Barchester Healthcare Homes Limited

Ashminster House

Inspection report

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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 inspection took place on 22 and 23 June 2017 and was unannounced.

Ashminster House provides accommodation, personal care and nursing care for up to sixty older people, some of whom are people living with dementia. The premises are split into three different units. The ground floor (Windmill Lodge) is for up to 24 older people with nursing needs. On the first floor 'Rose Court' is a 12 bed unit for people with dementia and 'Memory Lane' is for up to 21 older people with dementia and nursing needs.

At the time of the inspection there was no registered manager. A new manager had been recruited and was due to start in July. The deputy manager was acting manager and present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The arrangements for managing risk were inconsistent. Risk assessments were in place but they did not contain enough detail to give staff guidance to mitigate risks. The information contained in the risk assessments and the records in people's room were inconsistent. There was a risk that people would not be moved safely. There was an emergency evacuation procedure and practices had been conducted but there were no personal emergency evacuation plans in place with details about how to support each person in the event of an emergency.

Care plans contained insufficient detail, conflicting information, were out of date or were not completed. There was a risk that people would not receive safe care responsive to their needs.

Audits in the home had been completed but only the recent audits had been effective at picking up shortfalls and the acting manager was working through the resulting action plans. People, their relatives and other stakeholders were asked for their views about the service. Feedback had been responded to and some action had been taken but there was no clear development plan for the service to drive improvements overall.

Staff were not sufficiently deployed in all parts of the service, particularly during the morning and lunch time. Staff were polite and took their time with people when giving care but there were long periods of time when people were left unattended with just a quick check to make sure they were safe.

There were gaps in some essential training as some staff had not received training in epilepsy and diabetes. Staff supervision and meetings were task focused and looked at areas for improvement only, rather than enabling staff to discuss their development and balancing this with what they did well.

People were asked for their consent before staff gave care or treatment. The acting manager and staff were aware of their responsibilities under MCA. Assessments and best interest meetings had been held when people needed support to make decisions about their care.

People were supported to have choice and control of their lives within the limitations of the service and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People said they felt safe and staff knew how to recognise and report potential abuse. There were clear processes in place to safeguard people and for staff to blow the whistle. People were confident that the acting manager and staff would act if there were any concerns. People and their relatives knew how to complain and said they would feel comfortable raising any concerns to the acting manager and staff. There were safe recruitment processes in place.

People were supported to be as healthy as possible and to eat and drink well. There were choices and specialist diets were catered for. The service worked alongside other health professionals and people were supported to maintain as much independence as they were able to. There were clear procedures to help people take medicines safely.

People and their relatives spoke highly of the caring nature of the staff and the warm friendly culture. People said they were treated with kindness and respect.

The staff had taken part in a new project "10/66" to support people with dementia and had received training in this. Activities had been initiated as part of the "10/66" project that helped staff find out about people's hobbies, past interests, careers and what was important to them.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered person and acting manager were aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

We found two 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 this report.

We made two recommendations with regard to making sure there are sufficient staff and providing consistent person centred care.

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.

Risks to people were assessed but guidance was not detailed enough to make sure all staff knew what action to take to keep people as safe as possible.

There were no personal emergency evacuation plans in place with details about how to support each individual in the event of an emergency.

There were safe recruitment processes in place. Staff were not sufficiently deployed in all parts of the service particularly during the morning and lunch time.

People felt safe living at the service. Staff knew how to keep people safe and protect them from abuse.

People were supported to take their medicines safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had received the majority of essential training but not all staff had received epilepsy and diabetes training.

Staff supervision and meetings were task focused rather than enabling staff to discuss their development and focusing on what they did well.

People were always asked for their consent when being given care.

Staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The decision making process for assessment of capacity was not recorded.

People were supported to eat a healthy varied diet and at their own pace.

People were supported to maintain good health and the acting

manager and staff worked in partnership with other health and social care professionals.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Care was given in a respectful and dignified way.

People said they were involved and supported to make decisions about their care and support. How they were involved was unclear as relatives had signed care plans with no explanation as to why.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care was not always consistently person centred.

Care plans had been reviewed but contained insufficient detail, conflicting information, were out of date or were not completed.

People were supported to make choices about their day to day lives. There were some organised activities that people could join in with and these were being developed.

People and their relatives said they would be able to raise any concerns or complaints with the staff and manager, who would listen and take any action if required.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was no registered manager at the service. Recruitment for the post was underway. The interim management arrangements were effective and staff said they were well supported by the leadership in the home.

Audits had been carried out but had not always been effective at identifying areas of improvement.

People were encouraged to share their views about the service but these had not always been acted on.

Ashminster House

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 23 June 2017 and was unannounced. The inspection was carried out by two inspectors 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 had expertise in services for older people and people living with dementia.

Before the inspection, we reviewed all the information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We looked through information that contained feedback about the service and received comments from two health and social care professionals involved in the service.

Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. 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.

During our inspection we talked with nine people living in the home, four relatives who were visiting people and the hairdresser. Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and cared for and the activities they were engaged in.

We talked with one of the directors, the acting manager and two nurses, four care staff, the head of lifestyle and activities and a housekeeping staff. We looked at records in the service. They included records relating to people's care, staff management and the quality of the service. We looked at eight people's assessments

of needs and care plans and observed staff to check that people's care and treatment was given in the way that had been agreed. We looked at four staff files to check recruitment and looked at training and supervision records. We discussed and checked audit records for the maintenance of the building and quality monitoring checks of the service. We checked medicines records and storage and observed a medicines round at lunch time.

We received feedback from two health and social care professionals before the inspection.

We last inspected this service in May 2015, where the service was compliant with the regulations.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe. A person commented, "I've no grumbles, but I will speak up" Another person told us, "The staff in here are wonderful, I've never seen any abuse or been shouted at".

Staff had received safeguarding training and knew how to recognise and report potential abuse. People and their relatives said they felt confident that if they raised any concerns the acting manager and staff would act on them. Staff were aware of the whistle blowing policy and knew how to blow the whistle on poor practice to agencies outside the organisation. Incidents and near misses had been recorded and the acting manager had kept a record to check for any patterns that could inform learning.

People were not protected from risks associated with their care because guidelines for staff in care records contained contradictory and inconsistent information. Risks to people had been identified and assessed but guidelines were not always clear or detailed enough for staff to know how to manage or reduce those risks. Some risk assessments and care records had not been updated when people's needs had changed. Staff were mainly relying on verbal handovers with each other to get up to date information. There was a risk of inconsistent care and support and of risks identified not being mitigated effectively. For example, one person needed support with a hoist to move from chair to bed or to use the toilet. The information contained in their care plan indicated the equipment and what size hoist sling should be used and the number of staff but did not say how the person should be supported. In another record for the same person it indicated that a different size hoist sling should be used. Another person's care plan stated that they were unable to communicate verbally and had information about how to call staff using a call bell. This was contradicted in the risk assessment where it stated that the bell should be taken out of the way because the person used it too much. This left the person at risk of being isolated and not receiving care safely.

The emergency evacuation information contained an overall list of equipment people may need but people did not have a personal emergency evacuation plan (PEEP) in place that detailed their individual needs in the event of an emergency. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

The provider had not mitigated the risks to the health and safety of people receiving care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection people told us they thought there were enough staff. A person commented, "There seems to be enough staff" and another person said, "Yes, there are enough staff, in an ideal world one could always wish for more". However, feedback from a recent quality monitoring review indicated that half the people and their relatives surveyed did not feel that staff were able to spend enough time with them. The acting manager used a dependency tool to work out the number of staff on duty at any one time.

On the dementia unit upstairs we observed that staff were available and checking people regularly although people did not always look like they had enough to do. When the activities were in progress the group of people participating were engaged and occupied but people were left unoccupied at other times and when

they had not participated in the planned activity. Downstairs in Windmill Lodge there were periods of time when there were no staff seen during the morning and around lunch time. People were sat waiting in the dining room and lounge for long periods of time unsupervised. On the first day they were sat in the dining room waiting for three quarters of an hour and on the second they were waiting for half an hour with no one checking to see if they were alright. On the first day one person sat in the lounge for one and a half hours without staff checking that they were safe. Throughout the service, some people were unwell and stayed in their rooms. Staff checked them regularly and two staff were needed when they gave care, so that the available staff in other parts of the service were reduced.

We recommend that the staffing levels and staff time management are reviewed to make sure there are sufficient staff across the service.

New staff had been recruited safely. There was a thorough recruitment process that included police checks, proof of identity, and health declarations to make sure people were of the right character for the role. As well as obtaining references and having an interview there was an assessment of how prospective staff interacted with people to assess their attitudes and suitability for the role. This also gave people an opportunity to give their views of potential staff before they were offered the post.

Medicines were managed safely. People received their medicines on time and in the way they preferred. Staff took time and did not rush people with their medicines. People commented, "Oh yes, I get my medication when I should" and "I do get all my medication and they do watch me take it".

Medicines were stored and disposed of safely and items that were not blister packed, were signed and dated when opened. Temperatures in the medicines store and fridge had been recorded daily to make sure that the medicines remained effective. Some people were prescribed medicines on an 'as and when' basis, such as pain relief. There were guidelines in place for staff to follow about when to give these medicines. The medicines record sheets were signed off with no gaps and as required medicines were recorded clearly, including the outcome from taking it.

There was a fire risk assessment and fire evacuation practices had taken place. There was a basic fire list and emergency equipment had been tested at the required frequency and was all in working order.

Requires Improvement

Is the service effective?

Our findings

People talked positively about the capability of the staff and said that staff knew what they were doing. A person commented, "The staff are well trained and they get on the job training". Another person commented, "The staff are good, they work hard".

There was a range of training that had been given to staff in a variety of different ways but some areas of training had been missed. Staff had received the majority of essential training but not all staff had received training in supporting people with diabetes and epilepsy. One person had epilepsy and not all care staff had received epilepsy awareness training and did not have all the guidance necessary in the care plan to support the person effectively. There was information about what may trigger a seizure and staff had a basic awareness but care staff we spoke with were not confident that they would know what to do. The person had not had any seizures whilst at the service. Care staff did not know what kind of seizures the person had and how the person would be affected. Nursing staff had received this training but due to the size and layout of the building and staff deployment it was necessary for care staff to know how to respond.

Staff talked enthusiastically about their recent dementia awareness and moving and handling training and said that they felt confident in their roles. Part of the staff's moving and handling training included being lifted in the hoist. Staff explained that this had given them insight into how unsettling it could be so they knew how important it was to take their time, explain to people what they were doing and reassure people. A person told us, "The staff know what I need".

A dementia training project called '10/66' had been introduced to develop the service provided to people with dementia. A workshop had been held as part of the '10/66' project that included some role play. One staff explained that the training had a real impact on them and gave them insight into how it felt to be vulnerable. They commented, "We sat in a chair facing the window calling for help and no one came." Staff approached people gently and responded to people positively and respectfully.

New staff received essential guidance and training so that they could work safely and worked through the Care certificate training to give them the skills they needed to perform their role. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff competency was checked through observation by the acting manager and discussion in one to one supervision meetings. Staff said they felt well supported by the management team but records showed that the supervision meetings were task focused. They focused on the negative aspects of staff's work and did not focus on staff development or what staff were doing well. Staff were not given a supervision form prior to the meeting and were not given the opportunity to take the lead. This was an area for improvement.

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.

Staff asked people for their consent before they gave care. Staff had attended training and had a good awareness and understanding of the Mental Capacity Act. When people had been assessed as not having capacity, a best interests meeting had taken place and this had been recorded in the care plan.

People said that they had been involved in decisions about their care but care plans were not always signed by people to reflect this. People were assumed to have capacity but sometimes relatives had signed people's care plan without an explanation as to why. So it was not clear whether the person had capacity and had actually seen their care plan and agreed to their care. This was an area for improvement.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We 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. There was a clear assessment process. There were some restrictions in place to protect people. Upstairs there were key pads on the doors. The codes were by the door and disguised so that people who were not at risk were able to let themselves in and out and only people who needed the protection were restricted. The acting manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted for some people ensuring that restrictions were lawful. There was a process in place to review restrictions and when people's needs changed.

People said that they were supported to be as healthy as possible. One person commented, "They do call the doctor if I'm not well". Another person told us, "The district nurse came to look at my legs".

People's health was monitored and the staff team had a good working knowledge of people's health needs. Nurses and care staff had brief handover meetings twice a day to highlight any concerns and issues. Staff were able to tell us how they supported people with their health and contacted health professionals if there was a concern and or if people became unwell. The service worked closely with other professionals including the Speech and Language therapist and Parkinson's specialist nurse to help people receive the support they needed.

People were supported to make sure they had enough to eat and drink. A person commented, "The food's good and I'm eating all that is put in front of me". There were clear assessments if people were at risk of malnourishment and people's weight was monitored. Some people had been referred to the dietician and their advice had been followed. People had fortified diets and supplements if they needed additional nourishment. There were choices of what to eat and a menu for people to refer to. One person's relative commented, "[Person] loves the food, [person] is diabetic and they get [person] something different if needed". People all had drinks nearby and these were topped up and hot drinks offered by staff at regular times.

Meals were served at different times in the different parts of the service. The serving of the lunchtime meal was delayed in Windmill Lodge dining room where people were sat waiting. People had been assisted into the dining room before their meal was ready to be served. People who were supported to eat had their meal served and people who were able to eat independently waited to be served, so people were not all able to

eat in the dining room at the same time. Reducing the waiting time for people in this dining room was an area for improvement so that it is a social occasion.

There was a good atmosphere upstairs in the dining room with people chatting, sometimes supported by their relatives and music playing gently in the background. People looked happy and relaxed. Some people chose to eat their meals in the lounge or in their own room and this was respected. For people who were too poorly to get out of bed, staff attended to them with kindness and sensitivity and at a pace that suited them. People in their rooms had drinks and food offered and there were charts that were updated by the staff to give an accurate record of what people had eaten and drank.

Good

Is the service caring?

Our findings

People told us they were well looked after and the staff were kind and caring. A person commented, "The staff have been wonderful, cheerful and helpful". Another person said, "I love the carers, they are all lovely". A person's relative said, "The care they give [person], suits them entirely. Nothing is too much for them".

Staff spent time with people and had got to know people well. People and their relatives were asked about significant events and what was important to people. This enabled staff to get to know people and some of this information and items like photos and other objects were in people's rooms and in a portable box that they could refer to. Staff had some cards with questions on that asked things like what people's favourite colour was, their past jobs and careers and what their interests were. Staff carried these cards with them and were able to prompt meaningful conversations with people.

People's relatives said they could visit any time and they were always given a warm welcome. There was information about activities and events that people and their relatives could participate in. There were quiet places that people could spend time with if they had visitors and people were able to use a telephone to make contact if they wished to.

Staff took their time when giving care to people and treated people with respect. People and their relatives said the staff had good attitudes. One person commented, "The staff are so sensitive about my lack of confidence". Staff were careful to close doors when supporting people and checked to make sure people were covered up, comfortable and their dignity was protected. People had call bells and said they could call people if they needed to.

People looked comfortable and people who needed help with personal care looked well cared for. A hairdresser visited the service once a week and some people had their hair done in the hairdressing room on the day of the inspection. People were chatting whilst having their hair done and looked like they enjoyed the experience. People had been helped to make sure they had coordinated clothes on and some people liked to wear jewellery and have their nails painted.

People were supported to maintain their independence as much as possible. A person's relative said, "They do encourage [person] to do what they can". A variety of equipment was available so that people could get around the service as much as they could. Aids like Zimmer frames were kept within reach for people.

People said they were involved in decisions about their care on a daily basis and also had some control over the routine of their day. A person commented, "I can choose to do what I want, like going to bed" and another person told us, "I can choose when I go to bed depending on if I want to watch TV". People were supported by their families and friends to make decisions and have the explanations and information they needed for this. The acting manager made sure that people were aware of advocacy and support services when needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives said they contributed to the planning of their care and there was good communication between themselves and the staff. One person's relative said, "They are good at letting me know what's going on". Another person's relative told us, "[My relative's] care plan is reviewed regularly and I'm involved in the changes" and "The staff keep me well informed about my [relative] and even check on me".

People's care needs were regularly assessed and reviewed but the care plans did not always reflect changes in their needs and this was seen throughout the service. The care plans were not written in a user friendly style. Some of the handwriting was difficult to read and it was in a long narrative style where additions had been made that contradicted some of the narrative so that it was unclear which of the guidelines staff were to follow. Not all records were updated with changes that were identified. One person's care plan said that a person was independent using the toilet but the risk assessment said they were unable to use the toilet. One person had equipment to help their continence. Records showed that it had been changed frequently as it kept getting blocked but there was no information or guidance for staff to consider the cause, how to prevent this and if there had been any investigation into preventing an infection. Another person's care plan stated that they suffered with neurological pain but there was insufficient information to say how the person was supported with this to make sure they were as pain free as possible. This put people at risk of not receiving consistent person centred care and not receiving the right support to help their continence.

There were verbal 'hand over' meetings to exchange information between staff shifts. These happened twice a day to highlight people's progress, any concerns and changes and brief records were kept to keep staff up to date.

We recommend that the systems in place to make sure people receive the right support and their care is person centred are reviewed.

As a result of the 10/66 dementia programme a person centred plan booklet had been introduced to add to people's care plan information. This booklet asked questions about people's interests, preferences and what was important to them, and contained key information as a point of reference. These booklets were kept in people's rooms and could be referred to as a quick guide to care and open up discussions with people. People and staff commented positively about these and that they helped to focus on people rather than tasks. These booklets gave a good overview of what was important but some of the information contradicted the information in the care plan. Making sure all the records about people's care were consistent was an area for improvement.

A recent audit had been carried out and had identified a variety of shortfalls in the care plans and records and the acting manager was working her way through the action plan to address these.

An activities coordinator planned activities for people throughout the service. As part of the 10/66 programme some activities designed to help people with dementia had been initiated. People had

individual memory boxes that they and their relatives had filled with photos and items of significance to them. People spent time with staff and their relatives going through the items and discussing the memories. Staff also carried cards with questions like what were people's favourite colours, what were their past jobs and interests. These prompted meaningful conversation and gave further significant information to add to people's care plan booklets. Afterwards staff reflected on what they had asked people and added the information into people's person centred booklet that formed part of their care plan. each person's room and the information can be added to the care plan. Individual memory boxes had been made with people and their families and contained photos and items of significance to them.

The activities coordinator explained that she used a 'butterfly approach' so that as many people as possible had something to do and were occupied as much of the time as possible. The activities coordinator spent some time with people in their rooms and some activities were organised in groups. During the morning there was a reminiscence discussion prompted by objects and photos from the past and during the afternoon there was a group discussion about the Royal Family outside in the sunshine. There were a variety of games, books and magazines available to people and some people had a newspaper delivered. Staff were busy and had limited time to spend with people so people were reliant on the activities coordinator to provide occupation. There were periods of time when people were unoccupied when the activities coordinator was in a different part of the building and unless people had friends or relatives visiting they were sat still with nothing to do and many of them went to sleep. The acting manager had recognised that there was a need to increase the activities across the service and was in the process of recruiting another member of activities staff.

There was a clear complaints policy in place and staff were able to tell us what they would do if someone made a complaint. People and their relatives told us they would be happy to raise a concern and were confident that the acting manager and staff would respond appropriately. A person's relative commented, "Yes, we would raise a complaint if needed" and "I would approach the manager if I had a complaint." A person told us, "Never, in four years, have I needed to complain".

The acting manager said they had not received any complaints this year and went on to explain a situation that was a low level complaint that they had responded to but this had not been recorded. It was agreed that this would be recorded retrospectively and that in future low level complaints would be recorded so that there was an oversight into any concerns or potential complaints.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had recently resigned and a new manager was in the process of being recruited. The deputy manager was acting manager until the new manager was in post.

Audits had been carried out routinely throughout the year. The medicines audit had been effective but other previous audits including the care plan audit had not picked up shortfalls and gaps in records.

An in depth audit had been completed in May 2017 which had identified shortfalls throughout the service and an action plan had been produced in response. The acting manager was working through the areas that needed improvement. For example, they had carried out practice emergency evacuations recently as these had not been carried out for some time. However the action plan had not identified that there were no personal emergency evacuation plans (PEEP s). There were some areas still to do, for example, the audit had picked up that cleaning behind people's beds had not been carried out thoroughly enough and this had not been addressed with the relevant staff. A care plan audit had been carried out in early June (2017) that had picked up significant shortfalls and we found the same during the inspection. Accurate and complete records had not been maintained. Risks relating to people's care and support had not been consistently assessed and documented. Clear guidance had not always been provided to staff about how to mitigate risks to people. Care plan information was not consistent. Some records were missing and some records were not up to date.

The registered provider had failed to ensure that records were accurate or fully completed. Checks and audits had not always been effective and action had not been taken to address all the shortfalls. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had the opportunity to air their views in meetings that were open to them and their relatives. One person commented, "We have residents' and relatives' meetings and I've just done a questionnaire two months ago".

The overall feedback of the service from a survey conducted by Ipsos MORI in 2016 was really positive with an overall score of 937 out of 1000. A high percentage of people and their relatives answered questions with a 'strongly agree' rating. For example, when asked if people were treated with kindness, dignity and respect 89% of people strongly agreed that they were, when asked if the home was safe and secure 95% strongly agreed and when asked if people had enough of their own things around them 100% strongly agreed that they had.

The lowest scores, which were where around half of the group had given a negative score, had been picked out to address the areas that could be improved. Lower scores were in things like available activities that people could take part in, having a say in their care and staff not always having enough time to talk to people. The areas highlighted as needing improvement in the survey were also the areas of the shortfalls found in the inspection. The service had responded to each of these and a poster stating "You said…We did…" was displayed with the survey results. However, this did not effectively address the issues raised and

did not indicate what action would or had been taken to make improvements. For example, people were reminded of channels for communication that were already in place, such as 'Residents' Meetings', and no action was indicated that would improve the effectiveness of these options.

There were plans to increase the activities provided in the service and a new activities coordinator post had been created but this was not included in the poster. There was no indication that they would review staffing levels and time management to make sure there were sufficient staff to be able to spend time with people. There was no review about the effectiveness of 'Residents' Meetings' and whether everyone was able to participate in these and there was no monitoring to see if people really were able to go to bed and get up when they wanted or if they were just being polite and going along with the routines. There was no full and complete development plan for the service based on people's views and others involved in the service.

The provider did not have a clear development plan and had not acted on people's and stakeholders views to improve the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. There was a calm and caring culture in the service. We saw staff take their time when they gave care to people and they were friendly and cheerful. People said that there was good communication between the staff team. Staff said that they felt well supported by the management and said they could approach the acting manager with any concerns.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The acting manager had made sure that notifications had been sent to CQC when required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not mitigated the risks to the health and safety of people receiving care.

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 provider had failed to ensure that records were accurate or fully completed. Checks and audits had not always been effective and action had not been taken to address all the shortfalls. The provider did not have a clear development plan and had not acted on people's and stakeholders views to improve the service.