Care Quality Commission

Mayhaven Healthcare Limited

Down House

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Down House is a care home providing personal and nursing care for up to 49 older people. On the day of our inspection 28 people were living there. The reduced number was due to building work being carried out in the home where areas were closed for major refurbishment.

The inspection was unannounced and took place over two days on the 18 and 19 November 2014 The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection in April 2014 we asked the provider to make improvements. These included people's pre-admission assessments, to involve people in their care plans, record people's preferences and interests and monitor people's care records and risk assessments to help ensure people's safety and welfare.

Summary of findings

We carried out an inspection in August 2014 and found some action had been taken. For example, some improvements to people's care plans had been made. However some care plans still lacked full details to protect people's safety and wellbeing. Care plans did not give staff the information to enable them to consistently meet people's needs. People's preferences, interests, aspirations and diverse needs had not always been recorded. Staff did not always respect people by responding when they called for assistance and we observed little or no interaction with people. The service did not adequately monitor people's care records or the risks this caused to people's safety and welfare. We asked the provider to take action to make improvements in updating people's care plans. At this inspection we found this action had not been fully completed although improvements had been made.

Accurate records were not being maintained in relation to the care provided. We found records lacked significant detail with regards to people's medical needs and daily care needs. Information contained within care records was not consistent. This meant people may be put at risk of not receiving the care they needed as staff may not have the most up to date information on people's care.

The service did not have an effective quality assurance system in place. For example, a medicine audit would have identified that people's medicines records held out of date information.

People were not involved in the development of their care plans. There were inadequate recordings in care records, including food and fluid charts and few details about people's faith, social and recreational needs. People did not have personal evacuation plans in place so that staff knew how to assist them to leave the home in an emergency such as fire.

People told us they were happy living in Down House. They said they felt well cared for and safe.

We observed caring and supportive relationships between people and staff. People were treated in a way that demonstrated a positive caring culture existed in the home. People knew how to make a complaint and any complaints were investigated and responded to by the registered manager in a satisfactory way for people.

There were sufficient numbers of appropriately trained and suitable staff to support people. The registered manager had increased the staffing levels since our last visit. This ensured people received care in a timely manner.

People's privacy and dignity were respected and they made positive comments about staff. Activities were enjoyed by people and they had increased since our last visit. This helped to ensure people were provided with stimulation and interaction with others.

People were supported to maintain good health through regular access to healthcare professionals such as GPs and tissue viability nurses. Where people were at risk of pressure sores measures were put in place to reduce and manage the risk.

Care staff received training that enabled them to support people. They were supported to achieve nationally recognised care qualifications

The registered manager knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns, and described what action they would take to protect people against harm. Staff felt confident any incidents or allegations would be fully investigated.

People told us they had a choice of food and referrals were made to speech and language therapists (SLT) where people were identified as being at risk of choking due to swallowing problems.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the care and welfare of people and assessing and monitoring the quality provision. You can see what action we told the provider to take at the back of the full version of this report.

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?

Good

The service was safe. People said they felt safe.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed safely.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Is the service effective?

Requires Improvement

Some aspects of this service were not effective.

People were supported to have their choices and preferences met.

People were supported to maintain a healthy and balanced diet.

Staff were not monitoring and recording if people received sufficient fluid to ensure they remain hydrated.

Staff had an understanding of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by staff who promoted their independence, respected their dignity, and maintained their privacy.

Staff were polite and friendly in their approach and showed patience when people were confused or anxious.

People felt able to make decisions about their care and support. People's views were listened to by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records lacked significant detail and had not been updated.

People enjoyed the activities that took place within the home.

There was a complaints procedure available for people and their families. People knew how to make a complaint and had confidence they would be listened to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Summary of findings

There was a registered manager in post who people said they could talk to and was approachable.

There were clear lines of accountability within the home.

The registered provider did not regularly assess and monitor the quality of the services provided. Audits were not completed to help ensure risks were identified and acted upon.

Down 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 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 on 18 and 19 November 2014. The inspection was carried out by two inspectors.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with 16 people who used the service, 10 relatives, the registered manager, the provider and 11 members of staff. We also spoke with nine professionals including GPs who had all supported people within the home.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at four records related to people's individual care needs and five records which held charts including fluid and food charts. We looked at the medicines records, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

At our previous inspection we raised concerns that some people did not have access to a call bell and call bell leads were missing. Also, where creams were prescribed for people's medical conditions, the care plans did not state which cream, where, or how often this cream should be applied and some people did not have completed risk assessments in place. People received very little interaction from the staff. Staff did not speak with people when carrying out task to let them know what they were doing. For example, when moving a person using a hoist. The provider sent us an action plan detailing how they would make improvements. At this visit we found these concerns had been addressed.

People did not have individual personal fire emergency evacuation plans in place however the registered manager had a list of people who required assistance and had plans to update them to include more detail. One person told us "fire exercises" were held for the staff, and they were to stay in their room during these and if the fire alarms sounded. Staff had completed practice fire drills to help ensure people's safety in the event of a fire.

People said they felt safe. Visitors told us staff did not always know when they were visiting and they were always made to feel welcome.

People were protected from abuse. Staff told us they had a good understanding and could recognise signs of abuse and knew how to report it. The provider had safeguarding policies and procedures in place including a step by step guide displayed. Staff told us they were confident any concerns reported to the registered manager would be effectively dealt with to make sure people were safe. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People had call bells within reach to enable them to call for assistance when required. We met people who were unable to use a call bell because of their physical or mental health needs. Staff checked on people regularly to ensure they were comfortable and safe and this was documented. One person who was able to use a call bell said; "the staff come quickly when I use the bell".

People's care records included risk assessments relating to their moving and handling needs, risk of falling, pressure ulcer development, and malnutrition. Nationally recognised methods were used for these risk assessments, such as the 'Waterlow' score (Waterlow score is used to assist staff to assess the risk of a person developing a pressure ulcer) and the 'MUST' tool (Malnutrition Universal Screening Tool is used for people at risk of malnutrition). People were weighed at different frequencies, depending on the level of risk (of malnutrition) identified in their assessments. GPs had been contacted about individual's weight loss, with diet supplements prescribed as a result.

Action had been planned and taken to address risks identified. For example, the use of specific equipment for moving people and for pressure relief to prevent pressure ulcers. One health professional told us the service had enough equipment and it was in a fit state to meet people's needs appropriately and safely. One person living in the home said they had seen staff checking equipment before they used it to move people. They said; "Yes – they're always checking things!" They told us staff checked their pressure relieving mattress and records confirmed they had checked equipment.

People at risk of falls had this information recorded in risk management plans. This provided the staff with information to help to keep people safe and reduce risk. For example, one person was at risk of falling due to limb weakness on one side of their body and staff were aware this person needed assistance when moving.

The staff had completed accident forms when people had falls. These forms showed the home had learnt from any falls and responded to people's changing needs. For example, it showed that each fall was discussed with other staff; contact made with GP's and family members and a responsive plan put in place to reduce any further falls.

The service remains under restructure and one area of the service was closed during this inspection. The provider stated the building work should be completed by the spring. The provider had taken precautions to ensure the redevelopment work remained safe for people. This ensured people lived in a safely maintained service.

The staff rota indicated there were consistent levels of staff which the registered manager had determined based on people's needs. This included two nurses on each shift. Staff agreed there were enough staff to meet people's needs. One staff member said; "Staffing levels are better now." One visitor said there were sufficient staff on duty and went onto say; "Oh yes, they sit and yap to her". A

Good

Is the service safe?

visiting health professional told us they had no trouble in finding a nurse to speak with when they visited and staff gave them their time and did not appear to be in a rush. The registered manager stated that staffing levels had increased recently as the number of people living in the home had increased. This helped to ensure sufficient staff to meet people's needs.

Recruitment records showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

People told us they were happy for the nurses to administer their medicines for them and they received them on time. One person said; "I would forget half of the time!" We observed a medicines round and saw that storage was safe. We saw completed skin cream charts in people's rooms that had been signed by staff when applied. The files held in people's bedrooms held body maps showing where the cream was to be applied, as well as instructions on the frequency of use and reason for its use.

Medicines administration records (MAR) had been fully signed and updated and had been correctly completed. Staff were knowledgeable with regards to people's individual needs related to medicines. People's medicine records included a list of the medicines people were on. We found these held incorrect or outdated information. For example, one person's record said they were prescribed a medicine for emergency use only. Other records showed this was now prescribed regularly and was no longer for emergency use only. Other people's medicines recorded medicines people were no longer prescribed. The registered manager assigned a staff member to update the records. All records had been updated prior to the completion of our inspection.

Requires Improvement

Is the service effective?

Our findings

People could choose what they would like to eat and drink. People, who required specialist diets, for example pureed food, had been assessed and advice had been sought from relevant health professionals, such as GP's and speech and language therapists (SLT), to manage risks identified.

However one person's care records recorded three different consistencies for the food they were to eat. For example pureed food, soft food and mashed food. Records showed the advice from speech and language therapist (SLT) was a mashed diet with specific guidance about what this meant. The person had been re-assessed by SLT because of concerns about this person's repeated chest infections so it was important they received the recommended diet and consistency of food. Inconsistencies in information created a risk that the staff were not responding to advice given. The registered manager agreed the information needed reviewing and would ask the nurses to undertake this task.

Care plans included a daily fluid intake target for individuals who required them to promote their health and wellbeing. However they were not being accurately completed or monitored. For example, the daily totals of fluid intake and their fluid (urine) output for two records showed intake had not met the advised level on each occasion. There was no evidence of action taken to address this. The registered manager said they believed staff were not recording or completing charts appropriately. Therefore records could not confirm people's nutrition and hydration needs were met and monitored effectively.

Not maintaining accurate records in relation to people's care and treatment is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they liked the food and drinks provided. People said there was enough choice, a varied diet was offered, and staff knew what people liked or disliked. People told us they could have an alternative when they wanted. A visitor said; "[My relative] loves the food. From what I've seen the food is excellent." We observed staff assisted people and reassured them when they were not sure what they had ordered for lunch. People who required assistance with their food and drink were offered assistance promptly. A visitor told us staff put a plate guard round their relative's plate so they could eat more independently. Staff ensured people had their meal as they wanted. People received regular drinks throughout the day and staff made sure people had drinks within reach.

People felt supported by staff who were skilled and knowledgeable to meet their needs. People said; "They're wonderful."

New staff completed an induction programme and shadowed experienced staff until they felt confident they could carry out their role competently. During this induction the new staff were closely supervised whilst learning about people and their care needs. We heard a staff member advising and guiding a new staff member who was working with them during our visit. Staff rotas clarified which staff were being supervised on the staff rota. The registered manager ensured staff had completed all the appropriate training, for example pressure ulcer care, and had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staff and updates were booked when needed. Two staff members told us about their nationally recognised qualification in care and how the registered manager had supported them to complete this. Other staff confirmed training they had completed. For example, manual handling. One staff stated; "Very good for training here".

Staff confirmed one to one supervision was up to date. A staff member said; "I have regular supervision". The domestic staff confirmed they met with their senior daily and received regular supervision.

The registered manager had completed training on the Mental Capacity Act 2005 (MCA) and said other staff would complete this training in the new year. The registered manager understood the principles of the MCA and the associated Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Staff had an understanding of the MCA and were aware of when people

Requires Improvement

Is the service effective?

who lacked capacity could be supported to make everyday decisions. One staff member said they gave people time and encouraged people to make every decision. For example, what a person would like to eat or drink.

People told us staff always asked their consent before delivering care and treatment. People's consent was formally documented, for example, for the use of bedrails. Daily care recordings noted when consent was refused. For example, a record showed staff had not carried out treatment because a person had not consented. However on one record, consent had been agreed by a relative. There was no evidence the person lacked capacity to consent themselves or the relative had legal authority to make such decisions on the person's behalf. The registered manager confirmed this person could decide and give informed consent and agreed to review this record to ensure it was accurate.

People had information in their care records stating their preferences in how they liked to receive care and support in all areas of their life. For example, one person liked their breakfast out of normal serving hours. Records showed the service respected their choice and was flexible in order to meet people's needs and preferences.

People told us they could speak with staff about any health problems. One person said; "They're wonderful. They're really good. They look after me really well, especially today when I've been poorly." A visitor said they appreciated that staff phoned them to update them about changes in their relative's health. They also said staff were supportive so they felt they could at any time if they had concerns about their relative.

People who required them had regular blood tests to monitor medical conditions. Staff confirmed people had an annual health check in relation to certain medical conditions. People had access to routine health care such as sight checks, chiropody and annual flu jabs.

Specialist community nurses such as tissue viability staff also supported people. We met two people who had been admitted to the home with pressure ulcers that had since healed. Care records showed where people were at high risk of developing pressure ulcers, their position was changed at least four hourly (which is in line with National Institute for Health & Clinical Excellence/NICE guidance on pressure ulcers prevention). We spoke with one health care professional who visited the home regularly and advised the staff with ongoing treatment to carry out between their visits. This professional said the staff carried out the treatment as required and kept them informed of the progress of people.

Good

Is the service caring?

Our findings

At our last inspection we were concerned that people were not respected or involved in their care. We were concerned about interactions between people and care staff relating to dignity and involvement. The provider sent us an action plan detailing how they would make improvements. At this visit we found our concerns had been addressed.

People said of the staff; "They're all very nice," and they told us staff were always cheerful, describing one who came into their room as "good as gold." A visitor said; "All the staff are very friendly, including the cleaners and laundry lady" and "We're happy with […] being here" and "The girls [staff] are lovely."

Visitors said staff were skilled at persuasive communication that benefitted their relative. For example getting people to drink more. They added that staff gave their relatives choice, for example, they sometimes stayed in bed longer in the morning.

People said the staff were caring. One thank you card sent to the home said; "Mum spoke often of the lovely staff who cared for her with dignity and kindness". We observed staff interacting with people in a caring, compassionate way throughout the inspection. People told us staff were respectful. For example, calling them by the name they preferred. One person said they usually spent their day in the lounge but had chosen to stay in bed as they felt unwell that day and this had been respected by the staff. People told us when staff assisted them they explained what they were about to do, didn't rush and gave the person time to prepare and participate. A visitor said; "They talk to them all the time." A health care professional told us the staff looked after people well.

Staff told us they had handovers at the start of each shift. All staff agreed daily handovers were; "informative - get updates on people's care" and "If I have been off - I get an update on all residents during the handover".

People told us they got the support they wanted or needed. Staff were observed giving positive interactions when assisting people. For example, staff were polite and listened to people without interrupting them. We requested a staff member assist someone who was asking for help. Staff went immediately to assist as this person was becoming anxious. We observed the staff reassuring this person. For example, using visual cues, such as pointing out where the person's room was. This helped the person understand what they were being told. When the person asked the same question twice, the staff member replied again, in the same tone of voice, without being disrespectful or negative.

People confirmed staff asked them for their views and felt able to make decisions about their care and support. One person said; "They ask what help I want, but they seem to know anyway!" We observed staff asking people what they wanted to wear. People told us their independence was respected and supported such as being enabled to wash or shave themselves. People told us they were given a choice and timely support around their preferred bedtime and rising time. We heard staff asking people where they wanted to sit in the lounge and they waited for their decision.

We observed a GP discuss with the nurse on duty about one person's deteriorating condition and plans for any end of life care requirements. This included involving family members and how the staff could respond to the person's wishes.

People were able to maintain relationships with family and friends. On the day of our inspection there were regular visitors to the home. Relatives confirmed staff promoted and encouraged visits. Comments included; "I call in most days and are made to feel welcome".

People told us staff protected their privacy. For example, staff ensured curtains and doors were closed when supporting people with personal care or to use a commode in their bedroom. Many people's bedroom doors were open during our visit unless staff were providing care. One person told us this was what they preferred, adding that staff always asked them if they wanted it closed. One person's care plan stated that they preferred their door closed and during our visit we saw this was respected.

People looked comfortable and their personal care needs had been met. People and visitors told us staff supported people to have a shower and hair wash regularly. One person said; "They help you look your best!" A visitor said of their relative; "[…] always looks clean and presentable".

Requires Improvement

Is the service responsive?

Our findings

At the inspection in August 2014 we saw improvements to people's care plans had been made. However some care plans still lacked full details to protect people's safety and wellbeing. The provider sent us an action plan detailing how they would make improvements. At this inspection we found these concerns had not been addressed.

People's planned care was not always reflected or recorded in their daily care notes. For example, whether people had a shower, hair wash and nail care was not consistently recorded. Wound care was sometimes recorded on a sheet titled 'Tissue viability review' and sometimes in daily care notes. Therefore it was not clear from any one record when dressings had last been carried out or were next due. One record indicated a dressing due to be renewed twice a week had not been changed for a week. The registered manager said they would confirm with staff if this dressing had been changed. Therefore limited records were available to ensure proper evaluation of care plans, and to promote timely updating of plans to show care currently required.

One person had information about their urinary catheter changes recorded on a specific sheet and sometimes in a booklet titled 'Catheter passport'. Staff were not aware they needed to check both records to find information about a person's current catheter care and to ensure catheters were only changed at required intervals.

A care plan had not been updated to show when a person, who previously had vulnerable skin, now had wounds. A care plan written by specialist community nurses (tissue viability nurses) was elsewhere in their care plan file. This meant staff may not have up to date information to hand to respond to this person's need. The registered manager said the tissue viability nurse may have addressed this issue and would update the records accordingly.

Some care records lacked significant details. For example, one person required their blood glucose levels checked. It did not record specific action staff should take if the level was too high or low or any guidance on what level was considered too high or low. Staff gave us significantly different opinions on such levels. This created a risk that the person would not receive care they required for their health and wellbeing. The registered manager said they would discuss this with all staff members to ensure they had the correct information.

Care plans recorded people's physical needs, such as their mobility and personal care needs. However, we saw little detail about people's faith, social and recreational needs and how they could be supported so these needs would be met. Some needs had been assessed through completion of a questionnaire called 'All about me' with information from these included in care plans under 'Daily life'. Senior staff told us they were in the process of gathering more information about people and their lives to date. This information would help staff understand people so they could provide more personalised support.

Staff told us people had been assessed by a SLT. In one case, no record was recorded of the SLT visit on the person's 'Professional visits' form. The registered manager, on our request, found the SLT's advice. This was written in the person's daily care records three weeks prior to our visit. As there was no cross-referencing using the 'Professional visits' form, staff might have difficulty in locating important information, especially if daily record sheets were archived. The registered manager said the newly employed qualified nurse would be undertaking updating and streamlining all care records.

Not maintaining accurate records in relation to people's care and treatment is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People received personalised care. One person said; "Everything's alright. I have everything I want – I only have to ask" and "They see I get it, if I want anything." A visitor said; "They're very good here", and confirmed they felt their relative was looked after. Relatives said they had attended a care plan meeting for their mother and were; "always kept informed and know what is going on".

People's individualised care plans were in place and held details that enabled staff to meet people's specific needs. For example, one care plan guided staff on conversation topics that would comfort and reassure a person who was living with dementia. Another held information on one person who became exhausted easily. It noted that for their

Requires Improvement

Is the service responsive?

comfort, they should be advised to sit out of bed for certain lengths of time. Specified care was given to help ensure their safety when sitting out and when eating because of such tiredness.

People told us they had enough to do with their spare time. One person said they enjoyed a trip to the moors organised by the staff. A visitor said their relative enjoyed the musical entertainment, bingo and other spontaneous activities led by care staff, such as quizzes. One person told us they attended religious services held at the home. One relative told us they were involved in residents' meetings to discuss how to raise money for additional activities. People told us, as a result of suggestions made at one meeting, there was now more musical entertainment at the home.

People told us they had not had to make any complaints but felt able to raise any if they had them. One person added; "They always make sure I'm alright." People also felt action would be taken to address their concerns, with their comments listened to and acted on. Some people said they would speak with the staff, while most said they would speak with the registered manager who they found approachable. A visitor said; "Everyone is easy to speak to, especially […] (registered manager)."

Care plans included a section on 'Any objections' and 'Comments' about care plans. In one record there was information that the staff responded to one aspect of care that had been followed up with community health professionals to resolve the concern raised. This showed the service responded to people's concerns.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in April 2014 we found breaches of legal requirements related to the records kept at the home. People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made.

There was a lack of audit processes. This showed us that quality assurance systems at the home were not robust and required improvement to ensure risks were identified and quickly rectified .For example, there were no medicines audits undertaken which may have identified the issues with the way medicines were recorded. In addition, there were no care plan audits to determine whether information in the files was up to date and relevant. These included inadequate recordings in care records including food and fluid records, lack of significant details in care records on people's medical needs and daily care not recorded.

The registered manager did not undertake audits to check the quality of service provision. This included checking the quality of care records. Care plans lacked detail and did not contain appropriate advice for staff to follow. Information was missing. For example, people's preferences, life histories and mental capacity assessments. We found various instances of care not being delivered in line with people's care plans. These issues could have been identified through a formal system to assess and monitor the quality of care.

The lack of a system to assess and monitor the quality of services provided is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider and the registered manager took an active role within the running of the home and worked at the home most days. There were clear lines of responsibility and accountability within the management structure. The registered manager had notified us of all significant events which had occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred.

People said the home was run and managed well. Comments included: "It all seems very good, the way things are here." Staff spoke positively about the registered manager and said they were able to raise any concerns and were confident they would be addressed. Staff said; "The home is well-led."

People were involved in the day to day running of their home. Residents' meetings took place, people were encouraged to share how they felt, and their relatives and friends were also welcome to attend. People and visitors said they had completed questionnaires about the quality of care provided by staff. However, they said they did not know the results of the surveys. Visitors stated they were asked for feedback about the service, when they spoke with staff. The registered manager said they spoke with people if they raised any concerns on surveys to help ensure improvements were made were needed.

Visiting health care professionals told us they had no concerns about the service and said the service was well led. Another told us the registered manager worked with them and passed on information to staff to ensure people received the support they needed.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did not regularly assess and monitor the quality of the services provided.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Care records lacked significant details on people's medical needs and daily care needs. Information contained in them was not consistent. This meant people may be put at risk, as staff did not have the most up to date information on people's care.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.