Fleming Care Homes Limited

Gordon Lodge Rest Home

Inspection report

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Kent
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Tel: 01843831491

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 10 March 2017 and was unannounced.

Gordon Lodge Rest Home is a large detached house in a quiet residential area. It provides care and support for up to 33 older people, some of whom are living with dementia. There were 24 people living at the service when we visited.

The provider was also the registered manager at the service and was supported in the day to day running of the service by a manager. 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.

We last inspected this service in September 2015. There were no breaches of the regulations identified at that inspection and the service was rated Good. We carried out this inspection sooner than we planned as we had received concerning information about how people were being treated and cared for.

Risks to people were identified but staff did not always have the guidance required to manage the risks and keep people safe. People had care plans in place but these were not consistent, some care plans contained people's life histories, what people could do for themselves and how they preferred to be supported, others did not. Some people's care plans contained information about other people and there was a risk people could receive the wrong support. People's health needs were responded to quickly by staff, but care plans did not give guidance about signs for staff to look out for when people's health deteriorated.

Staff did not have regular supervision meetings with their line manager and did not have all the training they needed. Although staff offered people day to day choices, the registered manager and staff did not always understand how the Mental Capacity Act (MCA) 2005 was applied. Decisions made for people without capacity were made in their best interests; however some of the mental capacity assessments needed updating to reflect people's fluctuating capacity. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisations; however applications had been made for everyone including people who did not require them.

The management team did not have a clear oversight of the service; audits had been completed but did not identify the shortfalls found at this inspection. Records were not always available or completed fully. Staff said although the management team were accessible, they did not always feel valued or listened to. The registered manager told us that no complaints had been received. However, concerns had been raised but there were no records of what they were or how they had been responded to.

Staff knew people well and had built positive and caring relationships with them and their families. Throughout the day we heard laughter and joking between people, their loved ones and staff. People had access to a variety of activities which were based on people's interests. Staff treated people with dignity and respect, taking time to listen to people and offer reassurance when needed.

People were supported to have a balanced diet; they had input into the menu and could choose what they ate each day. Some people had guidance from speech and language professionals around the consistency of their food and fluids to prevent choking. Staff followed this guidance and supported people safely. People's fluid intake was recorded but the amounts were not totalled and there were no target levels for people to have each day. People's medicines were managed safely.

The management team completed audits to identify environmental risks. Fire drills were completed and people had a personal emergency evacuation plan (PEEP) in case of a fire. There were enough staff to meet people's needs and they were recruited safely. Staff knew how to recognise different types of abuse and who they would report any concerns to but did not feel confident their concerns would be responded to by the management team. Staff understood confidentiality and people's records were stored securely.

The management team sought advice from local health professionals and attended local forums for managers to increase their knowledge.

We made some recommendations about understanding of MCA and DoLS, the contents of PEEPS, the management of complaints or concerns and staffing levels.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks were identified but staff did not always have the guidance needed to manage risks safely.

Staff recognised types of abuse and knew who to report them to, but did not feel confident their concerns would be responded to by the management team.

There were enough staff to meet people's needs and they were recruited safely.

People's medicines were managed safely and in the way they preferred.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always have the training and supervision they needed to carry out their role.

People were offered day to day choices but there was a lack of understanding about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Fluid charts were not being totalled and monitored. People were offered choices and support to have a varied and health diet.

People had good access to health professionals but there was a lack of guidance for staff about people's medical conditions.

Is the service caring?

Good

The service was caring.

Staff knew people well and they treated them with dignity and respect.

Staff gave people time and supported people to be as independent as they could be.

People and relatives told us that staff were caring and kind. Visitors said they always felt welcome.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were inconsistent; some lacked detail or had inaccurate information in them.

There was a complaints policy but concerns were not recorded.

People had access to a range of activities, which they enjoyed and were based on their interests.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a lack of oversight of the service and audits had not identified the issues found at this inspection.

Documents were not readily available and some were incomplete.

Staff did not feel valued or listened to.

People and relatives were asked for their feedback and actions were taken as a result.

Gordon Lodge Rest 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 inspection took place on 10 March 2017 and was unannounced. It was carried out by two inspectors.

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 reviewed all the information we held about the service, including information we had received from whistle-blowers. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the provider/registered manager and the manager. We spoke with five members of staff. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

During the inspection we spoke with four relatives and two health care professionals.

We last inspected this service in September 2015. There were no breaches of the regulations identified at that inspection.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and relatives said, "I don't have to worry about my loved one, I know they are well looked after and safe." Feedback from relatives included, '[My loved one] feels safe and secure and well looked after.'

Risks to people were identified and assessed but not everyone had clear guidance for staff about how to minimise the risks. For example, some people were at risk of choking, information about supporting people with this was general and not individual and did not take into account that some people were in bed or a wheelchair. The way staff responded to a choking incident would be different if the person was standing, in bed or seated. Staff told us, "We had training around choking and how to deal with it, I know what to do."

Other risk assessments related to people's health needs also needed more information or detail to guide staff. For example, some people had frequent infections; there was no guidance for staff about the symptoms people may present when unwell. Staff were referring people to health professionals but this was based on staff knowledge and not guidance from risk assessments or the management team. When we raised this with the registered manager they were unaware that more detail was required and had not picked up that staff may not have the guidance they needed. The registered manger agreed to update risk assessments to include detailed guidance for staff about reducing risks.

Some people were at risk of falling, losing weight or developing pressure sores. These risks had been identified and assessed and there were guidelines in place for staff to follow to ensure risks were kept to a minimum. For example, some people were at risk of their skin becoming sore. They were provided with a special pressure relieving cushion and mattress to help keep their skin stay healthy. Staff had guidance about how to support people to move safely and what equipment to use for each person.

Staff understood the risks to people and spoke confidently about minimising them, "We keep an eye on people as they move around, some people can be unsteady on their feet." and "I know it is important to keep an eye on people's skin when they are in bed a lot. You don't want it (skin) to break down, we check the mattresses and their skin every day."

Accidents and incidents were recorded, this information was reviewed by the registered manager who picked up any common themes. For example, people had been referred to the falls clinic if there was an increase in falls.

Risks to the environment were identified and monitored. Plans were put in place to minimise risks and regular checks were carried out of the equipment used in the service. The fire systems were checked and fire drills were carried out. People had personal emergency evacuation plans (PEEPS) in place; these detailed the physical support people needed to leave the building in the event of an emergency. There was no information about whether people would recognise an alarm or any emotional support they would need. Some PEEPS needed updating as people's needs had changed. Staff knew people well and said they would reassure people as needed in the case of an emergency.

We recommend that the registered manager seeks advice and guidance from a reputable source about the content of their PEEPS.

Staff understood different types of abuse and told us the signs to look for. Staff knew who to speak to about any concerns and said they felt happy to do so. Staff understood the whistleblowing policy and who they could contact outside the service. Staff told us they did not feel their concerns were always responded to. They told us, "Sometimes you raise a concern about the way a staff member acts and the registered manager says they will deal with it but you don't see any change." and "I would happily contact the Care Quality Commission (CQC) if things aren't dealt with. The registered manager said that things were addressed but that staff may not see the process due to confidentiality. Some staff had been subject to disciplinary action.

Staff were recruited safely using the provider's recruitment procedures. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Gaps in employment had been discussed at interview. Application forms had a minimum of 5 years of employment history; we recommended to the registered manager that they amended this to request full employment history. People were not directly involved in the recruitment process but did meet people when they attended for interview.

There were usually enough staff on each shift to meet people's needs. Staff were busy but did not appear rushed and had time to spend with people. Staff told us, "There are usually enough staff though we have fewer at the weekend and I am unsure why. It would also help if we had extra staff when people need care at the end of their life. It is hard leaving someone who wants company but you have to, to make sure everyone else is ok." The registered manager told us, "Staff always think they are short staffed. We usually have two domestics and a one for laundry. Some domestics can do care too". People and their relatives told us, there were usually enough staff, one said "You can always find someone to help."

During the inspection there were enough staff and people's needs were met quickly, when people in their rooms used their call bells staff responded within a few minutes. Staff were busy but found time to spend with people throughout the day.

We recommend that the registered manager reviews staff levels based on people's and staff feedback to ensure that there are enough staff at all times to meet people's needs.

Medicines were ordered and checked when they were delivered. Clear records were kept of all medicine that had been received into the service and administered. The records were up to date and had no gaps showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely. Temperatures of medicine storage areas were recorded daily and were within acceptable ranges. Some medicines had special storage requirements; these medicines were stored in line with guidance.

People received their medicines safely and when they needed them. When people needed medicines on a 'when required' basis there was guidance for staff about when to give the medicines and the maximum doses people could have. People told us, "They look after my medicines and bring them at the right time. I can ask for pain relief if I want it."

Requires Improvement

Is the service effective?

Our findings

People told us that the food was good at the service. One person told us, "We have lots of choice and I can always ask for something different if I fancy it." People and their relatives told us that people had access to health care professionals when needed. One relative said "They always get hold of the GP if my relative needs them and they let us know what is going on."

Staff told us, "We work closely with the district nurses and other health professionals; it helps to get their advice."

Staff should have regular supervision meetings with a line manager so they can talk about any concerns or issues and their career development and training needs. Supervision also gives an opportunity for coaching and support. Staff did not have regular supervision with their line manager, 14 staff had received supervision in February 2017, but the registered manager could not show us evidence of any previous supervision meetings or any planned dates for future meetings. The registered manager told us they were going to do appraisals for staff but only a small number had been completed. The service's policy did not state how often staff should have supervision. Staff told us, although they felt supported by their colleagues they did not always feel supported or valued by the management team.

Staff did not have regular supervisions or appraisals required to support them in their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had an induction which included some training and working alongside other more experienced staff. Staff did not always have the training they needed to meet people's needs. Some staff had not completed basic training such as safeguarding people or fire safety, other staff needed to update their basic training. Some staff had completed nationally recognised social care qualifications and training related to people's needs such as qualifications in dementia or end of life care. Staff who had completed training put their training into practice and gave people the support they needed. Staff who had not attended training relied on their colleagues to role model for them or previous learning and experience.

Staff told us they had training, they knew people well and their training had helped them to support people the 'right' way. People told us, "The staff seem to know what they are doing, I am confident they can help me." Relatives told us, "The staff always seem on the ball and confident in what they are doing and how they help people."

Some people needed staff support to move around the service. One person used a walking frame to help them get from place to place. Staff stood behind the person and encouraged them to take their time. When the person became unsteady they put their hand on their shoulder to reassure them and reminded them to slow down. The person got to their seat safely, smiled and thanked staff for their support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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.

Although staff understood the day to day impact of the MCA and gave people choices, there was a lack of understanding relating to larger decisions and DoLS authorisations. Decisions made for people without capacity were made in their best interests; however some of the mental capacity assessments needed updating to reflect people's fluctuating capacity. The registered manager had applied for DoLS authorisations for everyone at the service, including people who had capacity and so did not require one. When we spoke to the registered manager and manager they said, they had been told that if the door was secure everyone required a DoLS application, they were unaware this only applied to people who lacked capacity.

We recommend that the registered manager seeks advice or additional training about the MCA, DoLS applications and processes.

People were offered a variety of food and drink which they appeared to enjoy. Each day people were offered choices from the menu, but they could always have something different if they wished. On the day of the inspection we saw five people have lunches which were different to the menu. Lunch was a social occasion with people chatting and laughing with each other and staff. People were offered drinks, one person asked for a second glass on the table as they were thirsty and staff got it for them. Staff made sure people had a choice of condiments. One person said, "They know chips are not the same without ketchup so there is always some handy." A health professional told us, "The food is always good here."

Some people were at risk choking and advice had been sought from the speech and language team (SALT). Guidelines were in place from SALT about the safe consistency for people's food and drinks to be served at to minimise the risk of choking. These were followed. People had fluid charts to record the amount of fluid they had in a day, but these amounts were not totalled up so staff could see at a glance if people had enough to drink. There was no record of a target amount for each person or what to do if they regularly did not achieve the target amount. Staff encouraged people to drink on a regular basis but there was a risk staff may be unaware that someone was becoming dehydrated. Records relating to how much people had to drink was an area for improvement.

People were referred to health care professionals when needed. The local GP and district nurses visited the service regularly. One visiting professional told us, "The staff are always very helpful and they know people well. They are happy to ask for advice and follow it. We check the pressure mattresses etc. when we visit and they are always set correctly."

When people had met with health professionals' staff had recorded the outcome of the meeting and any actions. People's care plans showed any conditions they had but did not always give staff the information needed to know when to contact health professionals. For example, one person was prone to urinary tract infections (UTIs) and also had a bladder condition. There was no information for staff about what symptoms to be aware of for a UTI or symptoms related to the long term condition, this left people at risk of staff not recognising when they were unwell. . Records showed that the GP had been contacted when staff

were concerned the person had a UTI but this was based on staff's experience and not guidance from the care plan. This was an area for improvement.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were very caring and supportive. People said, "The staff are lovely." and "They are a good bunch this lot." One relative said, "They know my loved one well and what it is important to them. We are always welcomed when we visit and offered a drink."

Staff told us, "We really get to know people well, we are often laughing and it's nice to be able to reassure people when they need it." and "We really focus on people's dignity, listen to what they want and be there for them."

On the morning of the inspection, people got up in their own time and some had breakfast in their rooms. They came down to communal areas when they were ready. Staff welcomed them and asked how they were. They went to the lounge they preferred and were offered a choice of the television or music. People chatted to staff and each other.

Staff were gentle and reassuring when supporting people and there was genuine affection between people and staff. Staff tailored their interactions to each person knowing who liked to joke and who needed a more gentle approach. Staff were aware of non-verbal signs such as people's facial expressions and body language. Staff often leaned or crouched so they were able to maintain eye contact with people, particularly when they were hard of hearing.

Staff spoke to people each time they passed through a communal area, asking people how they were or commenting on what they were doing. Some people were listening to music in a lounge and singing along, several staff joined in the singing as they walked through the lounge and danced along, which made people smile or laugh.

One relative told us, "I was worried about my loved one having to come into a home as they liked their own home very much and spent all their time there. This really is a home from home though, they settled really quickly and the staff made that work. They even mirrored what my loved one had at home by putting a little table next to their chair for all their knick-knacks, I think that helped."

People were encouraged to maintain their independence. Staff told us, "You always try to get people to do what they can for themselves and you just do the rest." People told us, "The staff do what I can't, I try to stay as independent as I can and they support that." Some people could take a long time moving from one area to another, staff were patient and encouraged people whilst reminding them there was no rush.

Relatives told us, "The staff offer my loved one support to do their nails but sometimes they like to do it themselves, it can be a bit messy but the staff always tell them how lovely it looks. It's important to my relative to do that, as it is what they have always done."

Some people were living with dementia and could become confused or disorientated. Staff were patient, they listened to people's worries and reassured them, often with a gentle touch or a hug.

During the afternoon an activities session was happening in the dining room, people, staff and relatives all joined in together. There was lots of laughter, big smiles and a sense of equality.

People told us, "They take time to celebrate things, on Valentine's day we had roses on the tables and on St David's day it was daffodils. The staff always make an effort and it makes you smile, we all got a present for Christmas, they really care."

Visitors were welcome in the service and there were no restrictions as to when they could call. Relatives told us they were made welcome when they visited, and offered refreshments.

Staff treated people with dignity and they knocked on people's doors and waited to be invited in before entering. When people were asked if they wanted to use the bathroom this was done discreetly. There were screens in shared rooms which staff used when they were supporting people, they also drew the curtains to maintain people's privacy.

People's rooms were personalised with their own pictures and ornaments. When staff left people they asked them if they would like their door left open or closed. Some people chose to spend much of their time in their own rooms; staff respected this and checked on them regularly.

Staff understood the need for confidentiality; they moved to quiet areas to talk about people and lowered their voices. Records stored in the communal areas were stored securely.

Requires Improvement

Is the service responsive?

Our findings

People told us, "They know me well and what I need help with." People's relatives told us, "They know it is really important to [my loved one] to look good, so they do their hair and paint their nails." However, people's care plans did not consistently show their needs and preferences.

Before moving into the service people's needs were assessed and the information from this assessment was used to form the basis for their care plan. Some people's care plans were very detailed; they gave information about the person's life history, what was important to them and their interests and hobbies. Other people's care plans had very limited information; there were no details about what people could do for themselves and how to maintain these skills. One person's assessment said, "I have my hair permed and so do not want it to be brushed." However this had not been added to the person's care plan so that staff were aware of this person's individual needs. This meant may not have the information needed to support people in the way they preferred.

People's care plans were recorded across several documents making information difficult to find. There was contradictory or incomplete information about the support people needed. For example, one person required support to wash, the document about personal care only mentioned helping the person to wash their feet. Another document about how the person liked to be supported to settle for the night gave details about a full body wash. One record had information about the care needs of another person and other records had incorrect names on them. This made the care plans difficult to follow leading to a risk that staff would not have the information they needed to give people the right support.

Staff knew people and their needs well, they spoke confidently about how they supported different people and what people liked. People and relatives told us, "The staff here know me well and what I like." and "The staff really get my relative and what is important to them, they make sure they have all they need."

Care plans were reviewed and updated on a monthly basis or as required, if people's needs changed. However, some records had been signed as reviewed and requiring no changes despite having information in them which did not relate to the person who the care plan belonged to. On one occasion the information clearly related to a person of the opposite sex. When some plans were updated contradictory information had not been removed. For example, one person's care plan gave details of how they should be supported to use a wheelchair, a subsequent addition showed they now remained in bed. People's care was reliant on staff's knowledge of people and their needs, rather than guidance from care plans or the management team.

The registered manager had not ensured that people's care plans were accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Some people had a faith which was important to them; this was recorded in their care plan. They had asked for a member of the local clergy to visit them, the service had arranged this.

People had access to a variety of activities which they told us they enjoyed. On the day of the inspection an arts and crafts session was taking place. Each person had the opportunity to choose what they wished to do, some people coloured whilst others knitted or did some weaving. People were encouraged to take part and were given positive feedback about what they achieved. People were smiling and enjoyed showing both staff and visitors what they were doing.

Some people told us they would like to opportunity to go out more, but that they did enjoy the activities they were offered. When we raised this with the registered manager they told us the person only had to ask and they would be supported to go out although no trips out were offered to people. Staff supported some people to have pamper sessions doing their hair and nails. People in their rooms were supported to have hand massages or to read the newspaper and chat to each other and staff.

A complaints book showed the last complaint was in 2015. The registered manager said they did not log concerns. They told us that an email had been received about the heating and that it had been dealt with straight away, but this had not been logged and there was no evidence whether the person who raised the concern had been made aware of or was happy with the outcome. Without the records the registered manager could not look for any common themes and use the complaints to improve the service.

We recommend that the registered manager seeks advice and guidance from a reputable source, about the management of and learning from complaints and concerns.

People and relatives told us if they had a complaint they would talk to the manager or registered manager/provider. They said they would be listened to and things would be dealt with.

Requires Improvement

Is the service well-led?

Our findings

Although people and relatives told us the management team were approachable and accessible, they did not have a clear oversight of the service. Staff told us they did not always feel supported or valued and that they were not listened to if they expressed concerns.

Staff had shared values and visions; they were getting to know people well and supporting them in the way they preferred. However, people's care was reliant on staff's knowledge and experience rather than guidance from the management team and people's care plans.

Staff told us, "You do sometimes get asked what you think, but don't ever feel they listen or do anything as a result. It makes you wonder why they ask?" and "I can always find the manager, but don't feel that I am listened to. Even when you go the extra mile management don't notice. The people we support do and I focus on that." The registered manager told us they did not realise that staff did not feel listened to or valued.

The staff team had been asked for feedback via a questionnaire recently, not one staff member had responded. The registered manager said she did not know why they had not completed the forms. The registered manager told us they asked staff for their views in team meetings, but they could not find the minutes of any meetings. There was a suggestion box in the hallway but the registered manager told us it was rarely used.

Records were not readily available and up to date. There were piles of paperwork in the office which was unorganised. The registered manager found it difficult to find the documents we requested.

Audits were carried out of the environment by the management team and external companies, risk assessments were then developed for any risks identified. Medicines were audited by the manager and recently by a professional from the pharmacy with no issues being raised.

Although audits had been completed by the registered manager they had not identified the issues we found at inspection. The registered manager did not review staff competency, in combination with a lack of supervision and training would raise the risk of people not receiving the care they needed. Care plans had been reviewed but they had not identified when plans had the wrong name or information in them.

There was a lack of effective auditing, poor records and not acting on staff's views. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.
The management team did seek advice and support from local health professionals. They had attended

forums for managers to increase their knowledge and awareness of good practice. They told us about plans to focus on a more person centred approach and to change the way they wrote their care plans but these plans were in the very early stages or had not been started.

People and their relatives were asked for feedback. People and their relatives were asked about their care and responses were positive, the surveys were primarily tick boxes with the option to comment. Feedback from relatives was generally positive including, 'I am always kept informed about [my loved one's] welfare.' and 'I can say that each time I visit [my loved one] looks well cared for and says they are happy there.'

A survey was sent out in October 2016 regarding the choices of meals. People were happy with their meal choices and able to suggest any particular foods they would like. The registered manager acted on feedback and the menu had been changed. Other suggestions were made for example, people said that the front door bell sounded similar to the call bell and was confusing. The registered manager changed the sound of the front door bell so people could tell the difference between that and the call bells.

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 17 HSCA RA Regulations 2014 Good governance Staff did not have the supervisions and appraisals required to carry out their roles.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a lack of effective auditing, poor records and not acting on staff's views. The registered manager had not ensured that people's care plans were accurate and complete.