

Mrs Janet Pinington

Park View Residential Home

Inspection report

95 Regent Road
Morecambe
Lancashire
LA3 1AF

Tel: 01524415893

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03 August 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection was carried out on the 01 and 03 August 2017. The first day of the inspection was unannounced.

Park View provides accommodation for up to 11 adults requiring help with personal care. It is located in a residential area of Morecambe within easy reach of the promenade and local amenities, such as a public house, church, park and shops. Morecambe town centre is easily accessible and local bus and taxi services are nearby.

There are communal and dining areas on the ground floor. Bedrooms are located on the ground floor and the first floor, which is accessible by a stair lift for the less mobile. One bedroom has en-suite facilities. However, bathrooms and toilets are available on both floors. There are a range of aids and adaptations to meet the needs of people living at the home. On road parking to the front and side of the home is permitted.

The home has a manager who is registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected Park View Residential Home in April 2015. We identified no breaches in the regulations we looked at.

During this inspection visit carried out in August 2017 we asked people if they felt safe. People we spoke with told us they did. However, we identified improvements were required to ensure people were protected from the risk of infection. In addition, we found medicines were not always managed in a safe way. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the auditing systems used by the service to drive improvement. We found checks on medicines, care records and the environment were carried out. We saw evidence that accidents and incidents were monitored and the registered manager could explain actions taken to minimise reoccurrence. However, we found that required checks were not always carried out and had not identified the shortfalls we found during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed staff files and found there were processes that ensured staff were suitably recruited. We found one staff did not have a DBS check in place. This is a check that helps ensure suitable staff are employed. We have made a recommendation regarding this.

We discussed staffing with people who lived at the home. People told us, "When I press my buzzer, they

come as soon as they can if they are not seeing to anybody else." And, "They come to me ok." During the inspection we saw staff were patient and kind with people who lived at the home and people were supported at a pace appropriate to their individual needs. Staff appeared busy and told us they volunteered their own time to support people to go out. They told us they did not have time to take people who lived at the home out unless they did so. We have made a recommendation regarding the staffing at the home.

We looked at a range of health and safety documentation. We saw not all taps within the home were regularly checked to minimise the risk of scalding from hot water. We have made a recommendation regarding this.

We found documentation we viewed was not always complete. We found risks to people were identified, however the action required to maintain people's safety was not always recorded. During the inspection visit we raised this with the registered manager. Prior to the inspection concluding we were informed documentation had been updated.

We checked to see if people without mental capacity were lawfully deprived of their liberty if this was necessary. We found appropriate applications to deprive people of their liberty were made to the local authorities as required.

Staff told us they met with the registered manager on an individual basis to discuss their performance and training was arranged to ensure their skills remained up to date. We saw documentation which evidenced this.

People who lived at Park View Residential Home told us they considered staff were caring. One person told us staff were, "Alright." Another person described staff as, "Bob on. They're all lovely." We observed people being supported with kindness and compassion.

We asked people at the home how they spent their time. One person told us, "I watch my tv." One relative commented they felt their family member would like to sit in the garden. We discussed this with the registered manager who told us they would explore this. During the inspection we saw an activity taking place. We saw people were supported to take part in a game of hoopla. We saw this was enjoyed by people who lived at the home. They laughed and clapped as the game took place.

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

People told us they enjoyed the food at the home. We observed the breakfast and lunchtime meal and saw this was a positive experience for people who lived at Park View Residential Home. People were able to choose where they ate their meal and alternative foods were offered if people did not like the meal provided.

People who lived at the home told us they could speak with the registered manager if they wished to do so. Surveys were offered to relatives and people who lived at the home as a way of receiving feedback. The registered manager told us they did not hold 'residents and relatives meetings as they had regular contact with people who lived at the home and their relatives. They told us they would introduce these if this was requested.

People told us they were supported to see health professionals if the need arose and we found this was recorded in care documentation. We found people were referred to other health professionals if the need

arose and care was delivered to meet people's needs.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines were not always managed safely.

People were not always protected from the risk and spread of infection.

Recruitment processes were in place to ensure staff were suitably recruited but were not consistently followed.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

Assessments of risk were carried out, and action to take to minimise risk was recorded in care documentation.

Staffing levels were sufficient to respond to peoples' needs.

Is the service effective?

Good 

The service was effective

People were able to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

There was a training programme to ensure people were supported by suitably qualified staff.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

Activities were available for people to participate in.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality systems had not identified shortfalls in the service provided.

The registered manager consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the registered manager was approachable and supportive.

Park View Residential Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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 comprehensive inspection was carried out on 01 and 03 August 2017. The first day of the inspection was unannounced. The second day of the inspection was carried out by one adult social inspector and was announced.

At the time of the inspection visit Park View Residential Home provided care and support to 10 people.

Before the inspection visit we viewed information the Care Quality Commission (CQC) holds about Park View Residential Home. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

As part of the inspection visit we spoke with eight people who lived at the home and four relatives. We spoke with the registered manager and owner of Park View Residential Home. We also spoke with the deputy manager, the cook and three care staff. We walked around the home and spent time in the communal areas to make sure it was a safe and comfortable environment for people who lived there. This also allowed us to observe the interactions between people who lived at the home and staff. 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 looked at a range of documentation. We looked at four care records and also reviewed two staff files, staff rotas and health and safety documentation. As part of the inspection we viewed a sample of medication and administration records and a sample of accident and incident records.

Is the service safe?

Our findings

We asked people if they felt safe. People told us, "I am not frightened by anything". And, "Yes, I feel safe". Relatives we spoke with voiced no concerns regarding their family member's safety. One relative we spoke with told us, "It is definitely safe here [family member] was taken into hospital because of falls at home. [Family member] has not been in hospital since moving here."

During this inspection we checked to see if medicines were managed safely. We observed a staff member administering medicines to one person at a time. We observed medicines were brought to the dining room in plastic containers. When the staff member administered people's individual medicines, they did not always have sight of the plastic containers. At the time this occurred there were six people who lived at Park View Residential Home within the room and no other staff member. We saw one person was able to mobilise. The lack of monitoring of medicines placed people at risk of harm.

We checked a sample of Medicine and Administration Records (MAR.) We also checked the medicines and the totals of medicines on the MAR matched. We found this was not always the case. We found the MAR for one person's medicines indicated 11 tablets were left. We checked to ensure this was correct. We found there were 13 tablets left. This indicated the person had not received their medicine as prescribed. We checked a further person's MAR. This showed 28 tablets remained. We found there were 33 tablets remaining. We discussed this with the registered manager and the deputy manager. The deputy manager explained they had not carried forward medicines from the previous month. This meant the medicines record was inaccurate.

We saw one person was prescribed a 'prn' medicine. This is a medicine that can be used 'as required.' We noted this was a variable dose. The MAR chart recorded the person could have one or two of the medicine, as required. We asked the registered manager how staff knew what dose to administer. We also asked how staff knew the medicine was required. The registered manager said staff would administer the lowest dose possible and staff were aware of the signs and symptoms the person may display. We looked at the person's care plan and the medicines file and saw no written guidance was available to support staff in identifying when the medicine may be required or the amount to give. This meant the person may receive medicines that did not meet their needs.

We found that not everyone had a photograph of themselves kept with the MAR to help identify them. Up to date photographs help minimise the risk of incorrect medicine administration.

We checked to see how creams and ointments were managed. On one person's MAR we saw a person required a cream to be applied 'as required.' There was no written guidance available to help staff identify when or where the cream should be applied. This meant people may not receive care and support that meets their needs.

We checked to see liquid medicines were dated on opening. This helps ensure they do not exceed their 'shelf life' and remain effective and safe to use. We saw one bottle of medicine did not have the date of opening on

it.

Staff we spoke with told us they were observed by the registered manager when medicines were administered. They explained feedback was provided to them to help improve their practice. We discussed this with the registered manager who told us these were carried out but were informal with no plan in place to ensure staff competence was regularly assessed.

The above matters were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not managed safely. This placed people at risk of harm.

We checked to see people were protected from the risk of infection. We found improvements were required. We observed a staff member dispensing medicines. We observed the staff member was not wearing gloves and placed medicines into a person's mouth. We then observed the staff member dispense another person's medicines. The staff member took them from the dispensing pot and placed them in the person's hand. The staff member did not wash their hands prior to doing so. This placed people at risk from the risk and spread of infection.

We observed the same staff member supporting someone to walk. We saw they were wearing gloves and holding the person's hand. They then went to a further person and placed cotton balls to a small area of open skin on the person's head. The staff member did not change their gloves or wash their hands before doing so.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always protected from the risk and spread of infection.

We asked the registered manager if they had any cleaning schedules in place. They told us there were arrangements in place for cleaning, however these were not documented. Prior to the inspection concluding the registered manager showed us documentation they intended to introduce. We have passed our findings to the Infection Prevention Control Team at Lancashire Local Authority.

We looked at staff files to check suitable recruitment processes were in place. We reviewed documentation which showed appropriate recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. However, we noted in one file a DBS check had not been undertaken. We discussed this with the registered manager who told us the staff member was a cleaner and did not deliver personal care and a risk assessment was in place.

We recommend the service seeks and implements best practice guidance to ensure all staff employed at the home are DBS checked.

We spoke with staff about safeguarding. They told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the owner or the registered manager if this was required. Staff also told us they would report concerns to Lancashire Safeguarding Authorities to enable further investigations to take place. One staff member told us, "My job is to protect the resident's I look after."

We discussed staffing with the registered manager. We were told an activities co-ordinator and a cook were

employed and that staff were responsible for daily cleaning tasks at the home.

We asked people who lived at the home if they were happy with the number of staff available to meet their needs. People told us, "When I press my buzzer, they come as soon as they can if they are not seeing to anybody else." And, "They came to me ok." One relative we spoke with told us, "I think there's enough staff here. Yes I do." A further relative told us their family member would like to sit in the garden, but this was not possible as there were not enough staff to support them.

We carried out observations during the inspection visit. We saw people were supported promptly. We timed a call bell response and saw this was answered without delay. We saw 'alert mats' were in place at the home. These are mats which sound an audible alarm if they are stepped on. They are used to alert staff if someone is mobile and needs staff support to minimise the risk of falls. We observed staff responding to the sound of the alert mats quickly. This meant people were supported in a timely way to minimise the risk of harm.

During the morning, we saw staff were busy. We noted staff spoke with people but did not observe them sitting with people and chatting. During the afternoon, we saw staff sitting with people and talking with them. We saw this was enjoyed by people who lived at the home.

We asked the registered manager if they used an assessment tool to help calculate the number of staff required to meet people's needs. They told us they did not. They told us they recognised the morning times were busy and they would discuss this with the registered provider. They told us they found it difficult to complete their role as registered manager as they delivered care. Prior to the inspection concluding we were informed additional cleaning staff were being recruited to enable staff to spend more time with people who lived at the home.

We recommend the service seeks and implements best practice guidance in relation to the calculation and assessment of sufficient staffing levels.

We checked to see if water temperatures were monitored. We saw documentation which showed water temperatures were checked to ensure they were at a suitable temperature to minimise the risk of scalds. However, we noted the same two taps were checked on every occasion. We discussed this with the registered manager who told us they would address this by ensuring a larger sample of taps were checked. During the inspection we checked a sample of taps within the home and saw these were below the temperature recommended by the Health and Safety Executive, Managing the risk from hot water and surfaces in health and social care.

We recommend the service seeks and implements best practice guidance in relation to management of risks from hot water and surfaces.

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure. They were knowledgeable of the support people would require to enable them to evacuate the home. Staff explained each person had a risk assessment and we saw documentation which showed this. We saw documents which gave specific instruction in the support people require to evacuate safely. This helped ensure people could be supported safely in the event of a fire.

We looked at a range of health and safety documentation. We found agreements and checks were in place to ensure equipment and services were maintained safely.

Is the service effective?

Our findings

We spoke with people who lived at Park View Residential Home to gain their views on the care provided. One person told us, "I think my care is good." A second person said, "I'm looked after well." Relatives we spoke with voiced no concerns with the care provided.

Care files we viewed contained contact details of people who were important to those who lived at Park View Residential Home. We saw details of doctors and relatives were recorded to enable contact to be made. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the registered manager and health professionals as required.

People who lived at the home were referred to external healthcare professionals in order to maintain their wellbeing. Documentation we viewed evidenced people had access to district nurses and doctors if the need arose. For example, one person told us, "I was seen by the GP yesterday." This showed people were able to seek further medical advice if this was required. During the inspection we spoke with a visiting health professional. They told us they had no concerns with the care and support provided.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found applications to restrict people's liberty were submitted to the local authority if these were required. At the time of the inspection the registered manager was updating individual DoLS applications to ensure restrictions were made lawfully. Staff we spoke with were knowledgeable of the applications in place. This helped ensure people received care and support in accordance with their assessed needs.

During the inspection visit we saw people were asked to consent to care and support before this was given. For example, we saw people were asked if they agreed to their medicines before these were administered. We saw people were asked if they wanted help to mobilise and when they consented, this was provided. Staff told us they would report any concerns immediately to the registered manager or registered provider to ensure people's rights were protected.

We asked people if they liked the food provided at Park View Residential Home. We were told, "I enjoy the food, I suppose I have a choice." And, "The foods lovely, I am putting weight on." During the inspection we saw people were asked to choose what they wanted as their midday meal. People were offered alternatives and provided with the meal of their choice. During the inspection we saw one person declined their midday meal. We observed staff approached the person and offered alternatives to them. The person suggested a meal of their choice. We noted this was provided and they ate this with great enjoyment. We spoke with the

person who told us, "That was really good. And look, they brought me my brown sauce to go with it. They know I like it."

Documentation we viewed also evidenced people were supported to eat and drink sufficient to meet their needs. We saw people's weight was monitored to ensure their dietary needs were considered as part of the care planning process. For example, we saw recorded that a person required food supplements. During the inspection we saw these were provided.

We viewed the kitchen area and found the fridges and freezers were stocked with a variety of meats, fresh and frozen vegetables and dried and tinned goods. We saw hot drinks and biscuits were available and offered to people throughout the day. We observed one person requested extra biscuits and this was provided quickly. This helped ensure people ate and drank sufficient to meet their needs.

We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff explained they had received training in areas such as safeguarding, MCA, and moving and handling. We reviewed the training matrix which indicated this had occurred. A training matrix is a document that records the training staff have completed and the training staff are required to complete.

Staff we spoke with told us they received an induction prior to starting to work with people who received care and support. In addition, staff explained they received supervisions with the registered manager. These are one to one meetings where staff discuss their performance and any training needs. Staff said these were helpful as it allowed them to discuss any areas of concern and also to plan any further training required. One staff member commented, "Supervisions are excellent. We get training and we look at how we're doing. I look forward to them." We saw documentation which evidenced these took place.

Is the service caring?

Our findings

People who lived at the home told us that staff were caring. We were told, "The staff will chat with me when something worries me, they are nice." And, "They treat me well." Relatives we spoke with voiced no concerns with the staff at Park View Residential Home. One relative we spoke with described the staff as, "Exceptionally dedicated."

We found staff were caring. We observed staff talking with people respectfully and offering help. For example, we noted one person was searching in the pockets of their cardigan. We saw a staff member noticed this and sat with them. They asked what they were looking for and helped them find their handkerchief. The staff member and the person laughed together as they talked and we saw there was a positive relationship between the staff member and the person.

We observed staff were sensitive to people's needs when they spoke with them. We saw numerous occasions where staff spoke to people and ensured they were at their eye level when they did so. We noted staff sat with people when they spoke with them and did not stand over them as they talked. We observed one staff member asked the person if they could sit with them. The person consented and we noted the staff member spoke with the person as an equal contributor to the conversation. This demonstrated staff considered their approach to people and ensured they were engaging with people in a respectful way.

We saw staff were patient with people who lived at the home. We observed one person being helped to mobilise and saw this was carried out with compassion and appropriate humour. We saw people responded to staff presence and interactions positively. This demonstrated people were comfortable in the presence of staff.

Staff spoke fondly about the people at Park View Residential Home. Staff told us they supported people to go for walks or a coffee if they wanted to do so. They told us they came into work early and gave their time voluntarily so they could spend time with people at the home. This demonstrated staff had a caring attitude.

Staff knew people's preferences and social history. We observed staff talking with people about their family and things which interested them. For example, we observed a staff member talking with a person about their favourite sport. We noted a further staff member talking with a person about their previous job. We saw the person was smiling and enjoyed the conversation with the staff member. This demonstrated staff knew the social histories of people and used these to encourage conversation which was meaningful to the person.

We discussed the provision of advocacy services with the registered manager. The registered manager informed us advocacy support would be arranged at people's request.

People told us their privacy was upheld and they were respected. We were told, "They always knock before coming in." And, "The staff respect me."

We observed bathroom doors were closed when personal care was delivered. We saw staff knocking on people's doors prior to entering their rooms and waiting for a response before they answered.

We found care records were stored securely. This helped ensure private information was only available to authorised people. We noted if staff needed to discuss people's needs or wishes, this was done in a private area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Is the service responsive?

Our findings

People who lived at Park View Residential Home told us the home listened to their views. One person told us, "The staff will explain things to me so I can decide what I want." During the inspection we saw documentation which showed this took place. We saw people were invited to give their opinions on the care and support provided. This was carried out each month when care was reviewed. We saw one person had said they liked to watch their television. We spoke with the person who confirmed this. They told us the television they watched was important to them and staff respected their choice is to spend time alone. They said, "They make sure I'm settled before my favourite programmes come on." A further person told us the staff ensured they were able to follow their routine of their choice. They said, "I can get up and go to bed when I want." This demonstrated people's views were sought to ensure care was responsive to their needs.

We found care records documented the help people needed and their preferences. For example, we saw one care record which instructed staff in the support a person required to maintain their skin integrity. During the inspection we saw the care record was followed. We noted one care record required further information to ensure staff that were unfamiliar with the needs of people, could support them appropriately. Prior to the inspection concluding we were informed this had been carried out.

We spoke with people to ask how they spent their time. One person commented, "I watch my tv." One relative told us they felt their family member would like to sit in the garden. We discussed this with the registered manager who told us they would explore this.

We saw an activities calendar was displayed at the entrance to the home. Activities in place were recorded as hoopla, catch, skittles, sound bingo, manicures and the musical entertainment. We did not see any external activities taking place on the day of the inspection. However, we did see staff engaging with people in the afternoons and sitting with people. We saw one person laughing as they watched television with a staff member. The staff member and the person talked about the programme and how much they enjoyed it. We also saw board games and hoop-la being played. People were seen to be laughing and clapping. We heard people cheering each other on and it was evident the activity was enjoyed by people who lived at the home.

We found there was a complaints procedure which described the response people could expect if they made a complaint. We reviewed the complaints folder and saw there had been no complaints since the last inspection. At the time of the inspection visit people told us they had no complaints.

We asked people if they were involved in the planning of their care. Not all the people we spoke with could recall if this took place, however two people confirmed they had been involved in their care planning. One person explained how they had been consulted regarding an external health professional's involvement. They said, "They didn't just arrange it. They asked me first." This demonstrated people were involved in decisions relating to their care.

Is the service well-led?

Our findings

There was a manager who was registered with the Care Quality Commission employed at the home. During the inspection we saw the registered manager was known to people who lived at the home. We saw people smiling and talking to the registered manager and relatives we spoke with raised no concerns with the way the home was managed. Two relatives told us they could speak with the registered manager openly and they found them to be approachable and friendly.

We asked the registered manager what audits were carried out to ensure a high quality of care was achieved. We were told environmental audits were carried out and we saw evidence of this. In addition we were informed checks were carried out on medicines and accidents and incidents. We saw documentation which confirmed this.

Staff we spoke with told us checks were carried out to ensure improvements were identified. They confirmed checks on medicines, care records and the environment took place. Staff explained if improvements were required, they were informed of these as changes occurred and through supervisions by the registered manager.

However, we found the quality monitoring systems were not always effective. The shortfalls we had identified in relation to medicines and infection control had not been identified. In addition we noted some policies and procedures required updating. For example the Infection Prevention and Control Policy and the Complaints Policy referred to previous legislation. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they could speak with the registered manager if they wanted guidance or clarity on any areas. They told us the registered manager was approachable and listed to what they had to say. Comments we received included, "[Registered manager] is a good manager. [Registered manager's] focus is to make sure everyone is safe and looked after properly." And, "[Registered manager] is brilliant. Always on hand to ask for help if I'm not sure of anything."

We saw people were offered the opportunity to give feedback on the quality of the service provided. The registered manager told us they offered people and relatives the opportunity to complete surveys as a way of monitoring the service provided. We reviewed the most recent survey and saw one person had requested a new piece of equipment for their safety. We discussed this with the registered manager who told us this had been provided.

We asked the registered manager if meetings were held with relatives or people who lived at the home. The registered manager said individual meetings were held at the request of people and relatives. They explained they did not hold group meetings as the home was so small, people and relatives were able to give feedback at any time. The registered manager said they would reconsider this if this was requested.

It is a statutory requirement that registered providers of health and social care services display their

performance assessment from the last Care Quality Commission (CQC) inspection report. Registered providers must ensure their performance assessment is displayed clearly at each location delivering a regulated service and on their website. We checked to see the registered provider had met this statutory requirement. We found the rating from the CQC inspection carried out in 2015 was displayed on the registered provider's website and within the home.

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
	Medicines were not always managed safely. Regulation 12 (1) (2) (g)
	People were not always protected from the risk and spread of infection. Regulation 12 (1) (2) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Shortfalls within the service had not always been identified through the quality assurance service operated at the service.
	Regulation 17 (1) (2) (a) (b)