Cheltenham Care Ltd

The Hawthorns Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 26 August 2015 and was unannounced.

This was the service's first inspection since it was purchased by the current provider and registered with the Care Quality Commission in September 2014. At the time of our inspection the environment was being refurbished and improved.

The service provides care for older people who have a mixture of physical needs. Some people also live with dementia and some live with mental health needs. The care home can accommodate up to 20 people. At the time of our inspection 16 people lived at The Hawthorns.

A registered manager was in position and they knew the service well as they had managed it under the previous provider. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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.

People did not feel their needs or preferences were met when it came to having opportunities to partake in meaningful and social activities. People told us they were often bored and wanted more stimulation. People who lived with dementia, lacked opportunities which could enable them to live well with dementia and enhance their daily lives. Although staff had received some training in dementia care, they told us they did not always have adequate skills and knowledge to meet people's needs.

People were kept safe and any risks identified and managed. They felt cared for and respected by the staff. They were able to make their own decisions about their care and treatment. Where they were unable to do this their representatives were consulted on their behalf. Where people lacked mental capacity to make specific decisions about their care and treatment they were protected under the Mental Capacity Act 2005. Decisions were therefore made, by appropriate people, in their best interest.

People had been involved in the refurbishment program by choosing the décor and colour schemes. The general ethos of the home was that of an open and inclusive culture. People felt their ideas and views were listened to.

Staff felt well supported and understood what was expected of them. They had received other relevant training to help them carry out their work safely. There were enough staff on duty to meet people's care needs.

We were told the provider was approachable and supportive when more staff were needed; at times when people's needs increased. The registered manager was able to and had recently recruited additional staff to help with the smooth running of the service. They hoped this would result in hours being allowed for an activity co-ordinator role.

The home was well-run. People and staff found the management team to be approachable and supportive. The registered manager had communicated their visions and values clearly to the staff and a good sense of teamwork was present. The registered manager was fully committed to ensuring people received the care and respect they deserved. A robust monitoring system was in place to help to maintain the quality of care and standards they wanted. Audits and on-going reporting to the provider enabled both the registered manager to provide the services people expected but, also enabled them to meet the provider's expectations. People's views were sought and acted on as were any concerns and complaints.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the provision of personalised care when it came to meeting people's needs relating to meaningful activities. You can see what action we told the provider to take at the back of the full version of the report.

We also made one recommendation in relation to the provider taking suitable advice about further training for staff in meeting the needs of people who live with dementia.

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 safe.

People were protected against risks that may affect them because health related and environmental risks were identified and managed.

Arrangements were in place to make sure people received their medicines appropriately and safely.

People were protected from abuse because staff knew what to be aware of and how to report their concerns.

There were enough staff to meet people's needs and good recruitment practices protected people from the employment of unsuitable staff.

Good

Is the service effective?
The service was not always able to be effective.

People received care and treatment from staff who had generally received appropriate training to enable them to meet people's needs. Staff lacked skill and knowledge in managing the needs of people who lived with dementia.

People's rights were protected under the Mental Capacity Act (2005) because staff adhered to the legislation.

People received support with their eating and drinking and were provided with diets that helped maintain their well-being.

People's health care needs were met and staff knew how to obtain specialist support where needed.

Requires improvement

Is the service caring?
The service was caring.

People were cared for by staff who were caring and compassionate and who treated people with respect.

People's dignity and privacy was maintained.

Staff helped people maintain relationships with those they loved or who mattered to them.

Good

Is the service responsive?
The service was not always able to be responsive.

Sufficient and personalised support was not available to enable people's needs to be met when it came to social and meaningful activities.

People were involved in making decisions about their care and treatment and where they were unable to do this their representatives were consulted.

Requires improvement

Summary of findings

Care plans were personalised and the care and treatment provided was in line with these.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

Is the service well-led?

Good 

The service was well-led.

Senior management staff promoted an open and inclusive culture. People were encouraged to express their views about the service and their ideas and suggestions were acted on.

Staff told us they were well supported by the management team and they felt valued.

People were protected against a poor service because there was a robust quality monitoring system in place. The management team had plans in place to improve the service further. This included people's suggestions and ideas.

The Hawthorns Residential 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 inspection took place on 26 August 2015 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, someone who specialised in the care of people who live with dementia.

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 improvement they plan to make. We also reviewed other information we held about the service. This included information about significant events reported to us by the provider. We gathered information from the local County Council who commission with the service.

We spoke with 14 people who used the service, five members of staff, the registered manager and one representative of the provider. We also spoke with one visiting health care professional. We reviewed four peoples care records which included risk assessments, associated health assessments and care plans. We observed people's medicines being administered and reviewed relevant records.

We reviewed three staff recruitment files and the support and development records of four staff. We reviewed a selection of records relating to the management of the service. These included a selection of audits, maintenance records, policies and procedures and accident and incident records.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Hawthorns and told us they would not feel worried in discussing with staff any concerns they may have. One person said, "I wouldn't hold back, if I was worried". A visiting health care professional told us they had no concerns in relation to people's safety.

People were protected from harm and abuse. The registered manager shared any concerns she had about safeguarding people from abuse with relevant agencies. Any concerns raised about people's protection were investigated and actions put into place to ensure their safety. Staff said they had received safeguarding training and felt confident in recognising and reporting any concerns they had. One member of staff told us they would immediately report any acts of or allegations of abuse to the member of staff in charge of the home. They were also aware they could directly contact external agencies if they felt the staff member in charge had not taken appropriate action. In the absence of the registered manager, a senior member of staff had correctly reported concerns that had been raised with her to the appropriate agencies. This showed that senior staff were aware of their responsibilities in relation to the county's wider safeguarding protocol. The staff were not aware of their responsibility in safeguarding children when children visited the service. The registered manager was aware of this and had already booked specific training to cover this subject. The service had relevant policies with procedures in place, which staff were aware of. The provider told us all policies and procedures were reviewed and kept up to date.

People were protected from those who may be unsuitable to care for them. Staff recruitment records showed that appropriate checks had been carried out before staff started work. The registered manager also took appropriate action, when needed, to address poor staff performance and practice. They told us staff were able to contact them at any time if they had concerns which they did not feel comfortable talking about at work. For example, concerns about another member of staff's practice. They said any concerns raised with them were taken seriously.

People's risks were identified, the level of risk assessed and then appropriate actions taken to minimise the chance of further harm or injury. The provider informed us that "staff were not there to stop people taking risks but to support and advise people on their options". For example, one person had experienced an increase in falls. Staff had discussed with the person the options available to them and had also sought their own advice. This person however declined any additional help but staff continued to monitor the level of risk. Another person had also experienced increased falls and they had agreed to an assessment by an occupational therapist. This resulted in equipment being provided to help the person mobilise safely.

Other risks monitored included weight loss. One person had lost weight and had a poor appetite. Action had been taken to address this by making sure the person was offered foods they really liked and by introducing a calorie supplement. This person had also been assessed as being at risk of developing pressure ulcers. Equipment which alleviates pressure from the skin had subsequently been put into place to reduce the chances of this happening. Another person had a health condition, which at times, placed them at risk of injury. The person's permission had been sought to alert other people who lived at The Hawthorns of this fact. Subsequently people were vigilant and would call for staff help when needed.

Environmental risks were monitored through staff observation and through formal monitoring processes. The last environmental audit for 2015 reported no risks to people when using the garden area. We observed the garden path was made up of very uneven paving slabs. We were told people used this path so we reported our observations to the registered manager. They told us they would assess this and take appropriate action to keep people safe. At the time of our inspection various contractors were working in the home making environmental improvements. These jobs and their associated risks had been assessed and actions put in to place to prevent injury or harm to people and staff.

A maintenance person was employed to attend to the needs of the home on a daily basis. They also provided an emergency on call service for urgent maintenance issues. Numerous health and safety and maintenance checks were carried out and recorded. Arrangements with various service contractors were in place to ensure people's safety in relation to fire safety, risks from Legionella, safe electric and gas supplies and safe lifting equipment. In the event of an untoward emergency, the service would draw on the help of its local sister home.

Good

Is the service safe?

The registered manager told us there were enough staff on duty during the day and night to meet people's care needs. We observed this to be the case but staff lacked time to really address people's individual preferences and choices. This predominantly related to social activities and other meaningful activities. The registered manager had already identified this as a shortfall and had just completed recruiting two new staff. The registered manager explained that the provider had always supported a constructive argument for increased staffing numbers when needed. Staffing numbers were also monitored by a representative of the provider in relation to people's dependency levels. Regular discussions were held with the registered manager about this to ensure the provider was able to staff the home accordingly. For example, the registered manager was assessing the need for possible increased staffing numbers from 4pm onwards to meet one person's needs.

People were protected from medicine errors because arrangements were in place to make sure people's medicines were stored, administered and recorded safely. We observed people receiving their medicines. Medicines were administered by staff that had been trained to do this. The practices and systems observed met with the guidance given by the Royal Pharmaceutical Society's – The handling of medicines in social Care. Records were kept of medicines being supplied to the service and of those returning to the Pharmacy to ensure all could be accounted for. Unused medicines were disposed of safely. People who were able to self-administer their medicines were supported to do this. For example, one person needed staff to administer most of their medicines but they were still able to self-administer their inhaler which they did. Where needed a community nurse visited and administered medicines such as insulin to people who were diabetic.

It was difficult to assess the true standard of cleanliness as the environment was being refurbished. For example, there were walls that had been freshly plastered and waiting to be redecorated. Some areas of the environment were tired looking, such as the carpets but these were due to be replaced. There was one part-time cleaner and no cleaning staff employed on Fridays, Saturdays and Sunday's. Care staff carried out essential cleaning tasks on these days and ensured, for example, people's rubbish was disposed of. Cleaning schedules were followed and completed work signed off by the cleaner. People's bedrooms were cleaned on a rotational basis and effectively cleaned thoroughly every fourth week. Although no-one had complained about this we fed back to the registered manager that they should reassure themselves that people were happy with having their bedroom cleaned ever fourth week.

People were protected from the spread of infection. Cleaning equipment was colour coded so for example, mops and cloths used to clean the toilets were not used to clean the kitchen. The cleaner held a nationally recognised qualification in housekeeping and had received training in infection control. Care staff also had received infection control training and had access to and wore protective aprons/tabards and gloves when delivering personal care or when serving food. There were arrangements in place to segregate soiled laundry and for it not to be directly handled, therefore preventing the spread of possible infection.

The kitchen had been awarded a rating of "3" by the Food Standards Agency who assesses services against food hygiene standards. This meant the level of hygiene and processes in place were "generally satisfactory" but the agency would like to see improvements. We were told the rating was awarded because the kitchen required updating. This was being completed in two stages to lesson disruption. The first stage had been completed prior to this inspection and the second stage was due to take place soon.

Requires improvement

Is the service effective?

Our findings

People told us they felt well looked after by the staff. Staff demonstrated a real desire to support people in an effective way and we observed many examples of this being achieved well. However, some staff lacked the practical skills at times needed to support those who lived with dementia. For example, one person was seen to become agitated and distressed. Staff were unsure of how to support the person effectively. Staff told us they did not always know what to do in certain situations. A suggestion to the person, in this case, to remain seated exacerbated the situation and caused a degree of distress. The majority of staff had completed the provider's choice of training in dementia awareness and this was updated each year. Staff however, told us they wanted to know more about dementia to enable them to help people who lived with this more effectively. The registered manager had completed a course in dementia care leadership and had the skills and knowledge to provide additional support in such situations, which they did in this case.

The service's training record showed staff had received other training in basic relevant subjects so they could carry out their tasks safely and appropriately. For example, training in safeguarding people from abuse, safe moving and handling, first aid and end of life care. Three care staff held nationally recognised qualifications in care. Staff had been provided with regular opportunities to talk about their training needs and any other support they needed.

People had access to health care professionals as required. The local GP surgery provided a service to the home where people's health needs were regularly reviewed. Specialist health care professionals were also involved with helping to maintain some people's health needs. These included the local mental health trust's community dementia team, mental health community nurses and various therapists. Staff were able to and had taken advice in the past from these teams to ensure people's needs were properly met. Specialist nurses also provided support to people with conditions such as diabetes, epilepsy and chronic obstructive pulmonary disease (COPD). Community nurses attended to people's nursing needs when their skills were needed, for example if someone developed a wound. People had access to NHS eye, foot and dental care when they needed it. A private chiropodist also visited on a regular basis.

People were cared for by staff who understood what had to be done to ensure people received their care and treatment lawfully. People's consent was sought before their care or treatment was provided. People's care plans were discussed with them and the registered manager made sure people, or those legally appointed to act on their behalf, fully understood the options open to them. Where people lacked mental capacity they were protected by the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) because staff adhered to this legislation. The MCA protects and empowers people who may lack the mental capacity to make their own decisions about their care and treatment. Where they are unable to make a decision this can be made on their behalf but it must be in their best interest. People's mental capacity was only assessed in relation to the specific decision that needed to be made. It was not therefore presumed that because people lacked mental capacity to make some decisions that they could not make decisions about other areas of their life.

A significant decision needed to be made about one person's possible future treatment. The registered manager explained the person had been able to understand the information given to them, at the time it had been given. However, they had been unable to retain this information and were unable to weigh up the associated risks. In this case, by adhering to the MCA ensured that a decision was made about this by appropriate people who ensured the decision was in the person's best interest. The decision had been clearly recorded so all relevant staff were aware of what had been decided. The registered manager told us that no one was receiving a level of supervision or control which had necessitated a referral for authorisation under DoLS. These safeguards aim to make sure people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Therefore staff at The Hawthorns made sure people's care was delivered in a lawful way and in the least restrictive way possible.

People were supported to eat and drink and nutritional risks were identified, assessed and managed. The dining room tables were laid with table cloths and people sat in small groups all of which lent itself to a relaxed experience. People told us they enjoyed their food and most people were able to manage the task of feeding themselves although help was provided where needed. One person was provided with an inhaler in the middle of their meal.

Requires improvement

Is the service effective?

We were told it was the person's preference to have this at this time. There was no risk assessment in place covering the possible eventuality of the person inhaling food whilst taking their inhaler medicine. This was discussed with the registered manager who told us they would look into this and ensure the person remained safe. People's care records showed that where weight loss or an unhealthy weight gain had been identified, actions had been taken to address this. People's weights were monitored on a regular basis and the GP was informed of any fluctuations. A nutritional assessment was used to help staff assess the levels of nutritional risk. Where increased monitoring was needed to record exactly what people were eating and drinking arrangements were in place to do this. This had been introduced when people were particularly frail or when their mood was low and their appetite dropped. People who had developed problems with swallowing had been referred to and assessed by a speech and language therapist. Advice had then been given to the person and staff on how to ensure risks of choking or inhalation of food were minimised. Different diet needs were clearly recorded in people's care plans, for example if a person were diabetic or required a soft diet. Food allergies were explored and recorded where appropriate.

We recommend that advice and guidance be taken, from an appropriate source, about further effective training for staff in meeting the needs of people who live with dementia.

Good

Is the service caring?

Our findings

People gave us their view of the staff who looked after them. They said, “They are lovely here, smashing”, “(Name of staff member) is lovely, so kind” and “I like them all”. One person when talking about the staff said, “I feel that I have friends here”.

Staff were seen to be caring and kind and they spoke to people in an appropriate and caring manner. Many staff had been employed by the service for a considerable time and this had enabled mutual understanding and respect between the people, staff and family members.

There was evidence that the staff had forged meaningful relationships with people and they were important in the person’s life. Comments from people also confirmed this. One person said, “I really like (name of staff member) company, she makes me laugh”. Another person said, “(Name of staff member) is a smasher”. Another said, “I look forward to (name of staff member) coming on duty”.

In order to maintain this a key worker system was in place. People chose one member of staff which they particularly felt they could communicate with and trust to be their key worker. This member of staff would be responsible for knowing this person a little better than others, in as much as, their preferences, liaising with family and friends on their behalf if needed, being a particular person to talk with, taking them shopping or buying personal items for them. One person said, “My keyworker, (name of staff member), I can trust with anything”.

We also observed staff being compassionate and one person said, “(Name of member of staff) makes me laugh even when I am feeling sad”. Staff were observed being able to adopt the right level of fun and seriousness in their communication in order to appropriately respond to people respectfully and make them feel comfortable and at ease.

People felt listened to and their choices and preferences relating to their care were respected. The provider told us they had a “very in depth induction process" which covered the people's expectations on how they wish to be cared for whilst residing at The Hawthorns”. This included exploring people’s choices, equal opportunities, looking at people’s diversity and inclusion needs. People’s right to privacy and dignity was maintained at all times. People indicated to us that they felt they mattered to the staff.

Visitors were welcomed to the home without restrictions and people chose who they wanted to see. If people required advocacy support outside of the home staff or family the registered manager said they would help a person to get this.

Requires improvement

Is the service responsive?

Our findings

Staff did not always meet people's needs when it came to meaningful and individualised activities. Meaningful activities help people to have purpose to their day and to lead meaningful lives within their individual capabilities. One person said, "I do get bored sometimes" and another said, "They (the staff) sometimes are so busy and don't have time to talk but (name of staff member) will chat to me in the evening when it's quieter".

Music and movement was the one designated activity that took place twice a week and a cross section of people told us they enjoyed this. One person said, "I like the exercise days, it's something to look forward to". Care staff said they facilitated word games occasionally and did so on the day of our visit but people confirmed this was not very often. The people who took part in the word game that took place on the day of the inspection obviously enjoyed this. They became animated and enthused and were quite competitive. We observed this game was focused on people with good mental ability and there was no inclusion or a separate activity for those who would have found this more challenging. A satisfaction questionnaire completed by people showed that most scored activity opportunities as three out of 10 (10 being the best). When asked about this people told us they were resigned to a lack of stimulation being something that was to be expected.

The television was on in the main lounge for most of the inspection (9:15am until 6pm). It was switched off when the word game took place. People sitting in its vicinity were not engaged with it at any time and the channel being shown had not been chosen by anyone in the room. The remote control was out of people's reach. Continual disembodied noise which people cannot relate to or want to relate to can stifle any attempt at social conversation and people switch off from their immediate surroundings. People did this by sitting with their eyes closed or falling to sleep. There was little focus on support and stimulation for people who lived with dementia or who lived with reduced mental ability. One person said, "The days are very similar, I don't know what day it is and have to ask (name of person) who has a paper". There were very few visual clues to help people remain orientated to time and place or to retain information. For example, on the clock face in the lounge there was a very small date calendar which would not be easy for most people in the room to read. Mealtimes did not have menus to help people know what was on offer or know what they had chosen. One person required clarification and reassurance about this several times from the staff.

People's care and support was not always designed with a view of achieving people's preferences and ensuring their needs were met. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Where possible people at The Hawthorns were involved in planning their care. This was demonstrated by people's signatures being present on care documents indicating their involvement and agreement with the document content. Care plans were written in a personalised way, documenting people's preferences, choices, wishes and sometimes aspirations. This information was very particular and was recorded on a "pen portrait" document. It was clear that time had been taken to talk to people and to get to know them. People's preferred daily routines were recorded to give staff a guide on how a person liked to spend their day. For example, what time they liked to rise, if they like a cup of tea or not on rising and when they preferred to go to bed. An example of people retaining their autonomy in decision making was seen when two people had wanted to remain with their existing GPs when they moved into The Hawthorns. Therefore, arrangements were made to accommodate this wish.

The registered manager told us they also had good relationships with people's relatives and representatives. They said, "You want to know that your relative is being properly looked after". The registered manager told us, when planning people's care the staff and the people living at The Hawthorns were a team. They said, "We discuss things and situations together". Representatives of people were only consulted when the person gave their permission for this to happen. When people lacked mental capacity to express their preferences and choices, their representatives were consulted on their behalf to ensure people's care was still delivered in a way they would prefer.

People's care needs were recorded and up dated as they altered so staff always had relevant and up to date information about a person's care and treatment. This enabled staff to be as responsive as they could be to people's care needs. The provider told us they were altering one area of care planning and review to ensure staff could be more responsive to people's needs and preferences.

Requires improvement

Is the service responsive?

This involved a fuller and earlier review of needs when a person's health started to fail them. This was to ensure that any changes could be accommodated and to ensure people's end of life care was exactly what they wished for. The registered manager explained they made sure all care staff read people's care plans so they knew how people wanted their care delivered. There were many examples of well written care plans recording the actions for staff to take.

The home was able to personalise aspects of people's care, for example, one person liked to have a daily bath, another person preferred this twice weekly and others once weekly. Some people preferred their own company and others liked to sit in the communal rooms and socialise. Some people liked to get up early and others had days when they wanted to remain in bed. The staff clearly accommodated many different preferences and needs. These care records were kept secure and staff maintained confidentiality.

There were arrangements in place to ensure people's concerns and complaints were taken seriously investigated and resolved where possible. The provider reported that the service had managed one complaint under their formal complaints procedures in the last 12 months. This complaint was recorded and responded to within two days of its receipt. The registered manager ensured that learning took place from the issues raised. The registered manager told us a formal complaint was rare because people or relatives knew they could contact her or approach her at any time when they needed to discuss concerns they had. The registered manager told us she spoke to the people who lived at The Hawthorns on a personal level regularly and if she felt something was troubling someone she would actively seek to find out what that was and try to resolve it.

Good

Is the service well-led?

Our findings

The service was well-led. People spoke warmly about the registered manager saying, “She is a nice girl, who does her best” and “I like her, she comes to sit with us when she can”. Staff told us they felt the service was well-led and had an inclusive culture. They said, “She (the registered manager) is a good manager”, “She is approachable” and “I love working here, I have worked in other places and this is the best job I have had”. One member of staff explained they looked forward to coming to work. Another said, “I wouldn’t leave, it’s like family”. Staff were clear about what was expected of them and of the registered manager’s personal expectations. The registered manager said, “I want staff to want to be here”, “I want committed staff and I want people treated with dignity”.

People told us they felt listened to and involved by the management. Regular meetings took place with people who lived at The Hawthorns and recently these had been predominantly about the improvement plans and the on-going plans. People told us they had been very involved in making decisions about the current improvements. For example, they had chosen the décor of the lounge. We asked one person if they personally had been involved in this and they said quite proudly “oh yes, nice isn’t it”. This told us this person had felt pleased to be involved in this process and that they felt comfortable with the choice that had been made. This consultation and involvement in choosing décor was also to include people’s bedrooms, some of which had already been completed. People’s individual needs had also been considered in the refurbishment programme. The registered manager said, “This is their home, I want this to be their home”. One person had required easier access to washing and toilet facilities. In this case, it had been possible to incorporate separate shower and toilet facilities in their bedroom to meet their need.

The registered manager told us their vision was to “make it the best home possible for people”. They said, “I take the responsibility really seriously” and “I reflect on situations in order to improve things further". They explained it was very much team-work which included those who lived at The Hawthorns. The registered manager was aware of the need for the service to operate in an open and transparent way and admit if there were areas that needed to be improved.

Formal monitoring arrangements were in place to ensure shortfalls and improvements in practices and processes were identified and acted on. Various audits took place on a monthly basis which helped the registered manage identify these. Action plans then gave some structure to completing improvement tasks. These were sometimes informally agreed between the registered manager and the provider and others more formally planned. One visiting professional said, “I know the service well and have seen improvements”.

The registered manager was also responsible for producing a weekly report for the provider so they could be responsive to the service’s business needs. This detailed information such as, staffing numbers, staff vacancies and progress on staff recruitment, numbers of admissions and deaths. It also provided additional and more frequent monitoring on areas such as, pressure ulcer development, number of accidents such as falls and complaints and concerns. A representative of the provider worked on site so the registered manager said they were able to also informally discuss issues such as changes in people’s dependency levels and any concerns arising from the environmental improvement work. They described this person’s presence as very supportive. The provider also visited the home regularly and was described as “always approachable”. Work related issues and support arrangements were also shared with the registered manager of the sister home whom we met during this inspection.

People’s views about the services provided were sought. Questionnaires were used to formally gauged people’s satisfaction and get suggestions back. Nine people had completed the last batch of questionnaires. All expressed general satisfaction in most areas asked about except the provision of activities, which we have discussed in this report. One person had expressed a wish to have more baths per week. The registered manager had ensured this had been accommodated. They explained that some people preferred to express their wishes through the satisfaction questionnaire rather than discuss these at other meetings. Another person wrote to the registered manager when they wanted to express a view or wanted something to altered. The registered manager said they did not mind how people put their ideas or views forward as long as people felt able to do so in one way or another.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People's care and support was not always designed with a view of achieving people's preferences and ensuring their needs were met. This was with particular reference to the provision of meaningful activities and the support provided to people who live with dementia. Regulation 9 (3) (b).