

GCH (South) Ltd

Hillside Nursing Home

Inspection report

North Hill Drive
Harold Hill
Romford
Essex
RM3 9AW

Tel: 01708346077

Website: www.goldcarehomes.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place over two days on 17 and 18 May 2017.

Hillside Nursing Home is a purpose built 55 bed care home providing accommodation and nursing and personal care for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those that need it. 41 people were using the service when we visited.

The service had 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 and associated Regulations about how the service is run.

The registered provider of the service recently changed from GCH (Hillside) Ltd to GCH (South) Ltd. Whilst this change is a technically a new registration it is however just a change in legal entity for a continuing service.

At our last inspection on 7 and 8 December 2016 we found breaches of five regulations. Medicines were not safely managed, there were not enough staff deployed to safely meet people's needs, services and equipment were not always properly maintained, people's healthcare needs were not fully met, care plans were not sufficiently detailed or personalised and the service had not been adequately monitored. Action had been taken and improvements made. Systems in place to monitor the service provided were more robust than at the last inspection. However, further work was needed to ensure that people received a good quality of service.

Staff received appropriate training to enable them to meet people's needs. Further training was scheduled to ensure that staff training was up to date. However, systems were not in place to check that staff had the necessary competence to carry out specific invasive procedures.

Systems were in place to safeguard people from abuse and staff were aware of how to report any concerns about people's safety and welfare. However, this process was not always followed and unexplained injuries were not always followed up.

People's care plans were not personalised or detailed and they and their relatives were not routinely involved in their development and review.

Internal checks on equipment had not been consistently undertaken to ensure they were safe for use.

We found medicines were safely managed and people received their medicines in line with the prescriber's directions. People only received their medicines without their knowledge (covertly) when this had been

assessed as being in their best interest.

There were sufficient staff deployed to safely provide people with the care and support they needed.

People had access to healthcare professionals and were supported to remain as healthy as possible.

Staff supported people to make choices about their care and systems were in place to ensure they were not unlawfully deprived of their liberty.

Activities were provided and we saw that staff also spent time with people talking to them and reminiscing.

Staff and relatives were positive about the changes implemented by the new registered manager.

People told us they felt safe at Hillside and were supported by kind and caring staff.

We saw that staff supported people patiently, with care and encouraged them to do things for themselves. Staff provided care in a respectful way that promoted people's dignity.

Recruitment checks were carried out on staff before they started to work with people who need support.

People's nutritional needs were met and they and we saw that staff supported people to eat their meals in a relaxed and unhurried manner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People were placed at risk because action was not always taken to safeguard them from abuse or from the risks associated with unsafe equipment.

People were supported to receive their medicines safely.

Staffing levels were sufficient to meet people's needs.

Systems were in place to ensure that staff were suitable to work with people who need support.

Requires Improvement ●

Is the service effective?

The service was not always effective. Systems were not in place to ensure staff competency.

Systems were in place to ensure that people's human rights were protected but applications for authorisation of deprivation of liberty safeguards were not always timely.

People's healthcare needs were appropriately managed.

People were provided with a nutritious diet that met their needs and preferences. They were happy with the food provided.

Improvements were needed to the environment and work was in progress to address this.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences.

Staff provided caring support to people at the end of their life and to their families.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive. Care plans did not contain sufficient detail or consistent information to ensure people received care and support that fully met their current needs.

People's needs were assessed before they started to use the service.

People were satisfied with the activities provided.

Is the service well-led?

The service was not always well-led. Although systems in place to monitor and improve the quality of service provided had improved there were still breaches in regulations.

Staff told us that the registered manager was approachable and that they felt well supported.

People and their relatives were consulted before changes were made to the service and were asked for feedback about the service.

Requires Improvement 

Hillside Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 18 and 19 May 2017

The inspection team consisted of three inspectors, one of which was a pharmacist inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we received feedback from a local authority quality monitoring officer. We also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time observing care and support provided to people in the communal areas. We spoke with four people who used the service, the registered manager, the regional manager, chef, handyperson, administrator, two nurses, seven care staff and six relatives. We looked at eight people's care records and other records relating to the management of the service. This included seven sets of recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and 22 medicines records.

Is the service safe?

Our findings

People and their relatives told us that Hillside was a safe place to be. One person said, "I feel very safe. No complaints." A relative told us, "They are safe." However, not all aspects of the care provided were safe.

Although systems were in place to safeguard people from abuse these were not robust. Staff knew the signs of abuse and what to do if they had any concerns. They told us they had received safeguarding training and felt confident to report or whistle-blow (tell someone) if they saw something they were concerned about. One member of staff told us, "People are safe in our care and from abuse or I will report it or whistleblow." Another said, "People are safe here. Once I acted on a concern and made a statement to my manager. It was investigated." However, we found that incidences of unexplained bruising were not always followed up, explanations sought or reported as possible safeguarding issues and this place people at risk.

This evidences a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 7 and 8 December 2016 we found systems to ensure the building was safe were not robust. At this inspection we found improvements had been made in that the outstanding work to the electrical intake for the building had been completed and was now satisfactory. Gas and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. However, the necessary internal checks had not been consistently carried out on equipment such as pressure relieving mattresses, bed rails, wheelchairs and window restrictors. A new handyperson had recently been employed but there had been vacancy whilst the recruitment was taking place. There had not been any arrangements in place to ensure the internal checks were carried out in the absence of a handyperson. The new handyperson was working their way through the necessary checks but these were not yet up-to-date. People were not protected from the risks of unsafe equipment.

This evidences a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fire alarms were tested to ensure they were safe to use and in good working order. The registered manager had only been in post since February 2017 and had held four fire drills to ensure that all staff, including night staff, were aware of the action they needed to take. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. In people's files we saw personal emergency evacuation plans to enable them to be safely evacuated if needed.

At the last inspection we found that medicines were not safely managed. At this inspection we found improvements had been made and people were receiving their prescribed medicines safely. Appropriate arrangements were in place for obtaining medicines and supplies were available to enable people to have their medicines when they needed them.

Medicines were administered by staff who had received medicines training and been assessed as competent to do this task. The provider had recently changed the pharmacy that dispensed medicines for people and we saw that staff had received training in the new system used.

Medicines were stored safely and securely. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Controlled drugs were managed and recorded correctly, with controlled drugs no longer required either destroyed or returned to the supplying pharmacy.

Medicine Administration Record (MAR) charts were clear and fully completed. They showed that people were getting their medicines when they needed them. There were no gaps on the administration records and when required the quantities of medicines given were also recorded. Any reasons for not giving people their medicines were entered on the relevant MAR. A system of weekly and monthly medicines audits were in place and included checking the running stock balance for medicines not supplied in the monitored dose system.

When medicines were prescribed to be given 'only when needed', or where they were to be used only under specific circumstances, individual guidelines were in place to inform staff when these medicines should and should not be given. This enabled staff to make decisions as to when to give these medicines to ensure people were given these when they needed and in a way that was both safe and consistent. People who received their medicines without their knowing (covertly) were appropriately managed with best interest assessments completed and signed consents in place.

At the last inspection we found that staffing levels were not sufficient to safely meet people's needs. At this inspection we found improvements had been made and there were sufficient staff available to support people. A dependency tool had been introduced to help facilitate this. The regional manager told us that this was used when assessing people prior to them using the service. They added that some people had not been offered a service as their support needs were too high for the service to manage.

Only 41 people were using the service as opposed to 52 at the time of the last inspection but staffing levels had not been decreased. During the visit we saw that call bells were answered promptly and staff spent time with people and responded to their needs and wishes in a timely way. We also saw that at least one member of staff was available in communal areas and people were not left without support or supervision. One member of staff told us, "I think people get a good service. There is always someone around to help people." Another said, "There is enough staff, always someone around."

Systems were in place to ensure that staff were suitable to work with people who needed support and staff told us the recruitment process was followed and checks undertaken before they commenced work. At the last inspection we looked at three staff files and found that the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and evidence of a Disclosure and Barring Service (DBS) check to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. Nurse's registration with the Nursing and Midwifery Council was also checked to ensure that they were allowed to practise in the United Kingdom. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom.

During this inspection we looked at seven different staff recruitment files, including those for staff who had been working at the service for several years. We found that in some cases all of the necessary paperwork was not on file and the reasons for gaps in employment history had not been recorded. The provider had already identified this issue and action was being taken to rectify the situation. The regional manager told us

that human resource files needed complete review and they were working on this. All recruitment documents were going to be scanned in and a new human resources officer had been employed to check this work. In addition the providers' policy was now that staff would have a DBS check every 3 years and be required to complete a yearly disclaimer to confirm that there have not been any changes.

Is the service effective?

Our findings

People responded positively about the care provided. One person told us, "I love everything here. I'm grateful for everything."

At the last inspection we found that people with pressure area problems were not properly managed. At this inspection we found improvements had been made. Two people were receiving support from the district nurse for wound care but there were not any people with pressure ulcers. A relative told us their family member had pressure ulcers in the past but not recently.

People's healthcare needs were monitored and addressed to support them to be as healthy as possible. One person said, "I see the doctor if I need to." A relative told us, "Any health issues they are on the ball and get the doctor in. [Family member's] health has been stable." People's files contained details of medical appointments and the outcomes. Referrals were made to healthcare professionals when needed. For example, the speech and language therapist and dietitian.

The GP service visited for a weekly surgery and was called in if necessary. Staff confirmed that any concerns about a person's health were communicated to them during the handover between shifts and in daily notes. A member of staff told us, "When doctor comes on Tuesday, nurses now tell us what doctor has done with patients." People fitted with a catheter were attended to in a timely fashion and there were related care plans. Staff were aware of the careful care required to minimise infection risks. A member of staff told us, "I'm trained to flush catheter but not change it, other than the bag."

Systems were not in place to check staff competency. Some people had nasogastric tubes (tubes going into the stomach via the nose inserted for the administration of fluid, nutrition and medicines). We saw that the necessary safety checks were carried out before administering anything via the tube. Results of the checks were recorded as were the details of anything that was administered. The nasogastric tubes were managed by nursing staff who had received the necessary training. However, on occasions it can be necessary to reinsert the tube. To do this process a nurse has to receive additional training and be assessed as competent. One nurse told us, "I've had the training to reinsert the tube but not had my competency tested so I don't reinsert." However, we found that the tube had been reinserted by a different nurse. We checked the training records and discuss this with the registered manager and regional manager. They were unable to confirm that the person had received the necessary training or been assessed as competent. On the second day of the visit registered manager told us the nurse had completed a competency assessment in January 2016 but they could not confirm how long this was valid for and were unable to provide evidence of this. They had instructed the nurse that they should not carry out this task.

This evidences a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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.

Staff told us that they had completed MCA training and understood the importance of seeking consent when supporting people. The registered manager was aware of when and how a DoLS application should be made. 18 applications had been made to the supervisory body and most were awaiting authorisation. Systems were in place to ensure that people were not being unnecessarily or unlawfully deprived of their liberty. However, we found that in two cases where DoLS authorisations had expired the applications for further authorisations had been made but not until they had expired rather than in advance of the expiry date as required.

It was evident in our observations throughout the two days that staff sought people's views and consent in various aspects of their care. However, we saw that in some cases relatives had provided written consent to a range of care matters when they did not have the legal authority to do so. This issue had been identified in a quality assurance review carried out by external consultants in February 2017 with advice that these should be replaced with best interest decision forms completed with the family. This was discussed with the registered manager and regional manager and would be included in the service improvement plan.

Systems were in place to provide staff with the necessary training to support people who used the service. People told us that the staff knew how to help them and were "good." One relative said, "Carers know what they are doing." Staff told us they received induction when they started and good training, which was both classroom based and online. They were happy with the training provided and said it helped them to support people appropriately. One member of staff told us, "Happy with training and support, think it is getting better. If it benefits the residents and they are happy I'm happy." Another said, "Training and support good, just had first aid renewed, just had dementia awareness updated too."

Since the registered manager came into post they had arranged training for staff and were in the process of developing a training plan. Training had included catheterisation, moving and handling, induction, fire safety and mental capacity. In addition some staff had been enrolled for a health and social care qualification course. However, training records and a provider governance audit showed that training was not always up to date. This was particularly in relation to health and safety and COSHH (Control of Substances Hazardous to Health) and appropriate training was being sourced.

People were cared for by staff who received support and guidance to enable them to meet their assessed needs. Staff confirmed they received supervision (one-to-one meetings with a line manager to discuss work practice and any issues affecting people who used the service). A member of staff said, "I have one-to-one supervision with the nurse. They will mention things in the meeting and remind you of what you should be doing." Although formal supervision had not always been regular, staff said they received support whenever they needed it. The registered manager told us that nurses and senior staff were being trained to provide supervision to ensure that this was kept up-to-date. A member of staff told us, "We get supervision by [registered manager] or residential manager and appraisal. I am waiting to have training so that I can provide supervision to other staff."

People were supported to have meals that met their needs and preferences. At lunchtime we saw that

alternative choices were offered. There was a four weekly rotating menu and the service was able to cater for a variety of dietary needs. At the time of the visit this included diabetic and pureed diets. The chef told us that if someone did not like something they would give them an alternative. They were aware of people's dietary needs and spent time talking to people about what they wanted. For example, one person liked to have kippers each day and these were provided. We saw that for pureed diets each food was pureed and served separately to enable them to enjoy the different tastes.

People were supported to eat and drink sufficient amounts to meet their needs. They told us they had a choice about what they ate and liked the meals. One person said, "The food is pretty good." Another said, "They ask me what I want and I usually get it." Relatives said the food looked very nice and one commented, "[Family member's] food is brilliant." We observed lunch time and the dining tables were laid with a tablecloth, napkins and condiments. Staff made people comfortable, provided napkins and chatted with them. Staff provided support to those who needed it to have their meals. There was a relaxed atmosphere and people were not rushed.

People's nutritional needs were recorded in their files and care plans, including the type of diet. Their files contained records about the meals they liked. Staff said the entire menu was changing to reflect people's preferred meal choices. In addition new equipment had been ordered to enable food to be served in each unit as opposed to being 'plated up' in the kitchen. Thus enabling more flexibility and choice for people.

The environment met people's needs. There was a lift and the building was accessible for those with mobility difficulties. There were adapted baths and showers and specialised equipment such as hoists were available and used when needed. Since the last inspection additional slings and sliding sheet had been purchased to ensure there were sufficient to meet people's moving and handling needs. Also the provider had agreed the funding for improvements to the building and for furniture, carpets and curtains. This work had started and was being overseen by the provider's estates manager. They told us that part of the improvements would be to make the environment more dementia friendly.

Is the service caring?

Our findings

People and their relatives were very complimentary about the attitude and support from staff. One person told us, "Staff are lovely, couldn't wish for better people. Another said, "All staff are lovely, very friendly, patient. Couldn't ask for better. I like all of them."

We observed that staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. For example, one person repeated that they didn't know where they were. On both days staff gently reminded them where they were and gave reassurance. They explained the reason why the person was there and that they and their relative had chosen the service.

People benefitted from the support of a caring staff team. Staff were attentive to people's needs. For example, one person was cold and staff closed a window and gave them a blanket. We saw a member of staff bring something for a person to put their feet on. They said to the person that they had noticed they seemed to be looking for somewhere to 'put their feet up'. Another member of staff noticed that a person's tea had got cold and made them a fresh cup.

People's privacy and dignity was maintained. We saw staff knocking on bedroom doors before entering and asking people's permission before supporting them. We heard staff explaining what was happening and what they were doing. For example, when they were using a hoist to transfer a person from an armchair to their wheelchair.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. For example, to eat independently.

Staff knew the people they cared for. They told us about people's personal preferences and interests and how they supported them. Staff said working with their colleagues was one of the strengths of the service and that they worked well with each other. One said their colleagues were "brilliant."

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice. The staff team were working towards accreditation for the Gold Standards Framework (GSF) and had provided end of life care in line with this. GSF is an independent accreditation framework to support people as they near the end of their lives.

Is the service responsive?

Our findings

Relatives were satisfied with the way in which staff responded to people's needs. One relative told us, "You could not find a better home, it's very good and I love the staff." Another said, "The nurses are very good and it's reassuring having them here."

People's individual records showed that a pre-admission assessment had been carried out before they began to use the service. Information was also obtained from other professionals and relatives. The assessments indicated the person's needs and gave staff initial information to enable them to support people when they started to use the service. From these assessments care plans were developed, outlining the areas of support they needed and how this should be carried out. For example, for nutrition, skin integrity, moving and handling, communication and personal care.

However, people were at risk of receiving inconsistent care that did not safely meet their needs. At the last inspection we found care plans were not always effectively reviewed and did not always give sufficient detail to ensure people received care and support that fully met their current needs. At this inspection, as at the last, we found that whilst care plans contained varying degrees of information about individual backgrounds and preferences, they were not sufficiently personalised. For example, one care plan recorded that the person had "behaviour management problems and may become verbally aggressive depending on mood." However, there were no details about possible triggers for this, how to minimise or what action to take. For another person, their plan indicated that at times they might, "exhibit sexual behaviour." There was no indication as to what this behaviour might be and the actions for staff was not detailed and just said they should "be understanding and promote privacy." For a third person their plan stated that they liked music but did not specify what sort.

People's care plans were gradually being changed to a new care plan format and a member of staff told us, "New care plans are better, improving but is work in progress. They haven't all been completed yet." Another said, "Care plans are better, we know more what the resident needs. The old care plans are hard to understand." We saw that shorter 'at a glance' care plans had also been introduced to give staff a brief overview of people's needs. In these and in some care plans more detail was provided. For example, the type and size of continence products to be used and stating a person did not like to take off their glasses at night. However, the most recent provider quality audit of 3 May 2017 stated, "There was little person centred information in the care plans" and "Nothing explaining exactly what the resident wants to do and what they like."

People and their relatives were not always aware of their care plans. For example, one relative told us they were pleased with the care provided but could not remember ever being involved in a review for their family member. Another said they were happy with the care but did not know "anything" about a care plan. This therefore limited people's opportunity to influence the way in which they were supported and to receive a person centred service.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

People were encouraged to make choices over what they did and how they were cared for. For example, their food, activities and where they spent their time. 'Residents' choices forms were in individual files and included information about people's preferences and choices. For example, how many pillows they liked and whether they wanted a light left on at night.

People used a service where their concerns or complaints were listened to and addressed. There was a complaints policy displayed throughout the service. This set out timeframes for investigating complaints and described how they would be investigated. People told us that if they were unhappy they would speak with the registered manager or staff. One person said when they had made an informal complaint staff had dealt with the matter immediately. A relative commented that they had in the past raised an issue by writing to 'head office' and it had been addressed.

There had been three complaints since the last inspection. The complaints file contained correspondence with the complainant and it was evident that there had been investigations and discussions with staff. However, the outcome to the complaints and the action taken was not always recorded. This had been identified during a provider quality assurance visit on 3 May 2017 and formed part of the action plan for that visit with an action by date of 30 May 2017.

Activities were provided and we saw photographs of activities and celebrations displayed around the service. The 'Oomph' programme for activities for older adults was used in the service, but we did not see it during this inspection. Oomph is a program of activities designed to enhance the mental, physical and emotional wellbeing of older people. Staff, including the activities coordinator told us about the activities that people particularly enjoyed doing and, for example, their preferred television programmes. There were a range of activities, pampering, dancing to music, bingo, and games. An activities coordinator worked in the home five days a week and staff carried out the activities on the activities timetable on the other two days. During our observation we saw several people having their hair done by a hairdresser on the pampering day. Relatives told us people had their nails painted also. We saw staff spend individual time with people talking and reminiscing with them. For one person who was cared for in bed staff talked to them about photographs in their album and on display in their room.

Is the service well-led?

Our findings

Relatives and staff were positive about the management of the service. One member of staff said, "New management in place is good. We can now talk better. Feel more comfortable when manager sees me interacting more with the residents." Another told us, "I really think there has been a positive change with the new management. Every day we strive for perfection. Not there yet but getting there. Striving very hard for the better of the residents." A relative said, "[Registered manager] is pushing for some changes for the good. They seem to know what they want and are a good manager."

At the last inspection we found the systems in place to monitor and improve the quality of service were not robust. At this inspection we found improvements had been made and the monitoring and development of the service was more robust. There had been four provider monitoring visit, including a quality assurance review carried out by an external company. All of these had been comprehensive and covered the necessary areas. Detailed reports of the findings were available and a service improvement plan was in place to address shortfalls identified in the service.

The registered manager monitored the service on a daily basis by means of a 'manager's walk round', observational checks, discussions with people and their relatives and a system of audits. Three times a week the registered manager had short meetings with the heads of departments to get updates on what was happening, to check the current situation and to pass on any necessary information or updates. Heads of department were expected to feed back to the staff team. We saw that issues identified had been discussed with staff either individually or at meetings.

Although improvements in the service provided were found further work was needed to ensure that legal requirements were met and that people received a good quality service in all areas.

Staff were positive about the new management and felt positive about the changes introduced, such as the new care plans. They said the staff team were committed to improvement and that the changes would take some time to embed. Staff said everyone was working hard for the benefit of people using service. One member of staff said, "[Registered manager] is clear as to what they expect of staff. They have put a lot of effort into getting the service where they want it to be." They also told us that the registered manager discussed things that happened and agreed what needed to be done to prevent the same thing happening again.

The provider sought feedback from people who used the service and stakeholders by means of an annual quality assurance questionnaire. In addition people's opinions were sought at 'residents' and relatives meetings. People were listened to and their views were taken into account when changes to the service were being considered. For example, the registered manager had held a relatives meeting on 30 March 2017 to introduce themselves, to get feedback and to talk about plans for the future. A relative told us, "[Registered manager] came over as efficient, polite and keen to sort things out." A 'residents' meeting had been held on 23 March 2017. People had talked about staffing, activities, the menu and key workers. The registered manager told us the plan was for two monthly meetings in future.

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 9 HSCA RA Regulations 2014 Person-centred care The lack of consistent and specific information about people's needs placed them at risk of not receiving the care they required and wanted. Regulation 9 (1) (a) (b) & (c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place did not always ensure safe equipment and staff competency. Regulation 12(1) (2) (c) & (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not consistently safeguarded from the risk of abuse. Regulation 13 (1) (2) and (3)