Country Court Care Homes Limited

Eccleshare Court 40-64

Inspection report

Eccleshare Court
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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of Eccleshare Court 40-64 on 5 October 2016.

The home is located near to the centre of the city of Lincoln. It provides personal and nursing care for up to 25 people, some of whom live with dementia. It is a purpose built building containing 25 en-suite rooms. There is a wheelchair accessible lift to use between floors and communal areas so people can easily access all areas of the home. As well as each room having an en-suite bathroom there are also 3 communal bathrooms with bathing facilities. There is also a garden area at the front of the building for people and their families to use. There were 22 people living at the home at the time of our inspection.

There was an established registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

We found there was a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014.This was because registered provider had not ensured that quality assurance and audit systems were reliably managed so as to enable them to identify and resolve shortfalls in the services provided for people. This breach had reduced the registered provider's ability to ensure people were kept safe. You can see what action we told the registered provider to take at the back of the full version of this report.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for eight people living in the home and was waiting for these to be assessed by the local authority.

During our inspection visit we found some areas in which improvement was needed to ensure people were provided with safe, effective care and that the provider's regulatory responsibilities were met in full.

There were not always enough suitably deployed staff at the home to ensure people's needs were always being met.

We found that the management of people's medicines was not always conducted safely in line with good practice and national guidance.

People had access to a range of healthcare services and were supported to enjoy a varied diet in order to help them stay healthy. There was also a range of equipment available to meet their needs and encourage independence. However, care records did not always reflect up to date information about people's needs.

People and their relatives were involved in planning their care and had been consulted about their individual preferences, interests and hobbies. Activities were available for people to take part in, however, the activities available did not always enable people living with dementia to be stimulated or maintain and further develop their interests and hobbies.

People living at the home were invited to comment on the quality of the services provided. However, the arrangements for receiving feedback about the way the home was run were not always effective.

Staff were recruited appropriately in order to ensure they were suitable to work within the home and were provided with training to develop their knowledge and skills.

There were systems in place for handling and resolving formal complaints and the provider and registered manager took action to address concerns when they were raised with them.

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 consistently safe.

There were not always enough suitably deployed staff at the home to ensure people's needs were consistently being met.

Medicines were not always managed safely in line with good practice and national guidance.

Staff were recruited appropriately and knew how to report concerns for people's safety.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink enough to stay healthy and they had their healthcare needs met.

Legal safeguards were followed to ensure that people's rights were protected and people's personal records demonstrated when decisions had been taken in their best interests.

Is the service caring?

Good

The service was caring.

People were treated in a kind and caring way by staff.

Staff recognised the importance of respecting people's right to privacy so their dignity could be maintained.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and their relatives were consulted about the way in which they wished their care to be provided. However, care records did not always reflect up to date information about how people's needs were being met.

The range of activities provided were not always accessible or

meaningful for all of the people lived in the home.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The systems in place to monitor the quality of the home were not robustly managed and did not reliably identify or resolve shortfalls in the way care was delivered.

Arrangements for receiving feedback about the way the home was run were not effective.

There was a registered manager in place and staff were supported by the management team to undertake their role.

Eccleshare Court 40-64

Detailed findings

Background to this inspection

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

This inspection took place on 5 October 2016 and was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who undertook this inspection together with us had experience as a family carer of older people who have used regulated services.

Before we carried out our inspection visit we looked at the information we held about the home such as feedback we had received from relatives of people who had lived at or stayed the home and notifications, which are events that happened in the home that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners and the local authority safeguarding team.

The provider also completed a Provider Information Return (PIR) and submitted this to us in advance of our inspection. This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR to us and we took the information it contained into account when we made our judgements in this report.

During our inspection we spoke with eight people who lived in the home and six relatives who visited their loved ones. As part of the inspection we spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people who lived at the home had difficulties with their memory and were unable to tell us about their experience of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

In addition we spoke with five care staff, a registered nurse who was the deputy manager, the cook, the

maintenance person, the activities co-ordinator a housekeeper, the registered manager and the operations manager who was a representative of the provider. We looked at three staff recruitment files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and those in place for monitoring and maintaining the overall quality of the services provided within the home.

Requires Improvement

Is the service safe?

Our findings

When we asked one person about the care they received they told us, "The care staff are good but they messed my medication up recently and I didn't get it for four days. I was okay and they found it but I wasn't happy about it." We checked the person's records together with the deputy manager. They showed us the medicine was marked as out of stock for four days and although it had been ordered it wasn't available for the period it had been missing for. The deputy manager showed us the original medicine had been misplaced and had been found. We discussed this with the registered manager who said they were aware the issue had occurred and were following this up through supervision with the staff members involved. However, there was no record to confirm the actions planned or that any investigation or additional medicine audits had taken place in response to the error.

Although there was no evidence that people had come to any harm, shortfalls in the systems for managing medicines had increased the risk that people would not receive their medicines in a safe and consistent manner.

Staff told us, and records confirmed that only staff with the necessary training could access medicines and help people to take them. Where people required medication at specific times systems and records were in place to show how the support was given. An audit of medicine management which had been conducted externally by a visiting pharmacist in March 2016 confirmed at that time there were no recommendations to follow up or actions required.

People told us they felt safe living at the home. One person said, "I feel safe because I am not by myself, I don't 'do' being on my own." Another person said, "It can never be like your own home, but yes, I do feel safe here." A relative who was having lunch at the home said their family member felt safe and commented, [my family member] would love to go out on their own, but they can't as they are not safe. The staff make sure [My family member] does not go out alone so in that respect they are safe." Another person said, "Oh yes, I feel very safe. There are carers to look after you day and night. I have no fear whatsoever about the staff." A relative commented they felt their loved one was, "Safe from any external or internal threat."

Staff we spoke with told us they had received training about keeping people safe from harm and knew the procedure in place to report any concerns they identified. Staff said that, where required, they also knew how to escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). We knew from our records that the manager and staff had worked with other agencies, such as the local authority safeguarding team to respond to and take actions to ensure people who lived at the home received safe care.

The provider followed safe systems to recruit new staff. Staff we spoke with confirmed that a range of checks had been carried out before they were offered employment at the home. We saw that checks were carried out about potential staff member's identity and work history. Previous employment references had also been obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff would be suitable to work directly with the people who lived at the home. We also saw regular checks were carried out

in support of the registered nurses employed by the provider to ensure their professional registrations remained valid and up to date.

The registered manager told us there had been a number of changes to the staff team in previous months which had led to them needing to undertake further recruitment of new staff. During this period of recruitment there had been gaps in the staff team which needed to be filled through the use of agency staff and a small team of bank staff they had recruited. The registered manager confirmed the provider had supported them to access agency staff to ensure staffing levels could be maintained. The rota information we looked at showed staff with a combination of experience and care skills were available over each shift and that the staffing levels had been determined using the provider's dependency tool. However, when it came to whether or not people felt that there were enough staff, most of the people we spoke with said there was not enough. One person said, "There are not enough staff on in the morning" and added, "They are run off their feet." As to response times for the call bells the person said, "Well, it depends what they are doing. Sometimes they are quite quick and other times they are not." Another person said, "There are not enough staff on duty, they need more."

Three other relatives who were visiting told us they felt there were not enough staff available to speak with them when they need to but that, "Those that are here work very hard." One of the relatives commented, "Sometimes when we ask about something a staff member will say 'Well, we are going to do teas now, so it will be quite a while before we can get around to it.' They felt that extra hands would make a big difference.

During our inspection we spoke with the registered manager and operations manager about how staff were being deployed. Through our discussions they recognised a need to review the arrangements in place for the deployment of staff and told us they would take immediate action to meet with people, relatives and staff as part of the review so they could respond to the issues we had identified.

The registered manager told us the provider employed a full time maintenance person who was available to respond to any issues which related to the safety of people. We spoke with the maintenance person who showed us they carried out tasks daily to make sure the home was safe to live in and staff could safely use the facilities they needed to access to care for people. For example. A senior staff member reported the door to the medicines room was stuck and the handle needed fixing. The maintenance person took immediate action so the room could be accessed and the handle repaired. Fire safety checks were carried out regularly and the registered manager showed us that when the local fire safety officer last visited in August 2015 the home had systems in place to support people to be safe from the risks associated with fire.

The registered manager told us people received support in managing their overall finances either individually or through the arrangements they had in place through their families. The registered manager did however confirm they supported some people in holding day to day money for them so that it was safe. Where this was the case consent had been given by people and records maintained to show how much money was being held for each person. We undertook a random check of the arrangements in place for two people and found the amount being held matched that contained in the records. We noted some of the records had not been counter signed to show they had been witnessed and were accurate. We discussed this with the registered manager and operations manager who confirmed they would take immediate action to ensure all future records were counter signed.

Good

Is the service effective?

Our findings

A visiting relative said, "The staff seem confident and competent to me." Another relative said their family member was, "On fluids only when they first came here, and the staff have got [My family member] eating and drinking and as a result they are putting a bit of weight on."

New members of staff received an induction and staff we spoke with said induction and training which included them shadowing more experienced staff had helped them be more confident in their ability to meet people's individual needs. The registered manager told us that all new staff recruited were supported to undertake the new national Care Certificate which sets out common induction standards for social care staff.

The registered manager showed us records to confirm they had planned a training programme which was based on the needs of the people who lived at the home and the learning needs of staff. The established staff we spoke with told us that on-going training ensured their skills and knowledge were kept up to date and they were able to develop new skills where required. Training provided and planned included dementia awareness, moving and handling, nutrition and end of life care. Staff also told us arrangements were in place to provide staff with supervision so that they could review and plan their future training needs together.

The staff training programme included courses which helped staff to understand and follow legal guidance when supporting people with making decisions. Records showed that staff had received training about the Mental Capacity Act 2005 (MCA) and they demonstrated their understanding during our inspection. We saw examples of staff supporting people to decide what they wanted to do with their day and what they wanted to eat. People's support records showed the level of support they needed to make decisions for themselves. Where people were not able to make a decision we saw that staff had followed the MCA guidance regarding making decisions in a person's best interest, including involving others who knew the person well.

The registered manager and staff understood what constituted a restriction to someone's freedom. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although none of the people lived at the home were subject to a DoLS authorisation the registered manager showed us she had submitted applications for authorisation for eight people who lived at the home to have their freedom restricted in an appropriate way to help keep them safe.

Call bells were available for people to alert staff when they needed help quickly and one person was supported through the use of a pressure alarm mat to keep them safe. We saw these arrangements were monitored regularly and call bells were responded to. People also had access to mobile bells so they could easily access these when they were moving around the home. We spoke with one person who was in the lounge watching television. They showed us their mobile call bell and smiled. They also told us how they enjoyed doing craft activities with the activity co-ordinator.

People we spoke with told us they were satisfied with the arrangements in place to support their nutrition and hydration. People and relatives told us that they had a choice of what to eat for their main meal, and that this was selected on the previous day. The cook confirmed they and staff had information available for reference so they knew who needed additional support, for example if they were at risk of being malnourished, getting dehydrated or choking. When this was the case people's food was prepared in ways so that they could eat their meals safely. Where additional support had been identified as needed people had been referred for input from dietary professionals.

A visiting relative told us their family member had only recently stated to eat solid food again and commented, "The food looks really good and it certainly is good for [my family member]. Another relative said, "[My family member] is treated with sensitivity by the staff and they record [my family member's] dietary and fluid intake."
One person said, "Most of the time the food is good and if you don't like what is on offer they will give you something else." The person gave us an example saying, "When they have fish, chips and peas I always have prawns and tomatoes. I'm not a fish, chips and peas kind of person."

One person and their visiting relative told us they had 'booked' an early lunch because of a hospital appointment had planned to attend. The relative told us, "I can eat with [my family member] any time I want, they are always very obliging." We saw there was also a separate room for visitors to make drinks and snacks when they visited. The relative commented, "It is nice to have the kitchen facility and make drinks yourself."

People and relatives we spoke with said they were confident that if any external health or social care professionals were needed they would be sent for if necessary and relatives gave us examples of when this had been the case. One relative commented that as well as summoning medical help, they had been informed of the course of action taken so they could be kept updated. Another relative asked about the relatives chiropody needs and we saw a senior staff member confirm that a chiropodist visited the home regularly and would next be attending the following week.

Good

Is the service caring?

Our findings

People and relatives told us they thought staff were caring. One person said, "I know the staff really, really care for me." When we asked for some instances of how this is demonstrated the person said, "Well, I can't describe it really, but I know that if I wanted anything I would only have to mention it and it would be there."

Another person told us they had lived at the home for some time and they felt staff were kind and caring adding, "Yes, indeed. They [Staff] know what they are doing and you get some friendly banter. Everybody looks after all the people in a friendly manner."

Whilst talking with visiting relative they told us that, "All the staff could be described as caring, compassionate and careful." They added that, "No one indicates, even by a sigh, that they are fed up. [My family member] really likes the registered manager. We think she is firm, fair and sweet with it." Another relative said, "Watching the staff with the residents you can see they are compassionate and caring."

One person who needed to be supported in bed with much of their care told us they had been helped through the use of appropriate medication to manage their pain saying, "Everybody is so, so kind, I have never been treated rudely or off hand."

Another person, who told us they mainly needed help with their mobility, said "They don't have to do much for me, and look I've just had my hair done and a shampoo and set, I think that's very good." We saw hairdressing services were available for the home and that people could use the hairdressing facilities in the providers adjoining home if they wished.

Information available and people and visitors we spoke with confirmed there was no restriction on visiting and that if people wanted quiet time this would be respected. Most people told us they liked to spend time in their rooms and that their privacy was respected. When people were in communal areas and received visitors they were given the option to meet them in a private area by staff if people requested this.

When undertaking care tasks and speaking with individual people it was clear staff knew people well. They called each other by their first names and people were relaxed and comfortable with staff when they received help from them. When we undertook our observation of the support provided by staff at lunch time one staff member was person centred in their approach and behaved in ways which were open and warm in communicating with and listening to people. For example, they lowered themselves the persons level so they could look at them when they spoke. They checked the people they spoke with were okay and listened for responses before doing anything further. We also saw they returned to the each person they spoke with and checked their understanding of what the person wanted before carrying out their requests. However, other staff members had a focus on the task rather than the person. Some meals were served without any meaningful interaction and one person sat patiently waiting for their meal for twenty minutes before being served. When the staff member served them there was no communication between them and the person.

During our inspection we also spoke with one person who used signs to communicate and who we had

difficulty establishing their age when they tried to tell us. When we asked two care staff who were outside the person's room they said they didn't know and made no effort to find out by looking at the persons care plan.

We discussed these concerns with the registered manager and the operations manager. They confirmed action would be taken to follow up the feedback we had received and the behaviours we observed through supervision and team meetings so that staff would be more consistent in their approach to people and their responses when issues were raised with them.

The registered manager understood the role lay advocates undertook and that they knew how to access the information people may need in order to make contact with these services. Lay advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes. However, we noted there was no information readily available for people about these services so they could access them independently if the wanted to. The registered manager took action during the inspection to address this issue. This meant people could make contact direct themselves if they chose to.

Requires Improvement

Is the service responsive?

Our findings

People and relatives we spoke with told us they knew staff used care records to confirm their needs and how they should be met. We saw care plans and risk assessments were in place for needs such as comfort and mobility, communication and nutrition. People told us they were consulted about their care needs. One relative told us how they had been to meetings with healthcare professionals and that this formed part of the review of care records for their family member. They told us about the reviews saying, "Every so often they update the care plans."

Some relatives said they felt they were not always kept updated with any changes or developments related to the care provided for their family member's. For example, one person had been supported to move to another room within the home in order to support them with their needs and to keep them safe. The registered manager confirmed the move had been discussed with the family and the person and that the changes had a positive impact on the way care was being provided. However, there was no information available to confirm when the discussions about the move took place and no meeting records to show how the decision to make the move was made. The registered manager said they would speak with the person and their family and update the records to show what had been agreed.

One person told us they met with staff and talked about the things they wanted to do and make any suggestions about improvements which could be made. The person said, "We go to a meeting once a month and we can bring things up. They take what you say into consideration and act on it." The person said if they had a complaint about anything, which they stressed was not often they said they would, "Go to staff and they would sort it out." They told us of an occasion when they did not want to sit in a particular chair and staff had ensured they were supported to sit somewhere else.

The registered manager told us they employed an activity co-ordinator who worked flexibly each day to provide support for people to undertake activities in this and the other home they managed which was next to the home. We spoke with the activity co-ordinator who showed us they had developed an activity programme based on discussions they had held with people either individually or through meetings. The programme for October 2016 showed a range of planned group activities which included flag making to celebrate a local Lincolnshire festival, a visit to a local farmers market and a cheese and wine evening.

One person told us, "There is a really good atmosphere here we do lots of cooking for special occasions and some for charity." Another person spoke positively about the activities they undertook saying, "The activities co-ordinator makes me join in the things she does." They also told us they were planning to go to the butchers for some meat during 'Lincolnshire Week'. She also spoke glowingly about going to the seaside saying 'we went to Cleethorpes in a big bus, quite a number went and it was a lovely day'. A relative told us that they had been out with their family member and staff on a trip to the seaside and they had attended a 1940's event. They told us their family member had access to their daily newspaper.

People we spoke with said although they enjoyed the activities provided they also felt these were sometimes rushed because the activity co-ordinator needed to undertake other care tasks and assist with

some meals. We saw an example of this in the morning when the activity co-ordinator was undertaking some care tasks and assisting people to have their breakfast. They told us that although they were employed to focus on activities they were sometimes asked to take on the care role for a whole day when they were short of staff. During the afternoon of our inspection when people were gathering to watch a film of 'Old Lincoln' the activity co-ordinator had some difficulty with the video equipment and had asked for assistance with this from the maintenance person. Whilst they waited for help the co-ordinator undertook a new task in supporting a person to eat their meal in their room. Meanwhile six people were sitting in the lounge waiting for the film to start without any interaction from staff.

The registered manager and the activity co-ordinator showed us they kept a record of activities planned and had some records and pictures of events they had facilitated. However, the information indicated some people; including those who lived with dementia did not have access to consistent stimulation through the group activities provided. We spoke with the registered manager and operations manager about this and they told us they had recognised activities was an area they needed to develop further and that they had planned to work together with people, their relative's and staff to review and improve the range of person centred activities available. The registered manager said this would include the development of research into more therapeutic one to one activities within the home. After we completed our inspection the operations manager sent us information which confirmed they had a strategy in place, including the recruitment of an additional 20 staff hours a week to further develop the activities available for people who lived with dementia.

There was a complaints policy and procedure available for people and any visitors to the home which informed people how to raise any concerns they may have. Relatives we spoke with during our inspection and people who lived at the home told us they would speak with staff or the registered manager if they had any concerns they felt needed to be addressed.

A relative also told us they had recently raised a concern because their family member had not been consistently supported to have a shave each morning. The relative told us when they complained they were told, "Well the night staff think the day staff should be doing it and the day staff think the night staff should be doing it." They told us a printed notice had been placed on their family members mirror to say they must be shaved daily and that staff were now checking their family member was being offered a shave each day.

The registered manager told us they had received 10 formal complaints in the last twelve months and that these had been responded to and resolved. The said any complaints they received were followed up as quickly as possible and actions monitored for themes and learning so that any additional actions needed would be taken. At the time of our inspection the provider confirmed they had recently received and responded to a formal complaint. Information we looked at showed how the provider had responded and the specific actions they had undertaken in response to the concerns raised. The provider and registered manager told us reflection and implementation of the learning they had gained as a result of the complaint would help to improve the services people their relatives received.

Requires Improvement

Is the service well-led?

Our findings

The Provider Information Return (PIR) that we received prior to this inspection indicated that there were arrangements in place to regularly check the quality of the care and services people received. The information stated, "The management team completes audits and statistic reports within the quality assurance programme." These checks had included audits related to medicines, maintaining care records, checks related to the care and welfare of people, and that the environment was safe for people to live in. The registered manager told us about some of the checks they undertook. For example, they ensured they informed us of any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations. Records showed they regularly checked their accident and incident records and said the checks were completed so they could ensure the risks of them happening again could be minimised. However, the results of the some of the other audits undertaken by the registered manager had not been fully evaluated and followed up with action plans created to fully address the issues we had highlighted during our inspection for example in relation to medicine audits, staffing levels, the deployment of staff and care records. These shortfalls in the systems used to assure the quality of the services provided had reduced the registered persons' ability to ensure that people consistently received an appropriate response to their needs for care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager and operations manager. They confirmed they would take immediate action and produce an action plan to follow up on the areas we had highlighted in this report and strengthen their audit processes.

One person we spoke with told us they knew the manager and remembered their name. They talked of a time when the provider came and visited the home and how at first they had felt a little overwhelmed by them but commented that, "They sat down and ate some of the food just like us." A relative said the general atmosphere of the place was cheery, pleasant and, most importantly to them, it didn't smell. They also commented that the home was, "Perfect in every way and the staff give good quality care."

The provider had an established registered manager in post who worked together with a deputy manager and senior staff to manage the home. We knew the registered manager was responsible for the management of another care home located next to Eccleshare 40-64 which was also owned by the provider. The registered manager showed us how they worked closely with senior staff from both of the homes and we saw they had arranged their time to undertake their management role within each of the homes. Staff said they had access to the manager when they needed support and that they knew about and fully understood the provider's whistle blowing procedure. Staff said this would be used by them if they had concerns about the running of the home or the home owners that could not be addressed internally.

People knew the provider undertook quality assurance visits to the home. However they also said that communication about how the home was being run and further developed was not consistent. A relative

told us that on a number of occasions they had raised issues and had been told by staff and the registered manager that they would 'get back to you' but they said, "No one ever does."

People we spoke with told us meetings were held to enable them to give feedback on the quality and development of the service. The registered manager said the meetings were held on different days for both of the homes they managed and that they alternated the venue for each meeting. We saw the record for the last meeting held in September 2016. The records confirmed that the environmental developments and refurbishment being undertaken had been discussed. Ten people had attended the meeting. The registered manager showed us the meeting records were put on a notice board for people to see but some of the people we spoke with said they were not aware of the record or the information it contained.

Relatives said they were also invited to attend meetings but some felt they did not get enough notice in order to attend them. We saw the meetings were announced on a notice board by the entrance to the home. The registered manager said they would be reviewing how the meetings were advertised and the outcomes communicated. They also said they were exploring options to hold meetings in the evening so relatives who were still in work may be able to attend.

The registered manager also confirmed people were asked for their views about the services provided through the use of survey questionnaires. These were sent out on a monthly basis and covered a range of topics related to the care provided. Overall the feedback received from the 12 people who returned the latest survey completed in September 2016 contained positive feedback which ranged from, "Medication is received on time" and "All help with personal care is received at the right level" to "Residents feel that they are treated with privacy and dignity" and, "Most residents feel that they can make independent choices." Areas fed back for development included the need to improve communication between staff and people and more information to be made available to people about which staff were responsible for their care. However, the feedback was the same as that given for the other home managed by the provider so we could not establish which issues related to which home. The record showed that the registered manager had planned to discuss the areas for improvement at the next staff meetings for both homes.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that quality assurance systems were reliably managed so as to enable them to identify and resolve any shortfalls in the services provided for people.