Ideal Care Homes (North West) Limited

Widnes Hall

Inspection report

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

The inspection was unannounced and took place on18 August and 2 September 2015.Widnes Hall was last inspected in December 2013 when it was found to be compliant with all the regulations which apply to a service of this type.

Widnes Hall is a care home which provides care and support for a maximum of 68 people. The accommodation is provided in four separate units, two at ground floor level with two more units on the first floor.

Two units provide care and support for up to 36 people who are living with dementia. The two other units provide accommodation for up to 32 people who need residential care and support

The home is approximately one mile from the centre of Widnes. The two-storey property is purpose built and is close to shops, public transport and other local amenities.

There is a registered manager at Widnes Hall. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There was not always sufficient staff to meet the needs of the people who lived in the home. You can see what action we told the provider to take at the back of the full version of the report.

Despite staffing levels being insufficient staff worked extremely hard to keep people safe, and were kind, patient and understanding towards the people they cared for. The staff team was stable and there was minimal use of agency staff who in special circumstances were funded by the local authority. This meant that the staff on duty did have clear knowledge and insight into people's care needs and behaviours, which reduced some of the risk associated with the low staffing levels.

We found that care was provided in a well decorated and maintained environment. Staff went to considerable lengths to make sure that people who lived there experienced it as their own home and were able to enjoy living a life of their choice.

We saw that people living at the home were involved in the planning and reviewing of their care.

Staff knew about the need to safeguard people and were provided with the right information they needed to do this. They knew what to do if they had a concern.

Staff were well-trained.

People who lived in the home, their relatives and staff told us that the home was well managed.

Summary of findings

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 safe.

The suitability of staff was checked before they were employed however there were not always sufficient staff on duty to meet people's needs.

Staff knew how to safeguard people and what to do if they thought anything was wrong. They had access to good levels of information and risk assessments so that they would know how to respond to people's individual requirements.

Medicines were stored and administered safely and the provider made sure that staff knew about the medicines that people were prescribed.

Is the service effective?

Good

The service was effective.

Staff were well trained and received a thorough induction when they started in the work. They received regular supervision.

Staff had a good awareness of issues of consent and the requirements of the Mental Capacity Act 2005. Staff knew about Deprivation of Liberty Safeguards and how they applied to people living in the home.

Is the service caring?

Good

The service was caring.

Staff knew about people's needs and their interactions with the people living in Widnes Hall were positive, patient and gentle. This had a positive impact on people's well-being.

People told us that staff looked after them well and they were helpful and kind.

Visitors we spoke with told us their relatives were well cared for and always clean and nicely dressed.

Visitors told us that the staff made them welcome and were very supportive

Is the service responsive?

Good

The service was responsive.

We saw that people living at the home were involved in the planning and reviewing of their care.

People's choices and preferences were respected.

People's care records and risk assessments were regularly reviewed to ensure people received the care they required.

Summary of findings

People were offered a range of activities both in the home and within the local community.

Is the service well-led?

Good

The service was well led.

People living at the home, visitors and staff all told us the manager was very supportive.

The manager had a good understanding of the people living at the home.

The home had effective quality assurance systems in place to evidence good practice.

People living at the home, their relatives and staff told us the manager and deputy were approachable; they said they listened to their views.

Widnes Hall

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 was 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.

The inspection was unannounced and took place 18 August and 2 September 2015.

The inspection was undertaken by two adult social care inspectors on the first day and two adult social care inspectors and an inspection manager on the second day.

Prior to our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, for example what the service does well and any improvements they plan to make.

Before the inspection we checked with the local authority safeguarding and commissioning teams and the local branch of Health watch, for any information they held about the service. We considered this together with any information held by the Care Quality Commission (CQC) such as notifications of important incidents or changes to registration.

During the inspection we talked with 27 of the people who used the service. People were not always able to communicate verbally with us but expressed themselves in other ways such as by gesture or expression. We spoke with five of their relatives. We talked with nine staff members as well as the registered manager, deputy manager and the home administrator.

On our first visit we looked at records including six care files as well as four staff files and audit reports. During our second visit we looked at a further five care files and reviewed the dependency levels of the people who lived in the home.

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 around the building and facilities and with their permission, looked in some people's bedrooms.

Is the service safe?

Our findings

People who lived at Widnes Hall told us that they felt safe and secure within the home. Comments included: "I am fine here, they [staff] keep me safe and well", "I am warm and happy and get my medicine when I need it, what more could I ask for?" and "Marvellous place. Staff are superb always very busy but make the time to see you. Nothing is too much trouble". Relatives of people who lived in the home told us they were happy with the way their loved ones were treated but they said that staffing levels were low. Comments included; "The staff are wonderful and the home is great but I don't know how the staff manage to provide the support they do as there are not many of them on duty", "No complaints about the home itself but just to have two staff looking after these vulnerable people is not right. I don't know how the staff manage" and "The home always smells fresh and clean. It is spotless and the rooms are well personalised".

On the first day of our inspection there were nine care staff members on duty to provide care and support to 68 people across four units. The deputy manager told us that ten staff were usually on duty however one staff member was off ill at the time of our visit. On the second day there were ten staff on duty across the four units. The staffing rotas showed that staffing levels were consistent. We observed staff completing tasks in an efficient way and noted that they did their best to respond quickly when people required assistance.

We asked people who lived in the home if they thought there was enough staff. Some people nodded agreement whilst others told us that there were not enough staff on duty to assist people in a timely way. However they said that staff were wonderful and kind. On the upper dementia unit we observed a person who lived at Widnes Hall calling from her bedroom for staff to assist her with personal care and pressing her call bell. One of the two staff on duty had left the unit to collect the lunch trolley from the kitchen and that left one staff member to provide care and support for 18 vulnerable people. This staff member was unable to provide immediate support as they were setting the tables in the dining room ready for lunch.

On the ground floor dementia unit we observed the staff serving food, making sandwiches and supporting people who were in need of reassurance as to their surroundings. It was evident that they had to prioritise their duties in order to manage the unit. For example one person spilled their food all over the floor so staff had to clean it up to avoid the risk of people slipping. Another person who lived in the home did not wish to sit down and was walking about in an agitated manner and needed constant supervision to maintain their safety. Staff told us that they managed and generally were able to provide the necessary care and support but admitted that at times this was very difficult with the current staffing levels. Staff told us that they wished they could offer more support to people who were distressed or agitated but as the staffing levels were low they had to prioritise their time to ensure people were kept safe.

During the second day of our visit we observed staff serving breakfasts, assisting people with personal care, tidying bedrooms, completing daily records, assisting people with their medication and providing general support and reassurance to the people who lived in the home. We saw that between the hours of 9.00am and 12 noon two staff were on duty on the ground floor unit for people living with dementia, looking after 18 people. We also carried out observations of this unit between the hours of 4.00 to 6.00 pm. We noted that three staff were on duty during that time. However, staff told us that although a third staff member was supposed to come on to the unit for the afternoon and evening shift, this frequently did not happen.

Although we saw areas of good practice, for example staff encouraging people to sit at the dining tables whilst they served them with their evening meal and reassuring people who became anxious, there were not enough staff to always support people in a safe or timely way. We saw that three people wanted assistance at the same time and one staff member was left to support a person who had been assessed as needing two people to transfer. We noted throughout the visit that on occasions the lounge areas had been left unattended due to staff being needed in other areas. Other observations included a person taking all their clothes off and walking naked along the corridor, a person shouting out loud in an agitated manner for a long period of time and a person threatening a member of staff that they would bite their nose off. We noted also that during the medication round the staff member on duty constantly needed to lock up the medication trolley in order to assist a person who was agitated or upset.

Is the service safe?

We looked at a sample of three daily records and accident and incident forms which identified that people had experienced several unwitnessed slips and falls. Staff told us that this was because many of the people at Widnes Hall were living with dementia and liked to wander around. They said that when there were only two staff on duty on a unit it was impossible to monitor each person and they were aware that trips and falls could easily happen.

We saw that the current staffing levels were consistent with the figures provided for the past six months which indicated that the dependency levels of the people who lived in the home had not changed. We asked the deputy manager how staffing levels were calculated and how they related to the needs of the people who were living in the home. He told us that dependency levels were calculated each month and provided us with a copy of the 'tool' used. He explained that the dependency tool was completed by senior staff with information gained from people's care plans. We were given a copy of the dependency figures for July 2015 and noted that over half of the people who lived at Widnes Hall had been reviewed as being medium to high dependency in areas such as hygiene and personal care, nutrition, continence and behavioural management. We had concerns that some people's care needs had increased but this was not reflected on the tool, therefore some of the information was not accurate. The deputy manager told us that the monthly statistics were sent to head office and the provider determined the staffing levels for the following month. However, if the information was not always accurate the staffing levels determined by the provider could be insufficient.

The registered person had not deployed sufficient numbers of suitable staff. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On arrival at the home we found the front door to be secured and on entering the home people were asked to sign in the visitors' book so staff were aware who was visiting.

Although staff agreed that staffing levels were low they told us that the provider had provided them with training to assist them to ensure wherever possible that people were protected from abuse and avoidable harm. Staff we spoke with told us they had undertaken training in safeguarding of vulnerable adults on commencing work at the home and annual refresher training was mandatory.

Staff explained the different types of abuse and what they would do if they had any concerns about any abusive practices seen within the home. We saw that safeguarding policies and procedures were in place and were accessible to staff should they need to refer to them.

Staff spoken with were aware of 'whistleblowing' and knew who to contact if they had any concerns. Staff told us they could also raise any worries or concerns with the registered manager and were confident that she would deal with them immediately.

We looked around the home and found it be warm, clean and well-maintained. The home was fresh and no odours were detected. People we spoke with commented on the cleanliness of the home. One person described the home as 'spotless'. We saw that staff wore uniforms and these were covered with protective, disposal aprons which were different colours for different tasks. Staff had access to disposal gloves and hand sanitizer to help reduce the risk of cross infection.

The care records we looked at contained individual risk assessments; these were completed and were up to date. Any changes to people's care and wellbeing had been amended and documented.

We saw evidence of fire drills and the weekly testing of fire alarms and monthly emergency lighting and weekly passenger lift checks were up to date.

We looked at three staff files and found that robust recruitment systems were in place. We saw that an application form, references and other forms of identification were sought prior to employment. We saw that a Disclosure and Barring Service (DBS) check had been completed prior to people commencing work at the home. A DBS check helped to ensure that people living at the home were cared for by people who were suitable to care for vulnerable people.

We looked at the administration and recording of medicines. We saw that medicines were safely and securely stored. There were policies in place to ensure that medicines were administered safely. We looked at a sample of the medicines and checked them against the Medication Administration Records sheets (MARs). We saw that medicines had been administered and recorded

Is the service safe?

correctly. Staff who administered medicines had undertaken the relevant training and were assessed as being competent to manage the medication within the home.

Staff spoken with knew the importance of giving medicines at the prescribed time for example, some medicines were given once a week and others were required an hour before food. We heard staff asking if people who required pain killers such as paracetamol which were prescribed 'as and when required' (PRN) if they needed them or not. This was then recorded on the MARs.

Is the service effective?

Our findings

People told us that they liked the food and were looked after by staff who understood their needs. Comments included; "We get fine food, look at this today its grand. I love my food", "Food is good and girls[staff] are really nice", "Food is Ok but I don't have a good appetite but the girls [staff] understand my needs and just give me what I can eat" and "Food is wonderful, great choice, casseroles and stews, loads of vegetables, all cooked very well".

Relatives of people living at Widnes Hall told us that the accommodation was first class. Comments included, "What a lovely place this is. My relative's room is splendid and everything is provided to ensure she knows where things are and doesn't get confused with her surroundings" and "This is a very nice place and the building has been purpose built to provide first class accommodation".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone is deprived of their liberty, the least restrictive option is taken. We discussed the requirements of the MCA and the associated DoLS, with the deputy manager and he was fully aware and had received training to ensure he was fully up to date with all requirements. We saw staff had taken appropriate advice about individuals to make sure that they did not place unlawful restrictions on them. At the time of our visit 2 people were subject to a DoLS authorisation, capacity assessments had been completed as required and 14 applications had been made to the supervisory body (the local authority). The home was waiting for the local authority to start the assessment process.

We looked at the records for the staff training for the home. We saw that training was available and relevant to staff roles and responsibilities. This included keeping people safe including MCA and DoLS, moving and handling, challenging behaviour, dementia awareness, food safety, health and safety, infection control, emergency procedures and fire safety. The staff training matrix identified that all staff had been provided with ongoing training to help to ensure they were able to be effective in their various roles.

We found that the provider had an induction training programme that was designed to ensure any new staff members had the skills and knowledge they needed to do their jobs effectively and competently. Following this initial induction and when the person actually started to work, they shadowed existing staff members and were not allowed to work unsupervised until they felt comfortable working on their own. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are competent and confident enough to work on their own.

Several of the staff spoken with had worked at the home for a number of years, and we found they provided consistent care for people who used the service. Staff were able to tell us about the individual needs of people they were supporting, for example, what time of day people preferred to shower or have a bath, how they liked to be dressed and what they enjoyed doing during the day.

We spoke with nine staff and asked them about staff supervisions and annual appraisals. Staff supervisions were conducted by the registered manager and deputy manager on a regular basis. These meetings provided staff with the opportunity to discuss any issues or concerns they may have and any further training or development they may wish to undertake. We saw evidence of these meetings in the three staff files we looked at.

We looked at six care records, which evidenced that people had access to health care professionals such as GPs, podiatrists, dieticians and the district nursing team. We saw that staff monitored people's nutrition and hydration and if any concerns were identified food and fluid charts would be implemented to monitor food and fluid intake.

People we spoke with told us the food was good. We saw that portion sizes were ample and the food was nicely presented. All but one person was able to feed themselves. For the one person who required assistance this was offered by staff in an appropriate manner. The menus were displayed in written and pictorial form, choices were available. Most of the people dined in the dining areas; however people if they wished, could dine in the privacy of their own room as was their choice. One person told us, "Drinks and snacks are always available and you can get crisps and sweets if you like". We saw a range of suppers were available before people retired for the night. These included a choice of milky drinks, tea or coffee, toast, cake and biscuits.

Is the service effective?

We looked around the home and found the environment to be conducive to the needs of older people. Rooms were bright and decorated to a good standard. People had been encouraged to bring in personal items from home to personalise their room to their own tastes. We saw that signage was clear to help people orientate around the home enabling them to find their bedrooms, dining area, lounge and bathrooms. The home was spacious and free from clutter to allow people to move freely around the home with the use of walking aids if required. We observed people walking around the four units and sitting in the communal areas chatting with staff and residents. Some people were in their rooms reading or watching television. We noted there was a relaxed and friendly atmosphere within the home. We saw that people had equipment to meet their needs, such as profiling beds, mattresses, standing aids, wheelchairs, walking aids, grab rails. There was a choice of bathing facilities and all bedrooms had en-suite facilities.

Is the service caring?

Our findings

People told us that staff were kind and caring. Comments included, "Staff are really lovely, they treat me with dignity and respect, They are kind and always give me a choice of when to get up and when to go to bed" and "Been here a few weeks, staff are excellent very kind and caring".

Relatives told us that people were well looked after. Comments included "Staff establish a wonderful relationship with the people here and make sure they are always clean and nicely dressed".

We observed how people were supported by staff. We saw that staff had excellent listening skills and were kind, caring and compassionate. We saw a member of staff kneeling down in front of a person speaking gently and offering reassurance to this person who was upset and agitated. Interactions between staff and people who lived at the home were respectful and sensitive. We heard staff asking people questions and waiting for a response, for example, "Would you like me to get your newspaper for you?" and "What time would you like your bath?" Staff spoken with told us that care was individualised. One member of staff said, "People are individuals, what one person wants is not what another person wants. We do our best to try to meet each person's needs in the way they wish them to be met".

We saw that people were treated with dignity and their privacy was upheld. Staff were seen knocking on people's doors and waiting for a response before entering. People were called by their preferred choice of name. However, sometimes, the staffing levels had an impact how staff were able to preserve people's dignity, for example, as we observed during the second day of our inspection when there were insufficient staff to prevent one of the people living at the home taking off all their clothing.

Staff had a good understanding about the people they were caring for. We saw that although staff were very busy wherever possible they made time to speak with people and wherever possible give them gentle reassurance and listened to what they had to say. Staff told us that they wished they had more quality time to spend with the people who lived in the home but due to low staffing levels they just did what they could.

We spoke with staff to see how well they knew the people living in the home, it was evident they knew the individual needs of people but they also knew about people's history and interests. Staff had taken time to learn about individual's interests so that they could engage with people living in the home. For example they learned about people's past employment which enabled staff to discuss what skills people had developed through their work such as carpentry, teaching, nursing. Staff said this form of reminiscence appeared to put people at their ease and take away agitation. One staff member said; "It is one thing reading textbooks re dementia, it's another thing knowing the person and their individual ways. We have eighteen people on this unit all of them are living with dementia but they are all individuals who need individual care and support".

Visitors confirmed that they could visit at any time, and that they did They said the quality of the care and support never changed. They told us that the staff in the home, however busy, always kept them informed and involved in the life of their loved ones and that they often joined in with activities, outings or entertainment. Visitors told us that they could take meals with their relatives should they wish to.

Some people living at the home could tell us about their care records and that they were involved with decision making. One person spoken with was not sure if they had seen their care plan, however their relative was visiting the home at the time of our inspection. The relative confirmed the care records had been discussed and that the staff included them and kept them informed of any changes or amendments required. They said "We get to know everything we need to know. Staff provide us with full information about her [resident]".

We found information and advice in the entrance of the home, both in written and electronic format, about other regulators and organisations that monitor health and social care services, such as Healthwatch Warrington, environmental health and contact details for various advocacy groups. This ensured that people living there and their visitors had access to independent advisors should they wish to contact them.

We saw that staff had completed training in the 'Six Steps'. This is the North West End of Life Programme for Care Homes. This meant that people who were nearing the end of their life could remain at the home to be cared for in familiar surroundings by people they knew and could trust.

Is the service caring?

The registered manager and staff sought support from outside heath care agencies such as the GP and district nurses to help ensure the correct care and support was provided.

Is the service responsive?

Our findings

People told us that they liked living in the home and 'could do what they wished, within reason'. Comments included "It's great here. I can do what I want. I don't join in the activities but will take part if they have a singer on or something like that. I am not a bingo fan" and "The girls [staff] do their best to arrange activities but they are so busy. We can do what we want within reason, I just like to sit here and relax".

A pre-admission assessment to ascertain whether a person's needs could be met by the home was carried out prior to anybody moving into Widnes Hall. As part of this assessment process the home asked the person's family, social worker or other professionals, who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed for the people whose files we looked at.

We looked at six people's care records and saw that people's choices and preferences were recorded. These included people's preferred times of rising and retiring, likes and dislikes, their preference to select their choice of clothes they wished to wear. Some people who preferred to stay in their own room requested that their doors remained closed, whereas others wanted the door open so they could still see and hear what was going on in the home.

We saw that the care records contained risk assessments and daily monitoring sheets. The care records were updated regularly and any changes in people's health and care needs were documented. We saw that relatives were invited to attend review meetings which sometimes also involved other people who were involved with people's care. That meant people could be confident that staff were provided with up to date information about people's needs, so that care provided was current, person centred and responsive. Care plans were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. We saw that there was an emphasis placed on the person's own decisions and attitudes where the staff felt they had capacity. This meant that people were cared for and supported in the way they would prefer.

Visits from other health care professionals, such as GPs, speech and language therapists, dieticians, chiropodists and opticians were recorded so staff members knew when these visits had taken place and why. We saw that staff had been quick to respond to people's changing needs, for example, recognising when someone became unwell and getting the doctor to visit. This person had been diagnosed with an infection and started on antibiotics.

People were supported with their choice of activities. We saw people dancing to music played on a tape, people reading, watching television or enjoying conversations. However, several people told us there were few activities and they did get bored sometimes.

We saw that a weekly plan of activities was prominently displayed within the main foyer of the building and also in all four units so people could see what was happening on a daily basis. Upcoming events included a quiz afternoon, afternoon tea, music and memory, ponies visit and a pie and pint afternoon. Staff told us that they were also responsible for carrying out the activity programme and they tried to do what people wanted which was not always as recorded on the pre -arranged programme. We saw the home produced a monthly newsletter that detailed future events, birthdays etc. We noted that the September newsletter was being prepared and held details of residents and staff birthdays, employee of the month, a games page and photographs of a recent trip to Blackpool. People told us the trip was most enjoyable and they were looking forward to more 'trips out'. We also noted that a 105 birthday celebration had been arranged for a person living in the home.

People living at the home, staff and relatives all told us that the registered manager and deputy manager were approachable. They were confident that if they expressed any concerns they would be taken seriously and acted on immediately. We saw information was prominently displayed informing people about the complaints process. Information provided by the registered manager on the Provider Information Return (PIR) told us there had been five complaints made about the service within the last 12 months. Records showed they had all been dealt with satisfactorily within the timescales recorded in the complaints procedure.

Is the service responsive?

We asked the deputy manager about residents' and relatives' meetings. The manager told us these were carried out in a structured way. We viewed minutes from the August meeting and noted agenda items included food/ menus, activities to include more trips out.

The deputy manager told us that managers and senior staff spoke with people living at the home daily and therefore were able to deal with any areas of concern immediately.

Is the service well-led?

Our findings

People told us that the home was good and the management and staff were superb. Comments included "The staff here are absolute smashers and the managers are also superb" and "I think it's good here, the managers listen to us and the staff are kind".

People's relatives told us that the home was well run and they were always kept up to date with any 'need to know' information. Comments included "The management and staff make sure this is a good place for people to live" and "The home is well managed and even though the staffing levels are low, people are well cared for".

We saw that suitable management systems were in place to ensure the home was well-led. The registered manager and her deputy had been in place since January 2015 and the manager had recently been registered with The Care Quality Commission (CQC). The management team were supported by a good, stable staff team.

Staff spoken with were complimentary about the management team and how the home was run. We were told that the registered manager, deputy manager and receptionist were approachable, knowledgeable and supportive. All staff confirmed that they had senior staff contact information should they require guidance or support whilst working in the home.

Staff told us they worked well together as a team and this was particularly important as the staffing ratios were so low.

On speaking with staff they told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting and could see that a variety of topics, including safeguarding, health and safety, care issues and training expectations had been discussed.

We saw that quality monitoring systems were in place. The registered manager had clear audit checks in place for medication, care plans, hospital admissions, incidents and accidents, activities and menus. We looked at a sample of the audits and saw that where any improvements were required actions had been taken to minimise the risk of reoccurrence.

The registered manager engaged well with the CQC and had notified us of any significant events which had occurred in line with their legal responsibilities.

The provider had policies and procedures in place to receive and respond to complaints should any arise.

We saw that people's health and well-being was monitored and if any areas of concern were identified referrals were made to the relevant healthcare professionals to ensure that people received the support required.

We asked the manager about maintaining links with the local community. We were told that local groups visited the home, for example regular entertainers were booked throughout the year, there were visits from the pet therapy group and the local clergy attended for people's spiritual needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered person had not deployed sufficient numbers of suitable staff to ensure the health and well-being of the people who used the service.**