Prime Life Limited

Lyndon Croft

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

At the last inspection in January 2016, the service was rated 'Good' overall. At this inspection we found this had not been sustained and improvements and required. We rated the service as Requires Improvement.

Lyndon Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lyndon Croft provides care and accommodation for up to 53 people with dementia. There were 51 people living in the home at the time of our visits.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of our visit the registered manager had been in post for seven years.

Ineffective risk management at the home had placed people at unnecessary risk. Risk assessments were in place to reduce and manage the risks associated with people's care. Staff were knowledgeable about the risks however, we saw not all staff always effectively manage risk in line with best practice. Some people required close observation from staff to make sure they were safe. However, we saw records did not always clearly detail the frequency of checks people required.

People felt safe living at Lyndon Croft. There were enough staff on duty to support people's care needs and we saw the management team worked alongside the staff team to support people. However, the deployment of staff required further development because the communication between staff when they needed to leave their allocated area of work was not always effective. The staffing levels were under constant review in response to people's changing needs. A further review of the deployment of staff was planned to take place shortly after our visits.

The provider had taken action and ensured lessons had been learned when people had fallen at the home. They had sought and followed the advice of health professionals to manage falls. Relatives told us they were 'happy' with the action taken to prevent their family members falling again.

Procedures were in place to protect people from harm. Staff told us they had received safeguarding adults training and they knew to follow the provider's procedures to protect people. Concerns of a safeguarding nature had been correctly reported and this meant any allegations of abuse had been investigated if required.

There were processes to keep people safe in the event of an emergency such as a fire. Regular checks of the

building and equipment took place to make sure they were safe to use. People's needs were met by the design and decoration of the home. Plans were in place to make continual improvements to the environment in-line with best practice.

The home was clean and well maintained. The staff team understood their responsibilities in relation to health and safety and infection control.

People and relatives told us they had no concerns about the way their medicines were managed and administered. Safe administration systems were in place and people received their medicines when they needed them.

People and their relatives confirmed they received effective care, support and treatment from health professionals. The provider worked in partnership and shared information with key organisations to ensure people received joined-up care which met their needs.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. New staff received effective support when they first started working at the home. Staff understood their responsibilities and had the skills and knowledge to care for people effectively. Staff felt supported by their managers and enjoyed working at the home.

The provider worked within the principles of the Mental Capacity Act (2005). People were offered choices and staff respected the decisions people made.

People had enough to eat and drink and staff had a good understanding of people's nutritional needs and any risks associated with this.

Staff were caring and knew people well. They approached people in a friendly way and we saw interactions between people and the staff were positive.

Systems were in place to monitor and review the quality of the service provided at the home. People and their relatives were happy with how the home was run and they were involved in planning and reviewing their care. They told us they felt listened to and they had opportunities to feedback on their service they received. People knew how to make a complaint and felt comfortable doing so.

Staff had opportunities to attend staff meetings and contribute their ideas to share suggestions and good practice.

People were supported to pursue their hobbies and interests. Staff were responsive to people's needs and understood what was important to them from their perspective. People were supported to be independent and staff respected people's right to privacy.

We found one breach of the Health and social care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People felt safe living at the home. Despite this ineffective risk management at the home placed people at unnecessary risk. We saw staff did not always manage risk in-line with best practice. There were enough staff to keep people safe but the deployment of staff required further development. The home was clean and well maintained. There were processes to keep people safe in the event of an emergency such as a fire. The provider's recruitment procedures minimised, as far as possible, the risks to people safety. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received effective support when they first started work at the home and staff spoke positively about the on-going training they received.The provider worked within the principles of the Mental Capacity Act (2005). People were offered choices and staff respected the decisions people made. People's needs were met by the design and decoration of the home. Staff had a good understanding of people's nutritional needs and people received effective support and treatment from health professionals.

Is the service caring?

Good

The service was caring.

People told us the staff were caring and we saw positive interactions between people and staff. People were supported to maintain relationships that were important to them. People were treated with dignity and respect and were encouraged to be independent.

Is the service responsive?

Good

The service was responsive.

Staff knew the people they cared for well. People and their relatives were involved in planning and reviewing their care.

People chose to take part in a variety of social activities which they enjoyed. People knew how to make a complaint and felt comfortable doing so.

Is the service well-led?

Requires Improvement

The service was not consistently Well- led.

Risk assessments were completed, reviewed and updated by the management team. Despite this risk management at the home was not always effective. People spoke positively about the management team and the leadership of the home. Staff felt valued and supported by their managers.

Lyndon Croft

Detailed findings

Background to this inspection

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

Lyndon Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lyndon Croft accommodates a maximum of 53 people in one building across two floors. The home specialises in providing care to people living with dementia. 51 people lived at the home at the time of this comprehensive inspection.

We visited the home on 28 November and 1 December 2017. Both of our visits were unannounced. The inspection team consisted of two inspectors and one expert-by- experience. An expert- by-experience is a person who has relevant experience of this type of care service.

Prior to our visits we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Our analysis informed us a higher number of serious injuries had been reported to us than were expected in the 12 months prior to our inspection. These injuries had been sustained as a result of people falling. In response to this we spoke to the NHS falls prevention team before our visits and we also reviewed how the service managed risk during our visits.

We spoke to the local authority commissioning team. They did not have any further information to share with us. We also spoke with two other health care professionals who shared their experiences of working in partnership with the home.

During our visits we spoke with four people who lived at the home. We spoke with ten relatives, one person's friend and one visiting health professional. Other people were unable to tell us about their experience of

their care. We therefore spent time observing how they were cared for and how staff interacted with them so we could gain a view of the care they received. 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 were not able to talk with us.

We also spoke with the registered manager, the deputy manager, the regional support manager, the cook, two senior care workers and six care workers.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at four staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Following our visit we were contacted by one more relative who provided their views on the service people received.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in January 2016 we rated this key question as 'good'. At this inspection we found improvements were required.

Shortly after our visits we were made aware that two people who had been assessed as requiring close observation from staff to keep them safe had left the building unaccompanied on three separate occasions during the night time in December 2017 and January 2018. On two occasions staff were not aware that one person had left the home until they were informed by members of the public. On the first occasion this had occurred because staff had not securely closed a door. The person's risk assessment had been updated to reflect this risk and staff had been reminded of the importance of closing doors securely. However, this action had not been effective because a second incident occurred a few days later when the person left the home via an unalarmed fire door. We discussed this with the registered manager who told us of the immediate actions they had taken to reduce the likelihood of this happening again. For example, more thorough checks to make sure doors and gates were securely locked each day had been implemented. We were informed that the local authority safeguarding team were satisfied with the actions taken by the home to keep the person safe.

We were then made aware of a third incident when a second person had left home via the front door because they had obtained the coded lock key code. Following this incident we asked the provider what immediate actions they had taken to increase security at the home to keep people safe. They provided assurances that all reasonable measures to minimise any risk of re-occurrence had taken place. Also, these were isolated incidents that related to two people and the remedial action taken was proving effective. For example, the key code lock to the door had been changed and would be changed each week to reduce the risk of the person obtaining the code. Also, the key code would not be shared with visitors to the home and this meant anyone who entered or left the home would be supervised by the staff.

We acknowledge that immediate action had been taken following the incidents occurring. However, we were very concerned this lack of effective risk management had placed people at potential significant risk.

Risk assessments in place detailed the support people needed to reduce and manage risks associated with their care. A 'traffic light system' was used against each risk which clearly showed staff at a glance, any areas of concern and actions to take. For example, green meant there was a low risk and red, high. Our discussions with staff assured us they were knowledgeable about these risks. For example, one told us, "We know people well and all the information we need is their care plans. If we need to do things differently we are told at 'handover meetings' when we come into to work." Handover records looked at confirmed this.

However, we could not be sure all staff always followed risk assessments to effectively manage risk. For example, during the first day of our visit we observed two staff members used an unsafe technique to assist one person to move from their wheelchair into an armchair and we had to intervene to prevent the person from falling. We immediately bought this to the attention of the registered manager. The registered manager told us this was a 'one off' occurrence and they assured us they would address this with the staff members

involved in-line with the provider's disciplinary policy.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

There were enough staff on duty to support people's care needs and we saw the management team worked alongside the staff team to support people. Since our last inspection a work station had been created for the registered manager which was located in a communal area of the home. They registered manager said, "Its better because I can observe and help to provide care at busy times."

However, some staff felt that more of them were needed because they had to complete frequent observations of a number of people throughout the day to make sure they were safe which included people who were at high risk of falls. One said, "We check to make sure residents haven't had a fall. But whilst you're checking it could mean other areas have no staff." Another told us, "It can be hard when one of us takes a break. We try to make sure there are always two staff on the floor. But if two go to assist someone and one goes on their break it leaves one on the floor."

We discussed what staff had told us with the registered manager and the provider's regional support manager who informed us the deployment of staff was under constant review. Records showed us four changes had been made to the staff rota and staff shift times in the past few months in response to people's changing needs. For example, a staff member now started work at 6am as this was the time some people chose to get up in the morning. A further review of the deployment of staff was planned to take place shortly after our visits.

We saw staff were allocated work areas called 'zones' in an attempt to make sure they were available when people needed them. However, we saw on occasions staff were not always present in their allocated zone. This showed us the deployment of staff required further development to make sure staff communicated effectively with each other when they needed to leave their allocated area of work. For example, on the first day of our visit we, along with the registered manager, saw no staff were present in a communal lounge which was occupied by two people known to require close observation. The registered manager immediately addressed this and reminded a staff member the importance of remaining in the lounge.

After lunch we observed another person who was at high risk of falls leant over the side of a dining room chair asleep. Again there was no staff present. We bought this to the attention of a staff member because we were concerned the person may fall. They told us the person had refused assistance to move from the dining table after lunch and they assured us were checking them every few minutes to make sure they were safe.

We reviewed a sample of records staff had completed when they had observed people to make sure they were safe. However, some records were confusing for staff to follow because they did not clearly detail the frequency of checks people had been assesses as needing. For example, one person's records showed us they required 15 minutes, 30 minutes and 60 minutes observations. Despite this staff did know when they needed to check the person and this was dependent upon where the person chose to spend time in home. For example, if they were in their bedroom they checked them every 60 minutes and if they were in communal areas this increased to every 15 minutes. We discussed this with a senior care worker who assured us they would amend the information to make sure it was clearly recorded when the checks needed to take place.

Prior to our inspection we had received a higher than expected number of statutory notifications from the

home which informed us people had sustained injuries when they had fallen. We discussed this with the registered manager to see how the provider ensured lessons had been learned when incidents had occurred. They explained falls had occurred because some people's physical and mental health had deteriorated. They said, "We have taken action and done everything possible to keep people safe." This action included staff completing falls prevention training and seeking advice from health professionals to reduce risks. Our discussions with the NHS falls prevention team nurses, prior to our visit to the home, assured us the home's staff did follow their advice to manage risks.

A review of the environment had also been completed in October 2017 by the regional support manager. The review had identified some areas in the home had too many seats which could cause areas to become crowded and increase the risk of falls for some people. We saw action had been taken to rearrange seating areas throughout the home. Records showed each person had an individual falls record, so any individual trends could be identified and action taken if possible to reduce the risk further.

Three relatives whose relations had fallen told us they were 'happy' with the action taken to prevent further falls. This had included placing a sensor mat in their family member's bedroom which alerted staff if they got out of bed during the night time so they could provide prompt assistance.

All of the people we spoke with told us they felt safe living at Lyndon Croft. One person said. "Yes I am safe. When I lived on my own I felt frightened. I don't here." Another told us, "Oh yes I feel safe here." Relatives told us they felt confident that their family members were safe.

Procedures were in place to protect people from harm. Staff told us they had received safeguarding adults training and they knew to follow the provider's procedures to protect people from harm. The registered manager demonstrated they understood their responsibilities to keep people safe. Records showed concerns of a safeguarding nature had been correctly reported and this meant any allegations of abuse had been investigated if required.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Relevant checks were completed before staff worked in the home. These checks included references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

There were processes to keep people safe in the event of an emergency such as a fire. The provider's fire procedure was on display in communal areas which provided information for people and their visitors about what they should do. People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support they would require to evacuate the building safely.

People and relatives told us they had no concerns about the way their medicines were managed and administered. Records confirmed people received their medicines as prescribed. Medicines were securely stored and staff were trained to administer them; their competence to do this safely was assessed regularly. During our last inspection we found the fridge used to store medicines had too low a temperature. During this inspection we checked and found the temperature was within the recommended range based on best practice guidelines.

The home was clean and well maintained. Our discussions with care workers assured us they understood their responsibilities in relation to health and safety, and infection control. One said, "Infection control is very important. We are clear about the need to use gloves and aprons and to dispose of any waste safely."

We saw these practices were followed.

Records looked at demonstrated regular checks of the building and equipment took place to make sure they were safe to use. For example, electrical items had been tested in the previous 12 months and the passenger lift had been serviced in the past six months.

Good

Is the service effective?

Our findings

At this inspection, we found staff continued to have the same level of skills, experience and support to enable them to meet people's needs as we found at the previous inspection visit. The rating continues to be 'Good'.

New staff received an induction in line with the Care Certificate when they first started work at the home. The Care Certificate is an identified set of standards for health and social care workers. One staff member told us, "My induction was informative. I spent time talking to people and understanding how I needed to work."

Staff spoke positively about the on-going training they received and confirmed they had regular opportunities to meet with their managers to discuss their role and identify how to further develop their skills. One staff member told us they had recently attended training in falls awareness and they explained how they put their learning into practice. They said, "Before I didn't realise if I put a Zimmer (walking frame) by a person's side they may not be able to see it. They could get up and try to walk without their frame and fall. Now I always makes sure they can see it."

Some staff had completed interactive virtual dementia training to support them to meet the specific needs of people who lived at the home. This training gave staff the opportunity to experience what it was like for people who live with the condition. A staff member told us, "The training was brilliant; it gave me a real of sense of being in people's shoes. It made me think about things more from people's perspective." Further training was planned to take place in March 2018 and was available to both staff and people's relatives.

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

The management team had a good understanding of the MCA and DoLS legislation. Capacity assessments had been completed to determine which decisions people could make for themselves and which decisions needed to be made in their best interests. Where people's care plans included restrictions on people's rights, choices or liberties, we found applications had been made to the supervisory body.

Staff had a good understanding of the principles of the MCA. They gave examples of applying these principles to protect people's rights. One staff member told us, "If someone has dementia, you can't just say they don't have capacity. In some situations we might need to involve next of kin to make a decision in someone's best interests."

Most people chose what they wanted to eat and we saw people were offered nutritionally balanced meals.

Staff provided people with the support they needed to enjoy their meals. For example, a staff member sat with one person and gave them verbal prompts to gently encourage them to eat. However, we saw the menu choices displayed on the menu boards in the dining rooms did not reflect the meal served. This could cause confusion for some people who lived with dementia. We discussed this with the registered manager who told us they would take action to address this.

Staff had a good understanding of people's nutritional needs. Some people were at risk of losing weight and they were offered foods fortified with additional milk and butter to increase their calorie intake to maintain their health.

We checked and found people's needs were met by the design and decoration of the home. The regional support manager told us the home was in the process of working with external consultants to continually improve the environment to benefit people living with dementia in line with best practice.

People confirmed they received effective care, support and treatment from health professionals. Our discussions with health care professionals assured us the home's staff worked in partnership with them to support people. One commented, "They are proactive, they always contact us promptly if people are unwell." During the first day of our visit we saw a GP and a dentist visited the home.

Good

Is the service caring?

Our findings

At this inspection we found staff provided the same level of caring support as at our last visit. The rating continues to be Good.

One person told us, "Staff are kind they listen to me." Another told us, "The staff are lovely to me." Relative's spoke positively about the caring attitude of the managers and the staff. One told us, "Nothing is ever too much trouble, very caring." Another said, "I think every member of staff is extremely caring."

We spent time in communal areas of the home and we saw positive interactions between people and staff. Staff approached people with friendliness and spoke about them with warmth and affection. Staff told us they enjoyed working at the home and team work was good. One told us, "We care about the residents and about each other. We work well as a team." Another told us, "I enjoy my job, it takes two minutes to ask someone if they are okay to show them you care." The deputy manager told us they felt confident all of the staff provided high quality care to people.

Staff supported people to maintain relationships with their families and those closest to them. Our discussions with relatives assured us they were always made to feel welcome, and could visit the home whenever they wanted. During our visit we saw staff greeted visitors in a warm and welcoming manner. We heard one staff member ask a person if they would like to go to their bedroom with their visitor because, 'you may like some privacy'. The person agreed. The staff member said, "If you need anything just call me. Enjoy your visit."

Staff treated people with dignity and respect. One person told us, "If staff help me to shower they are very good at covering me up and shutting the door." A relative explained their relation enjoyed their own company and did not choose to socialise with others. They told us staff respected this decision and always knocked the family member's bedroom door and requested permission before they entered. A staff member commented, "I treat the people with respect. You spend a lot of time at work so they [people] become like you family."

The staff team supported people to be as independent as they wished to be. One said, "Small things are important. So I try to encourage them [people] to wash their face or choose their clothes." Where possible, staff also involved people in completing tasks and jobs around the home to encourage them to maintain their everyday living skills such as, doing cleaning. During our visit we saw one person was supported by staff to serve sandwiches and drinks to others. The person told us, "I love my little job, I am useful."

Confidential information was kept secure so people were assured their personal information was not viewed by others.

Good

Is the service responsive?

Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people who lived at the home continued to receive good, responsive care.

Staff demonstrated they knew people well. Care plans detailed people's individual preferences to support staff to provide personalised care. For example, one person could become confused and anxious at bed time. Their care plan advised staff to sit and talk to them at this time as the person found this reassuring.

Care files also contained information about people's life histories, their likes and dislikes. One care worker said, "It's important to understand what's important to people, like their culture. Respecting that and helping them maintain that means we are caring for them in the right way."

People and their relatives told us they were involved in the planning and review of their care. One relative told us, "Me and my sister came last week and the doctor and social worker came too. We looked through the care file. We asked for some changes and they were put in place."

Staff told us communication in the home was good and they had time to read people's care records. One said, "We always read the care plans and revisit them if we need to check something or if there has been an update." Care plans we looked at had been regularly reviewed and updated when a change had occurred.

A keyworker system ensured people were supported by a consistent named worker. One keyworker told us, "It's my job to make sure they [people] have everything they need, like toiletries and clothing. I ensure wardrobes are clean and tidy, Things like that." The name of each person's keyworker was displayed by their bedroom door. Staff told us this was to remind people and inform relatives of each person's named worker.

We were made aware one person loved dogs and they had recently enjoyed a visit to a local dog rescue centre. A staff member told us, "It was a super day; we are going to go again." Another person had been supported by staff to visit their previous workplace. We asked the person about their visit and they smiled and told us, "It was brilliant."

People chose to take part in a variety of social activities which they enjoyed. We observed people took part in a gentle exercise sessions and watched films. One person said, "I love to watch films."

Relatives told us there were enough activities available to occupy people's time. However, on the first of day of our visit we did not see many tactile objects available for people to touch and feel which could be an effective way for people who lived with dementia to reduce their anxieties. The registered manager told us this was because some people had taken the items to their bedroom. On the second day of our visit we saw, 'mystery boxes' which included items such as, silk scarves, balls of wool and jigsaw puzzle pieces were available to people.

People knew how to make a complaint and felt comfortable doing so. One person told us they would tell

(deputy manager) if they were unhappy. A relative commented, "I have no complaints; we are happy with everything."

Records showed seven complaints had been received in the 14 months prior to our visit. Some had been in relation to the laundry processes because some people's clothing had gone missing. We discussed this with the deputy manager and saw the complaints had been resolved to people's satisfaction. Also, clothing had been replaced and staff had been reminded of the importance of treating people's personal items with care.

A compliments book showed us the home had received 47 compliments in the 14 months prior to our visit. This assured us people were happy with the care they received.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in January 2016 we rated this key question as 'good'. At this inspection we found improvements were required.

The arrangements in place to assess and monitor the safety of service people received were not always effective. This was in despite of people's risk assessments being reviewed and updated when incidents had. This was because we saw staff did not always manage risks in-line with best practice and two people had been placed at significant risk when they had left the building unaccompanied.

People spoke positively about the management team and the leadership of the home. One person said, "Yes, I am happy with the managers. I think we are very lucky to have them." Relatives told us the managers were always 'friendly and approachable'.

The home had recently been rated highly on a care comparison website with an average rating of 9.7 out of a maximum of 10. This comprised of 14 reviews made up from people who used the service and their relatives in the 12 months prior to our visit.

The registered manager had been in post for seven years and had many years of experience working in health and social care. They had a good understanding of people's care needs and worked alongside the staff team to support people. They were supported by a deputy manager, senior care workers and a regional support manager. The support manager said, "The manager is very proactive, the home is run well in line with our procedures."

Staff felt valued and supported by their managers. One said, "I never think twice about talking to the managers, they are approachable." In July 2017 the provider had asked the staff what it was like to work at the home. Eighty five per cent thought the home was a good place to work. The remaining 15 per cent thought it was outstanding.

Staff had opportunities to attend staff meetings and contribute their ideas to the running of the home. During a meeting held in October 2017 we saw the management team had thanked the staff team for their continued hard work and commitment.

The registered manager attended manager's forums in the local area and regional meetings with senior managers within the organisation. They explained they were a good way of sharing information and keeping up to date with current best practice to continually improve the quality of care provided at the home.

The home worked in partnership and shared information with key organisations to ensure people received joined-up care which met their needs. Some links with the local community had been formed which included a local scout group and community choir. We were informed that the scouts and the choir would be visiting the home as part of planned Christmas celebrations.

The management team completed regular checks to identify any issues in the quality of the care provided. This helped to drive forward improvements. For example, a medicines audit completed in November 2017 had identified that some community pharmacy MAR charts lacked the required information. Immediate action had been taken to address this.

The management team were responsive to people's feedback and people told us the managers listened to them. Quality questionnaires had been sent out to gather people's views on the service in July 2017. 18 responses had been received and showed us people were happy with how the home was run.

The registered manager knew which notifications they were required to send to us so we were able to monitor any changes or issues within the home. It is a legal requirement for the provider to display their ratings so that people are able to see these. We found their rating was displayed within the home and also 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. Steps were not taken to do what is reasonably practicable to mitigate these risks.