

Ilford Homes Limited

Sweetcroft 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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sweetcroft Residential Home is a residential home providing personal care for up to 20 older people often living with the experience of dementia. At the time of the inspection 18 people were using the service.

People's experience of using this service and what we found

People's needs were assessed prior to moving to the home. However, one file we viewed did not have a care plan and reviews were not being undertaken in a timely manner. Additionally, end of life wishes were not consistently recorded.

Supervisions, appraisals and competency testing were not carried out consistently, which meant staff may not have been getting the support they required to undertake their job effectively and safely.

Activity provision was not person centred, therefore people's individual interests were not always met.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people but these were not always effective and did not identify issues raised at the inspection.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. There were also systems in place to identify and manage risks. Safe recruitment procedures were in place and there were enough staff to meet people's needs. Medicines were managed and administered safely.

People were supported to maintain healthier lives and access healthcare services appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and respectful of people's wishes and preferences and provided support in a respectful manner.

There was a complaints procedure in place and the provider knew how to respond to complaints appropriately.

People using the service and staff reported the registered manager was approachable and promoted an open work environment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 15 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of two out of three regulations identified at the April 2018 inspection. The service remains rated requires improvement.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Sweetcroft Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by an 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.

Service and service type

Sweetcroft Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the last inspection report and notifications received from the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers and the chef. We also spoke with a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection in April 2018, the provider had failed to implement robust risk management plans and we observed an incident of staff using poor moving and handling techniques. These were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had improved their risk management plans to reduce the risk of avoidable harm. Risk assessments included areas such as falls and nutritional assessments. The risk management plans identified the risk and the action required to mitigate the likelihood of the risk. Risk assessments and management plans were reviewed monthly and up dated as required.
- We observed staff safely using moving and handling techniques. The provider undertook competency assessments to ensure staff were supporting people to move in a safe manner.
- The provider had equipment available to support people's needs and equipment, such as hoists, were serviced and checked appropriately.
- The home had checks in place to ensure the environment was safe and well maintained. These included environmental risk assessments, fire risk assessments and a personal emergency evacuation plan (PEEP) for each person. Maintenance and cleaning checks were up to date.

Using medicines safely

- Medicines were stored and administered safely. Medicines stocks we counted reconciled with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed.
- Staff completed medicines training yearly. The provider tested staff competency to ensure they had the skills required to administer medicines safely. Not all staff's competency testing was up to date but all staff had face to face medicines training in December 2018. The registered manager planned to complete competency testing for all relevant staff within a year of their training.
- Each person had a medicines profile which included guidelines for staff about how these should be administered.
- The provider had a separate medical information sheet that they used to inform other medical

professionals such as ambulance crews and hospital staff about the person's medical needs and included if the person wanted to be resuscitated and if anyone had lasting power of attorney for the person.

- There was also separate Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs) to indicate if the person wished to be resuscitated in the event of heart failure.

Learning lessons when things go wrong

- The provider learned from when things went wrong.
- Incidents and accidents were investigated and recorded appropriately. Actions to be taken were recorded on the incident and accident audit form but learning to prevent further reoccurrence was not always recorded. The registered manager said they would address learning outcomes on the incident and accident forms so there was a clear written overview of incidents, patterns and what steps they would take to improve service delivery.
- The clinical commissioning group's pharmacist visited in May 2018 and we saw where they had identified areas for improvement, these improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- People using the service and their relatives told us they felt safe. Comments included, "Yes [I feel safe], I have a bell in my room and I know I can call them but I don't use it very often", and "[Relative is] safe because I know there is always someone watching them and if [they have] a fall from bed [they have] the mat on the floor and you know they haven't been left there."
- The provider had policies and procedures in place regarding safeguarding. Staff were able to tell us how they would respond to any safeguarding concerns they had.
- There had not been any safeguarding incidents since the last inspection, but the registered manager told us they knew how to raise concerns with the local authority and CQC.

Staffing and recruitment

- Recruitment procedures were implemented to ensure only suitable staff were employed to care for people using the service. New staff members undertook an induction, so they knew how to work safely and effectively at the service.
- We observed there were enough staff to support people's needs safely. There were always staff available in each communal room. We saw some staff did not always interact with people and raised this with the registered manager who said they would address the issue immediately. However, most staff we saw were patient with people and gave them time to do the task at hand, for example getting up from their chair or eating.
- Some members of staff who had been working with the service for many years, knew the people using the service and their needs well and provided consistency in meeting people's care needs.

Preventing and controlling infection

- The provider had appropriate procedures for preventing and controlling infection. Staff were provided with protective equipment such as gloves and aprons to protect people from the risk of infection and cross contamination. Checks were completed to ensure a clean and safe environment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Staff support: induction, training, skills and experience

- People using the service were supported by staff with the skills and knowledge to deliver care and support effectively. One relative said, "From what I see, they have skills to take care of [person]". A health care professional told us, "Staff definitely have skills. They are very patient with patients."
- New staff undertook an induction with a more senior member of staff and training the provider considered mandatory had been completed by all staff.
- The registered manager alternated between competency testing and supervision with staff to ensure they were following the appropriate guidelines and developing their skills and knowledge. However, the registered manager had not been consistent in providing supervision and appraisals, but they advised us these were becoming more consistent now that they had a new deputy manager in place.
- The provider held team meetings for staff which provided an opportunity for staff to reflect on their practice and raise any issues.
- Staff said they felt supported by the manager and could approach them whenever they needed support. One care worker told us, "Supervisions are helpful. It gives you a chance to talk to managers about how you are getting on and how they can support you. Good to be able to chat to [registered manager] about how you feel."
- We saw examples of staff working well together for the benefit of people using the service, particularly when they were supporting people to mobilise. We also observed staff keeping each other informed of resident's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink to maintain a balanced diet.
- People provided mixed comments on the quality of the food. These included, "I have porridge... just as I like it", "[The food is] fair, not too bad", "The food is what it is" and "The food is on and off. Some days it is lacking. Some days there is no choice at all", "Some of it is good" and "We get what we are given".
- During the inspection, we were shown that people had made a choice in the morning as to what they wanted for meals later in the day and the cook told us this could be substituted if they wanted something else.
- The cook had worked at the service for many years and knew people's likes and dislikes well and any special diets they required. In addition, there was a record of people's food likes and dislikes in the kitchen and a list of any dietary needs.
- People were offered drinks throughout the day, although this was mainly hot drinks. We also saw people

were offered little bowls of fruit or yogurt. People could ask for snacks whenever they wanted and one person confirmed they used the call bell during the night to request a snack which staff always brought to them.

- People had nutritional risk assessments and care plans but these were not always consistently completed or updated which meant people's nutritional and dietary needs may not always have been met.

Adapting service, design, decoration to meet people's needs

- Since the last inspection, the provider had been redecorating the home room by room and this was an ongoing process at the time of this inspection.
- People's bedrooms were over two floors and there was lift to access the first floor.
- Bedrooms had people's names and a sign on the door but most were not personalised to make them distinctive from other rooms if people could not read the name on the door. The menus and activity plans were also written without pictorial aids which might have made them difficult to read or understand for some people. Therefore, the home did not always reflect best practice guidance for dementia friendly environments.
- Bedrooms were personalised to people's individual tastes so they had familiar things around them.
- There was a large lounge and a smaller quieter lounge for people. The home had a large garden and a courtyard which we saw people making use of.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the home to confirm their needs could be met by the provider. The pre-assessment recorded people's medical history and current needs, nutrition, likes and dislikes and background such as faith and preferred language. Pre-assessments were completed with the person, and their family if appropriate, to provide a clear overview of needs.
- The pre-assessment was used to inform care planning. Care plans were reviewed monthly or as required and updated to reflect people's current needs and wishes.
- People were provided with information about the service in the service user guide which included how to make a complaint.

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence in people's records of staff working together through input from other professionals including the pharmacist, referrals to district nurses, community transport to take people to appointments, speech and language team (SALT) referrals and the GP.

Supporting people to live healthier lives, access healthcare services and support

- People using the service were supported to have appropriate access to health care services. People had care plans for supporting them with their individual health needs. These plans were reviewed and updated as required.
- People were registered with a GP who visited the home once a week. Records showed people were accessing other professionals such as the chiropodist and appropriate referrals were being made as required.
- Relatives told us they were notified of any upcoming appointments and the outcomes of these as required.
- A healthcare professional said, "As soon as they notice a patient is not themselves they contact us. They know their patients. Especially urinary tract infections and mobility issues, they tell us right away."

Ensuring consent to care and treatment in line with law and guidance

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider had changed their consent forms since the last inspection and we saw that not all had been signed. The registered manager began to rectify this during the inspection.
- Where appropriate people's mental capacity had been assessed and best interests decisions had been made appropriately and as required. DoLS had been applied for so people's freedoms were not unlawfully restricted and the registered manager kept a record of when they were required to make new applications. This was confirmed by the local authority.
- Where people had legal representatives this had been recorded along with what they had power of attorney for.
- Where there were restrictions on people's liberty, the provider had followed appropriate procedures. For example, there was written consent from people where they were supported to use bed rails.
- Staff had attended training around the Mental Capacity Act and staff we spoke with understood the principles of the Act. One staff member said, "We have residents with and without capacity. We treat every single resident as if they do have capacity. Still give them choices. I give them a choice of what they would like to wear, eat or activity. If the service user doesn't want to do the activity they can choose another. They choose when want to go to bed."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

At our last inspection the provider had failed to support people, particularly at mealtimes, to receive care and support that took into consideration their wishes and needs. This meant that people's right to make choices was not always respected and their independence was not always promoted. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection to the support people received at mealtimes and the provider was no longer in breach of regulation 9 in this domain but remained in breach of the regulation in responsive.

- Since the last inspection, the provider had changed meal times to two sittings, where people who required more support were helped at the first sitting. We observed staff sat with people and were focused on the person they supported. They were patient with people and supported and encouraged people to eat as independently as possible. Different staff supported people at the first sitting from the second sitting, so there was no rush for people to finish their meals as staff could support them for as long as required.
- At the second sitting of people who were more independent, we saw again staff were encouraging and supportive. However, there was very little interaction between the residents and staff interaction was based on helping people which made the atmosphere subdued.
- Staff supported people to make day to day decisions and we saw examples of staff asking people what they would like. For example, we saw one person asked if they would like to go to lunch. They did not, so staff went back to them later when the person was ready to have lunch.
- A member of the domestic team told us they knew one person always liked to have tissues, so they made sure there was a good supply in the person's room and in the communal areas where they sat.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated with respect. People said, "I like living here, they look after me too", "We manage alright" and "You can get a bit annoyed with things here but overall the people are quite nice and they look after you..."
- Relatives told us their family member was well looked after and, "The carers are lovely with them". Another

said they were pleased with the care home and "they are doing all they can to support [family member]" and a third relative said, they believe their family member "is comfortable and well looked after."

- People were never rushed and were encouraged to mobilise independently. We saw on several occasions staff walking slowly and appropriately with people who could not move quickly and offering encouragement. Some staff demonstrated thoughtful assurance to people, such as gently rubbing or supporting them at times.
- People were supported to maintain relationships with their families and friends. One relative said, "It's great care. They are so lovely and welcoming. They make it feel like you are coming into your [family member's] home."

Respecting and promoting people's privacy, dignity and independence

- People could stay in their rooms of the communal areas as they wished. If people were in their bedrooms, staff knocked before entering.
- Staff provided us with examples of how they promoted people's dignity with personal care. For example, stepping out of the room and coming back in only when people required support to wash specific areas of themselves. We saw one person ask about toileting while they were in the lounge. The staff member responded by leaning towards the person so they could discretely respond.
- We saw when people were being supported to move, they were encouraged to move as much as they could independently, even if that was very slowly. If equipment was used, staff were very good at explaining the process and reassuring people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to offer person centred activity provision and the activities on offer did not fully meet the needs of the people using the service. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- The feedback from people about activities indicated it was inconsistent. There were activities particularly for occasions, such as Christmas or St Patrick's Day but the day to day activity provision was not meeting people's needs. For example, activities in June included, 'discussion', 'letter sorting' and 'laundry folding'. Two people said that the advertised activities often do not take place or got abandoned. Several people noted there were no regular organized outings. Therefore, people were not supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including activities in the wider community.
- Comments included, "Maybe bingo twice a month but one thing we do have is a hairdresser comes in once a week and having their hair done does give people a lift", "No, we don't have many singers here", "I don't get up to anything here", "We have had a couple of films here...but some people couldn't stay up late to see the end of it" and "The library bring books here...but a lot of them are not my sort of thing. I don't ever see a newspaper now unless someone brings one in. It would be nice to have one now and again". Relatives said, "They told us there would be outings but [family member] hasn't been out once since they came here" and "There are certainly no activities like they advertised".
- The local authority's quality monitoring report from December 2018 noted, 'There remains a lack of visual stimulation and activities (memory boxes, bright colours, tactile boards, letter boxes) to cater for the needs of residents with dementia.'
- The provider employed an activities co-ordinator four days per week who organised and facilitated group and individual activities.
- The provider had begun recording in more detail people's preferences and interests in the care plans and this was contributing to understanding what people's activity preferences were.
- Staff had started a scrap book for each person with photos of activities they had engaged in, and more one to one activities in the home were happening.

- Families told us they were made welcome at the service and could visit whenever they wanted to.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- During the inspection we found not all care plans we viewed were completed and reviews were not always being undertaken in a timely manner.
- One person was being supported from their pre-admission care plan and did not have a current, personalised care plan.
- Although reviews had been consistently undertaken in 2018, none had been completed in 2019.

We found no evidence that people had been harmed. However, the lack of one person's care plan and inconsistent reviews, meant needs may not always have been met in line with people's preferences or requirements. This was a repeated breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection and confirmed they would complete the person's care plan immediately and would start using a matrix again to ensure all reviews were completed in a timely manner every three months.

- Care plans contained some information on people's preferences. We saw evidence that care plans were in the process of being personalised with more detailed information around meeting their needs, preferences and interests.
- People had individual care plans which recorded their needs and provided staff with guidelines regarding support for people, for example, with mobility needs.
- Care plans included day and night routines, so staff knew when people liked to get up, go to bed, get washed and mealtime preferences. They also noted what time the person required medicines and if they needed help repositioning or with their mobility.
- ABC (action, behaviour, consequence) charts and behavioural support plans were used to identify triggers and patterns of behaviour and informed what action the provider needed to take, such as a referral to the community mental health team.

End of life care and support

- At the time of the inspection, no one was being supported with end of life care.
- The care plans we viewed had DNACPRs and consistently recorded if people wished to be resuscitated or not, but they did not all have end of life care plans. This meant people's wishes and particular preferences for care at the end of their lives were not known in the event they required this support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's communication needs, for example if they required assistive aids such as glasses or a hearing aid.
- They also recorded the person's preferred language.
- The provider had a large type with pictures information sheet about what action to take if someone suspected abuse.
- Staff took time to listen to people's responses which supported their communication needs.

Improving care quality in response to complaints or concerns

- People using the service and their relatives knew who to speak with if they wanted to raise a concern. The provider had not had any complaints since the last inspection but had processes and procedures in place, including an easy read complaints policy, to address complaints.
- We also saw complaints was an agenda item at resident meetings, so people were of what to do if they were unhappy with their care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to maintain systems to effectively monitor and improve service delivery. The provider's audits failed to identify that robust risk management plans were not in place to manage risks people faced. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- During our inspection, we identified shortfalls that the provider's audits had not. Record keeping that was not always complete or contemporaneous included an incomplete care plan and late care plan reviews.
- Inconsistent supervisions and competency testing meant staff were not always supported to ensure they had the required skills to meet people's identified needs.

We found no evidence that people had been harmed. However, systems were not used effectively to monitor service delivery. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager undertook a number of checks and audits that included health and safety, infection control, falls, medicines, expenses and fire safety.
- The register manager did attend some provider meetings to keep informed about developments in the adult social sector, but not all. They advised that in future, they and the deputy manager would be attending all meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found the provider continued to not always provide meaningful activities to meet the needs of the people using the service. This meant the culture of the service was not always person-centred and inclusive.
- The registered manager promoted an open culture and was available to staff and people using the service. One staff member said, "I can always talk to [the registered manager]. If I'm unsure they will guide me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies and procedures in place and responded to incidents, safeguarding alerts and complaints.
- People and their relatives knew who the registered manager was and felt comfortable speaking with them. One person said, "[The registered manager] is very good. She is a very hard worker."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team understood their roles and had a clear management structure.
- The registered manager had a good knowledge of the service and understood people's needs very well.
- Staff told us if they raised a concern with the registered manager, they were listened to and action taken.
- The registered manager notified us of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider asked people to complete yearly surveys about their experience of the service. The last survey in 2018 indicated most people who responded thought the service was good or very good. One person thought they had a poor service and the registered manager said they had addressed the issues individually with the person.
- The provider held resident meetings and team meetings to share information and give people the opportunity to raise any issues.

Working in partnership with others

- We saw evidence the provider worked with other professionals including, the mental health team, the GP and the local authority. The local authority's last quality monitoring visit in December 2018 rated the home positively.

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 | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure the care and treatment of service users was appropriate, met their needs and reflected their preferences.</p> <p>Regulation 9(1)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always have effective arrangements to assess, monitor and improve the quality of services provided.</p> <p>The registered person did not maintain accurate, complete and contemporaneous records in respect of each service user, in the carrying on of the regulated activity or the management of the regulated activity.</p> <p>Regulation 17 (1) (2) (c)</p> |