed to effectively respond to people's needs. Where people were at risk of harm or may pose risks to others the registered manager engaged with other healthcare professionals in the assessment process. This demonstrated the service responded to guidance from other professionals in peoples best interests.

Risks were being responded to and there were measures in place to minimise risk. For example one person's health needs had recently changed. Staff were being supported with advice from health professionals to ensure the persons welfare and care needs were being managed. Staff had the information they needed to support the person and keep them safe. While the person's records had the necessary information to instruct staff the overall risk rating used by the service had not yet been reviewed. We spoke with the registered manager about this. They told us the overall rating was reviewed twice a year and was due to take place. The registered manager agreed this rating should be reviewed and updated whenever a change in risk level had occurred and agreed to address it immediately.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how people spent their time. It also recorded significant events for example appointments. Staff told us this system made sure they were up to date with any information affecting a person's care and support.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's

backgrounds and where possible gathered information from families and friends. This supported staff to have relevant and meaningful conversations with people according to their interests and backgrounds. People were supported to maintain contact with friends and family. One person was speaking with their relatives by phone. They said this contact was important to them. Visitors were made welcome and were able to visit at any time.

Some people living at Aveland Court were living with dementia or limited memory and their ability to make daily decisions could vary. Staff had a good understanding of people's needs and used this knowledge to help people to make their own decisions about their daily lives wherever possible. For example, one person liked to move from lounge to lounge regularly. A staff member was always overseeing their welfare to ensure they were safe when moving around. A staff member told us it was important they respect people's choice.

Activities were taking place in a way which was responsive to the needs and choices of people. One staff member told us "We try with activities, have all kinds of activities in the afternoon but there is no specific routine." The range of activities and opportunities were provided to people on a daily basis. Internal activities included hand massages, games, sing-alongs, reminiscence and film days. In addition, external visits from musical entertainers took place. As well as planned activities, staff participated in activities on an individual basis with people. On the day of the inspection people were enjoying taking part in an afternoon TV quiz. People were enjoying it and one said they liked to watch this in the afternoon. A staff member told us it was popular. People used the community with the support from relatives. There was an enclosed garden area accessible to people using the service. Some people said they liked sitting in the garden but another said it was not used very often. We shared this feedback with the registered manager who agreed to look into extending the range of access and support beyond the service.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were displayed at the service. People told us they would speak with the manager or staff if they had any concerns. The service had not received any complaints since the previous inspection. One person told us they felt confident the manager would act on any issues they might raise with the service. They said, "If I wasn't happy about something I would tell the manager. I think it would get sorted out."

Is the service well-led?

Our findings

The service had a registered manager in post. 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 service was not completing records to demonstrate a person was being monitored as required in their care plan. There was a requirement for staff to record half hourly welfare checks. The record for the previous four weeks showed gaps. For example, for three days nothing had been recorded. On two other days the records did not record the full day by finishing at 4pm. Staff were visibly seen to be making regular checks throughout the day of the inspection. However, by not completing the records it meant actions could not be accounted for and there was no audit trail.

The service's policies and procedures used to guide staff on operational issues were out of date and did not reflect current legislation or regulation. This meant the service guidance was not in place to meet current legal requirements regarding the operation of the service.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There were clear lines of accountability and responsibility within the service. The registered manager was actively involved in the day to day operation of Aveland Court. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "We (staff) try and make sure it feels home from home." It was important to the registered manager and the staff that people who lived there were supported to be as independent as possible and live their life as they chose.

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Staff told us communication was good and any changes were always fed back in communications records. This demonstrated the service ensured information was available to all staff, it was current and staff had the opportunity to share information with the registered manager.

Surveys were carried out annually to gain the views of people using the service and relatives. The most recent survey showed people were very satisfied with the service. Comments included, "The service and care is very good. Staff respectful", "Constantly struck by the kind and welcoming behaviour of staff and their caring approach" and "I like it at Aveland Court. My relative is happy that I'm settled."

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. For example as a result of the registered manager making spot checks another cleaner had been employed to ensure there was enough support to ensure the service was clean and hygienic. Following a recent resident meeting people had requested more choice in the menu options. There was now more

choice available. One person said, "It's made a difference having more choice."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The procedures in place for the management of medicines, was not safe and did not protect people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service environment was not being properly maintained to ensure it was suitable for people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was not effective recording procedures to demonstrate people were being supported as required in their care plan. Policies and procedures did not reflect current legislation.