

Masterpalm Properties Limited Stoneleigh House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 23 January 2018 and was unannounced. We last inspected the service in October 2016 and rated the service as 'Requires Improvement.' At the last inspection we found one breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This related to the lack of security on entering the premises, as we were able to gain entry and walk throughout the whole building without the knowledge of staff. At this inspection we saw improvements had been made to the security of the building.

At this inspection we found that in some parts of the building radiators were left uncovered and were hot to the touch. This presented a risk to people using the service, visitors and staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: the registered person must ensure that premises are safe. We found no other areas of concern at Stoneleigh House so have rated safety at the service as good overall.

Stoneleigh House 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.

Stoneleigh house is a large stone built property which has been converted and extended. It is located in the Springhead area of Oldham, approximately three miles from Oldham town centre. The service is registered to provide accommodation for people who require nursing or personal care, and can accommodate up to 31 people. At the time of our inspection there were 26 people living at Stoneleigh House.

The service had a registered manager in place. 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.

Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Staff were available to support people with their meals.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

Care plans were well organised and contained clear information. Care planning was reviewed regularly and people's changing needs were recorded.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. People were supported by staff who knew how to recognise abuse and how to respond to concerns.

The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The registered manager had a record which provided them with an overview of staff training needs.

The manager was supported by an assistant manager, senior carers and a team of motivated care staff. There were regular audits of many aspects of the service delivery in place and the provider monitored the progress of the service against desired objectives.

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 had improved to Good.

The premises were secure and visitors could not gain entry without consent.

Medicines were managed in a safe way and they were administered in a caring and supportive manner.

Staffing levels were appropriate to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people and staff to maximise their safety.

Infection control measures had been implemented and the service was clean and hygienic.

Some radiators in the building were left uncovered, presenting a risk to people using the service, staff and visitors.

Is the service effective?

Good ●

The service remained Good.

Systems were in place to ensure that staff were suitably trained. The service worked in partnership with healthcare agencies to share information on a need to know basis.

People had support to choose the food they wanted and attention was paid to dietary requirements

Staff attended the Mental Capacity Act 2005 (MCA) training and had knowledge to ensure they supported people appropriately to make their own decisions.

Is the service caring?

Good ●

The service remained Good.

The service was caring. Staff treated people with respect and their privacy and dignity were maintained.

People were involved in making decisions about their care.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service remained Good.

People received individualised support that met their preferences.

People were encouraged to develop their social interests and be as independent as they could be.

People were supported to share any concerns they had and these were addressed in a timely way.

Is the service well-led?

Good ●

The service had improved to Good.

Managers and staff were aware of who was in the building and asked visitors for identification.

The service had a positive culture that was person-centred, open and inclusive.

Staff members told us the management team were approachable and responsive and they felt supported in their roles.

The registered manager understood their legal obligation to inform CQC of any incidents that had occurred at their service.

Stoneleigh House

Detailed findings

Background to this inspection

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

This inspection took place on the 23 January 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is someone who has experience of using or supporting someone who used this type of service.

Before the inspection we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Care Quality Commission (CQC) know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding and commissioning teams. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised. We used their comments to support the planning of the inspection.

During this inspection we spoke with eleven people who used the service and observed how staff interacted with them. We spoke with four relatives and two healthcare professionals. We also spoke with the registered manager, deputy manager, three care staff, the activity coordinator and the chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us or give us their views.

We looked around all areas of the home and looked at food provision.

We looked at the care records for four people and three medication administration records. We also looked at the recruitment, training and supervision administration records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

On our last visit to Stoneleigh House we found that the front door was open, and we were able to freely enter the building without staff knowing we were there. We were not challenged as we walked through the whole property. On this visit we found that the service had made improvements, had attached a self-closing unit to the front door and had fitted an alarm that sounded an alert when the door was opened. These improvements meant that the staff were alerted to any potential risks and the service had ensured the premises were safe, meeting Regulation 12 of the Health and Social Care Act 2008. The service had improved and was now safe.

Staff ensured the service was safe by asking us to present our identification on arrival and to sign into the visitor's book. One person using the service told us, "The doors are locked; you can't just come in or go out without staff knowing about it."

People told us that Stoneleigh House was a safe place. One person who used the service said, "After I got ill, went to hospital and was discharged here, I think I would rather be here, than home alone without someone to ensure I am safe." Another person told us, "I used to have many falls where I was living before, here, staff are always checking on you."

Staff knew how to recognise and report potential abuse to keep people safe from harm. We saw there were safeguarding procedures in place and the staff and managers had a good understanding of these. One staff member told us, "I would report any concerns directly to the manager and if they were not responsive I would follow the whistleblowing policy."

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

We found there were effective care plans in place that demonstrated risks to people's health and wellbeing were assessed. We saw that equipment was in place as reflected in care plans, such as sensor mats where people were at risk of falls. Risk assessments provided staff with guidance on how to support the person and we saw that these were followed. Equipment was maintained and serviced as required to ensure it was safe for use.

We looked around the building and found the environment was very clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. There were systems in place to ensure the prevention and control of infection was managed within the home. We saw that staff wore personal protective equipment such as aprons and gloves to prevent the spread of infection. Cleaning checks were undertaken in bathrooms throughout the day and records were maintained to demonstrate this. A visiting professional told us the home was always clean when they visited. We saw that monthly infection control audits were undertaken to identify any areas for improvement. Infection control guidance

was in place for staff regarding prevention and control and we saw this was followed. For example, since the last inspection there had been an infectious health outbreak within the home, and a sign was put up at the front door to communicate this risk clearly to visitors.

We checked the kitchen and saw it was clean and that fridge temperatures were monitored regularly and food stored safely to prevent the risk of cross contamination. The kitchen was rated as five star at the most recent environmental health inspection which meant food ordering, storage, preparation and serving were safe. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food had completed training in the safe handling of food.

Regular health and safety checks were carried out to help ensure the premises; environment and specialist equipment were safe for people and care staff. This included fire safety checks as well as checks of the electrical installation, gas safety, water safety, portable appliance testing and servicing of equipment used in care delivery. Health and safety checks were up to date when we visited the service.

The service had an emergency contingency plan, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that staff had set guidance in place about how to respond in case of an emergency, in order to promote and support people safely.

People told us the staff supported them to manage their medicines safely and we observed the support people received at the lunch time meal. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them. Staff told us, and records showed they received training and had competency checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result. The provider had up to date guidance which was accessible for staff who dealt with medicines.

An established team supported people who lived at Stoneleigh house, and there was a low staff turnover. This meant that people were cared for by staff who knew them well.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. Long standing staff signed disclosures regularly to state they did not have any changes to their DBS status and remained suitable to work with vulnerable people.

The registered manager reviewed people's needs regularly. This helped ensure there was sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. One person using the service told us, "You just press the bell when you need staff and they come." Another person said, "You don't wait for long to get staff, often I want to go and visit my friend, I don't struggle to find someone to tell."

We found that in some parts of the building radiators were left uncovered and were hot to the touch. This presented a risk to people using the service, visitors and staff. We recommended that the temperature be turned down on the radiators and that the provider arranges for the radiators to be covered with an appropriate surround which should be attached securely to the wall so that they can be used safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: the registered person must ensure that premises are safe. We found no other areas of concern at Stoneleigh House so have rated safety at the service as good.

Is the service effective?

Our findings

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had applied for four people to have authorised restricted care plans. On the day of the inspection there were four DoLS restrictions in place that had been authorised by the local authority, these had no conditions attached. The service had an effective system for monitoring any applications and authorisations to ensure they were reviewed appropriately and had notified us about these.

Capacity assessments were held on people's care files to demonstrate that a formal capacity assessment had been carried out before the DoLS application was made. Best interest meetings had been held to support the decision making process for people who could not make decisions for themselves. For example, the service had held a best interests meeting when developing a plan of care for a person who was coming to the end of their life. People that were able to sign their care plans had done so to consent to their care provision.

People's support needs were assessed prior to using the service. A relative told us, "I had been visiting people in Stoneleigh for years before we decided that [relative's name] would come here, the assessment process was quite thorough." We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs to ensure their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose when they got up and went to bed, what they ate and how they spent their time. People were able to move around the service as they chose. Stoneleigh House has three large lounge areas so people can choose to find a quiet area, watch television or take part in an activity. Some people required support to do this and this was provided by staff. There was also an outside space that people could enjoy with a smoking area for residents use.

Training records showed staff were provided with mandatory training and updates as necessary. The registered manager held a record which showed when staff required updates of specific training. All staff we

spoke with told us they were provided with training that enabled them to do their job and meet people's needs. We found that the staff training was up to date. This included on line training and face to face training. Mandatory training is training the provider deems necessary to support people safely. This included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, dementia, medicines, fire safety and infection control. Additional training had been provided to help staff meet people's specific support needs. We saw that training such as 'end of life care' had been delivered to some staff members. A visiting professional told us, "The local foundation trust provide some free training in areas such as 'Dysphagia awareness', that this service could access." The registered manager said they would explore training opportunities of this nature in the future.

Newly employed staff were required to complete an induction before starting work. This included mandatory and familiarisation with the organisation's policies and procedures. The induction incorporated the Care Certificate which is designed to help ensure care staff that are new to working in that area have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such times as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

Staff said they felt supported by management. Staff were not regularly given official supervision sessions, but the registered manager explained that some one to one meetings with staff did take place where required. The registered manager told us about plans to introduce a group supervision session every six to eight weeks alongside an appraisal process to encourage best practice. All the staff we spoke to said they were able to ask for additional support if they needed it. The registered manager told us that since this inspection took place all the staff have now had a supervision.

People described the food on offer as "Excellent" and "Varied." We observed the lunch meal being served, this event was protected, unrushed and the atmosphere was calm. The menu on offer consisted of simple relatable choices; meals were well presented and reached people at an agreeable temperature. One person said "Oh! Mine is hot, I like it like that." And he added, laughing, "Isn't it boring when there is absolutely nothing to grumble about?" Staff kept nutritional monitoring forms that recorded what food was offered and how much a person had eaten at each meal. We observed that all the people appeared to be happy with their meals, menu choices and snacks. On the day, there was a choice of lamb curry or fish pie with vegetables followed by apple crumble with custard. We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. The chef told us, "We adapt meals to suit everyone's tastes and requirements, we know people really well. Some people have sugar free desserts, other people require their meals to be fortified, other people follow a soft diet so we cater for everyone's needs."

Information in people's care plans reflected the support they told us they needed and the support we observed on the day of the inspection. For example one person's records confirmed that an assessment had been made by a health care professional because they were at risk of choking. We saw the assessment advised they required supervision when they were eating and their food cutting into small pieces and this information had been included in their care plan. We saw that staff followed this guidance and supported the person according to their care plan when they were eating. This demonstrated that appropriate referrals to external health care professionals were made to ensure people's needs were met. A healthcare professional who was visiting the service told us, "The staff follow the guidance we give them and complete the necessary monitoring paperwork to ensure the best outcomes for people."

Is the service caring?

Our findings

People, their relatives and visiting healthcare professionals were all very positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. People's comments included, "The girls are always very polite and respectful," "I have experienced nothing but care and compassion from the staff" and, "Every one of them is approachable, they really are." Relatives told us, "I am welcomed every time I visit and I genuinely feel that my relative is loved by the staff here" and "I couldn't ask for better care for my loved one really."

Relatives and visitors told us about the homely environment at Stoneleigh House. One relative said, "I am free to walk about everywhere and I am welcomed at any time of the day, it's a real family atmosphere." We observed that staff had time to sit and chat with people; this means that people are less likely to feel isolated. Another relative said, "Staff go above and beyond to care for my [relative], I often visit and find a member of staff sat chatting away to them which I find reassuring." We saw many positive interactions between staff and people living at Stoneleigh House. People told us staff and management were friendly and approachable. Staff were heard discussing the latest news with a person who used the service. One person appeared to become anxious whilst sitting in the lounge, and asked staff to help them. We saw that staff acted quickly with no fuss and lots of patience.

Care files and information related to people who used the service was stored securely and was accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

We saw from assessments and support plans that people were supported to express their own individuality in relation to their spiritual, cultural and personal preferences. We found that all staff received training in promoting equality and diversity and staff were able to tell us how they recognised people's preferences and upheld their confidentiality.

People's bedrooms were decorated and furnished to reflect people's personal tastes. People were able to have items of importance to them in their bedrooms to reflect their personality and enable them to reminisce.

People said they were involved in their care and decisions about their treatment. People told us staff always asked them before providing any care and support and check if they were happy for them to go ahead. We observed that people were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. One person enjoyed a cigarette and staff supported them to access the area they could do this.

Where possible staff involved people in their own care plans and reviews. However, due to people's capacity, involvement with this was sometimes limited, and consultation could only occur with people's representatives such as their relatives. People and their relatives were provided with information about advocacy services if required.

We observed staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

During the day of the inspection we spent time in the communal areas of the service and carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

We saw throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. We saw that staff were never far away if someone needed help. One relative told us, "You can always find a member of staff; they are always visible if you need them for something."

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager and care staff were knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed.

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Staff understood about respecting people's rights and supported them make choices. One person told us, "Staff always give us positive feedback; you are never shoved in a corner and forgotten about." Another person told us, "The staff go out of their way to make everything just right for me and ask me how want to be cared for." The manager confirmed that people's protected characteristics were met and told us, "We openly welcome people regardless of their gender, culture or beliefs. Each person is treated as an individual by all the staff here." The registered manager told us that a local church facilitated a short church service every month for people wishing to practice their faith.

People, and their relatives, were very positive about living at Stoneleigh House, the staff and management. A healthcare professional told us, "They (management and staff) support the relatives of people really well here, I would be happy for my loved ones to be here," A relative told us, "I see that people are doing activities here when I visit, people aren't just asleep all the time," Another relative said, "People seem settled here." We spoke to the activity coordinator who told us, "We encourage residents to do as much as their abilities can afford and we support them whenever they need it, I encourage them to move and walk from one area to another for activities and for those who want to go shopping, I take them especially one-on-one, weather permitting." We saw that activities available included; crafts, baking, music and singing, ball games and social outings. The activity coordinator told us, "We do not run a strict weekly activity planning, I think it is important for the residents to choose from a list of activities, see what they fancy doing each day." This shows that people were offered a range of activities and could decide what they felt like doing that day.

People told us that they felt happy with the range of activities available and were not pressured to take part if they did not want to. One person said, "I like reading news, watching TV, but mostly I can't be bothered doing much." Another person told us, "There is always something to do, staff offer, only sometimes, I am not in the mood."

A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and we found complaints had been addressed thoroughly and in a timely way; we saw that the actions taken and outcomes were recorded. People confirmed they would feel comfortable telling the manager or staff if they had any concerns or complaints. One person told us, "If I am unhappy about something I tell the staff and they do try to sort things out for me quickly."

A relative told us, "Any complaints I've made have been addressed and any queries have been answered

immediately, I couldn't ask for more responsive care." The staff confirmed that if anyone raised any concerns with them they would inform the management team. One member of staff told us, "I would report any complaints or concerns straight away." A system was in place to audit the complaints received each year to identify any patterns or trends. We saw that no trends had been identified regarding the complaints received this year.

None of the people that used the service were receiving end of life care. The deputy manager confirmed that in the past this support had been provided to people with the support of the district nursing team. The manager told us, "People stay with us at the end of their life if it's their wish to and we can provide the support they need. An end of life plan is written with them and their family." We saw that some of the staff had received training in end of life care. The manager confirmed that this training would be provided to other staff if it was needed.

We saw that the service carried out regular customer satisfaction surveys. One relative said, "It shows that the home's managers are willing to accommodate other people's view and sort things out, their treatment of people here has always been smashing, I have been coming here for many years and I have recommended this place to my friends, because I am so positive about this place. I wouldn't mind coming and living here if my wife wants to get rid of me, even my brother said he wants to live here."

Is the service well-led?

Our findings

The service is required to have a registered 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. The current registered manager had been in post since August 2005.

Relatives and staff told us the managers were approachable and friendly. Comments included, "Management are very approachable, I can't fault them," "Both managers are very good, very caring," and, "I can always get hold of someone if I need to ask a question, they [managers] are very helpful."

The registered manager and assistant manager were open and transparent and always available for staff, people, relatives, staff and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action.

Staff felt valued and enjoyed their work, they responded by saying they were happy and felt well supported, and one staff member told us, "We have enough support to do our jobs properly and can always ask for any additional help with things."

The registered manager was based at the service full time so was aware of day to day issues. They felt it was important to make them available so staff could talk with them, and to be accessible to them. The staff held the registered manager in high regard.

Staff met with the registered manager if they required support or to discuss important issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained. The service held regular staff meetings which ensured that staff felt supported and could discuss relevant issues. The service had appropriate policies and procedures in place to guide staff and encourage best practice.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed. Staff had a clear understanding of their roles and responsibilities.

There was a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included, infection control, care plans, medicine records, accidents and incidents and health and safety.

The provider visited the service regularly. Some issues identified at this inspection had been addressed by the end of the visit. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use. The environment was clean and well maintained. People's

bedrooms and bathrooms were kept clean. The provider ensured they carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

The registered manager was supported by an assistant manager, six senior care workers and a team of motivated staff. We felt there was a genuine determination to provide a high quality service by everyone we met on the day of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Radiators in part of the building were hot and left uncovered, presenting a risk to people using the service, staff and visitors.