Keats House Healthcare Limited

Keep Hill Residential Home

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

Summary of findings

Overall summary

This inspection took place on 28 September 2018. It was an unannounced visit to the service. We previously inspected the service on 2 May 2017. The service was not meeting all the requirements of the regulations at that time. We found a breach of one regulation where the service did not have effective quality assurance processes and the standard of record keeping was inconsistent. We rated the service 'requires improvement'. Following the last inspection, we met with the provider to ask them to complete an action plan to show what they would do and by when, to improve the key question Well-led to at least 'good.' They sent us an improvement plan, which outlined the measures they would put in place. On this occasion, we have also found improvements are required, to ensure people receive safe, consistent and effective care.

Keep Hill Residential Home 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. The home is registered to provide care for up to nine older people and people with dementia. Nine people were living there at the time of our visit.

The service had 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 2008 and associated regulations about how the service is run.

Relatives were complimentary of the care provided. Their comments included "The staff are good, it is nice. There are no agency workers and most of the staff have been here for a long time, so they get to know the people." Another relative said "(Name of person) has only been a resident here for a few weeks but they have settled really well. I am really pleased and it has made life so much better for me, too."

People said they felt safe at the service. Staff had undertaken training on safe working practices, such as safeguarding and moving and handling. Risk assessments had been written, to reduce the likelihood of injury or harm to people during the provision of their care. Evacuation plans had been written for each person, to help support them safely in the event of an emergency, such as a fire. Equipment was serviced to make sure it was in safe working order. We have asked the registered manager to look at replacing the passenger lift, due to several breakdowns this year. We have made a further recommendation for the service to purchase its own equipment to maintain floors in a hygienic condition, rather than hire it.

People's medicines were kept secure and records were maintained when staff had administered these. However, the home did not always ensure new prescriptions were obtained in time, to ensure people received regular courses of medicines.

We found there were sufficient staff on duty, to meet people's needs. However, the home did not have a cook in post. Care workers were preparing meals as well as supporting people with their personal care. We have made a recommendation about this.

Staff were recruited using robust procedures, to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through induction, supervision and appraisal. There was an on-going training programme to make sure staff had the skills they needed to support people.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. People were supported with their healthcare needs.

People were not supported to take part in many activities or to have links with the local community. There was a vacant activity organiser post at the home, which had been advertised. Staff were providing activities, where they could, in the meantime. A church service used to be held at the home but there was no current provision to meet people's religious needs. We have made a recommendation about this.

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

We looked at whether the service ensured people had access to the information they needed, in a way they could understand it. This was to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We have recommended work is undertaken to comply with this standard.

Monitoring and audits were carried out at the home. However, the registered manager did not always take action to improve the service or to ensure continuity of people's care.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medicines practice and governance of the service.

You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 could not be confident of always receiving their medicines, as systems for ordering repeat prescriptions were not adequate.

Enough staff were on duty to support people but efforts could have been improved to ensure a cook was employed, to free-up care workers' time.

Improvement could be made to infection control practice by ensuring staff could clean up spillages promptly.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through induction, supervision and training.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to keep healthy and well.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy was safeguarded.

People were encouraged to be independent.

People were supported to express their views.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Work was needed to ensure people were provided with information in accessible formats, to comply with the Accessible Information Standard.

People were not regularly supported to take part in activities to increase their stimulation.

There were procedures for making compliments and complaints about the service. People were able to identify someone they could speak with if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People's needs were not always appropriately met because the service did not have effective leadership. Monitoring systems were in place but action was not always taken to ensure improvements were made to people's care.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

People's records were kept secure.

Keep Hill Residential Home

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 28 September 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted community professionals, for example, the local authority commissioners of the service, to seek their views about people's care.

We spoke with the registered manager and three staff members. We checked some of the required records. These included three people's care plans, medicines records, two staff recruitment files and three staff training and development files. Other records we checked included quality assurance reports, health and safety certificates, staff meeting minutes and a selection of policies and procedures.

We spoke with seven residents and two visitors. Some people were unable to tell us about their experiences of living at Keep Hill Residential Home because of their dementia. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe at the service. Comments included "I feel safe living here and I certainly think everyone else is too," "I think so, yes" and "Yes, it is very safe here." Another person commented "They bring me all my medicine and say 'take this' and 'take that' and it all goes smoothly and I think they are quite good." People said there were enough staff to support them. "I think there are always enough carers here for us" and "There are always carers here," were typical comments.

People's medicines were not consistently managed well. We checked the medicines administration records (MARs). Some entries on these records had been handwritten. Where this is the case, it is good practice for a second person to check and sign, to show the details have been transcribed correctly. This was also mentioned to the registered manager, for their attention. We noticed two people were not currently receiving their medicines. We asked about this and were told the home did not have the medicines in stock at the home. Current MARs showed one person had not had their medicine for five days, the other person for over two weeks. Both the registered manager and deputy manager were aware of this. They told us they had chased up prescriptions with the surgery. In one case they said a prescription was reliant upon the outcome of blood tests. However, they had not contacted the surgery for the results of these blood tests.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the home did not have adequate systems in place for ordering of prescriptions.

We asked the registered manager to attend to this straight away. The medicines were obtained and brought to the home a short while later. We asked the registered manager to improve their systems for ordering prescriptions, as this situation could have been avoided.

Two care workers were on duty when we arrived. They were later joined by the deputy manager, the registered manager and a member of housekeeping staff. The home did not have a cook, therefore one care worker cooked and organised breakfast, as well as administering people's medicines. This left one other care worker to assist people. Staff told us the needs of people had changed since we last visited the home. People were more independent and no-one needed two staff to assist them with their personal care. We saw staff managed breakfast, medicines and helping people in an organised and unrushed manner. However, if anyone was poorly or needed some extra support, this would have an effect on the rest of the home. We asked the registered manager if a cook position was being advertised. They told us someone had started at the home but left. They added the position was still advertised but there had not been any interest in it. This was a long-standing vacancy.

We recommend further efforts are made to recruit a cook, to free-up the time care workers have to support people, especially in the morning.

People were protected from the risk of infection. Toilets and bathrooms were kept in a clean condition and were stocked with handwashing products. Staff wore disposable gloves and aprons when they supported people with personal care. We asked the registered manager about maintenance of carpets, such as how

often they were shampooed. They told us they hired equipment as and when they needed it. We mentioned this would involve delay in cleaning up spillages, such as bodily fluids and asked why the home did not have its own shampooing equipment. The registered manager told us they had equipment in the past but it had broken. No action had been taken to replace it.

We recommend the home obtains its' own equipment for maintaining floors in a clean and hygienic condition.

The district council inspects the premises to check standards of food hygiene are sufficient. We saw the report written by the environmental health officer, following their visit in March 2015. Some recommendations had been made to ensure good food hygiene practices were followed. Most of these were in place at the home. However, we asked the registered manager to ensure raw meat and fish were stored away from other raw foods at the bottom of the fridge. This was attended to during the inspection.

We looked at recruitment processes. We saw robust processes were used, to ensure people were supported by staff with the right skills and attributes. The recruitment files we checked contained all required documents, such as a check for criminal convictions and written references. We asked the registered manager to ensure a photograph of the member of staff was in each file. In one file, we could not find a starting date. This was also mentioned to the registered manager, for their attention. We suggested adding a copy of the member of staff's terms and conditions, which would include the start date.

People were safeguarded from abuse. Staff understood their responsibilities toward protecting people from harm. One member of staff said "Of course, I would report any concerns or abuse," when we asked what action they would take. There was guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse.

Risks to people's health and safety had been assessed. Risk assessments had been written for a range of situations. These included people's likelihood of developing pressure damage and supporting them with moving and handling. Where risk assessments identified people could potentially be harmed, measures were put in place to address this. We spoke with the registered manager regarding one person. They were at risk of absconding and although this was mentioned in their care plan, no risk assessment had been written. They said they would address this.

The building was kept in reasonable condition. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Equipment to assist people with moving had been serviced and was safe to use. However, we noticed several call outs had been made to engineers this year, regarding the lift. The number of call outs and the age of the lift may indicate it needed to be replaced. We asked the registered manager to consider replacing this, before the lift stopped working completely.

Staff received training to ensure they followed safe practices when they supported people. This included first aid training, moving and handling and fire safety awareness. Updated courses were attended to keep these skills refreshed.

Accidents and incidents were recorded appropriately at the home. Staff had taken appropriate action in response to accidents, such as a recent fall. The person could not recall this accident but other people at the service told us the care workers had responded to the situation well and called an ambulance.

People's records were accessible and kept securely in a locked room. These were mostly accurate and had been kept up to date, following changes to people's care needs.

Good

Is the service effective?

Our findings

Relatives told us people received effective care. A relative described where their family member had previously lived and said "It is so much better for her here, this place is ideal." Another relative told us "The staff are good, it is nice. There are no agency workers and most of the staff have been here for a long time, so they get to know the people." Further comments from relatives included "The home ring me up and the carers report to me all the time, if she is going to see the GP or if she has an infection." They added "They've just done the DoLS, all done." (DoLS refers to Deprivation of Liberty Safeguards, to deprive someone of their liberty).

People's needs had been assessed before they received support. This included assessment of their physical and emotional needs. Assessments took into account equality and diversity needs, such as those which related to gender, religion, disability and culture.

People received their care from staff who had the appropriate skills and support. New staff undertook the nationally-recognised Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to refresh and update skills. This included dementia care, safeguarding, moving and handling and infection control.

Staff told us they were encouraged to attend training courses, such as the Qualifications and Credit Framework (QCF). The QCF replaced the National Vocational Qualifications (NVQ) Framework, which closed for accreditations at the end of 2010. Five staff had started QCF courses, from level 2 to 4. These courses would help staff develop in their roles and assess their levels of competency, to provide effective care to older people.

Staff received supervision from their line managers. Appraisals had been undertaken, to assess and monitor staff performance and development needs. Staff said they felt supported in their roles.

We observed staff communicated about people's needs. Daily progress notes were maintained in people's care files, to log any significant events or issues so that other staff would be aware of these.

People were supported with their nutritional needs. Care plans documented people's needs in relation to eating and drinking. People were assessed for the risk of malnutrition and were weighed regularly. Nutritional supplements were available to those who required them.

We saw drinks were readily available to people throughout the day. There was a choice of juices or hot drinks. We asked people about the meals provided for them and whether they had choices. People told us "Yes, we get a choice of food and the food is lovely," "The food and drink here, it is good for the most part," "The food here is very good" and "The food and drink here is very good, I find." One person said "I've put on

quite a bit of weight since I came here." A relative said "The food is good and always looks absolutely lovely." Another person said "I have food in my room sometimes. You have to wait a bit occasionally but that is okay."

We saw people were offered cooked options at breakfast. Most people chose to have bacon, egg and beans for breakfast. Porridge and toast were also popular. The daily menu was written on a board in the dining area. On the day of the inspection, there was a choice of fish and chips or sausage and chips at lunchtime. One person said "They all like fish here but I prefer gammon. I asked for that today and I got it." We saw people were provided with napkins and condiments were available on the tables. Everyone was able to enjoy their meal unrushed.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of healthcare appointments, for example, GP visits.

The building was not purpose-built. Corridors were quite narrow and there was a bottle-neck area by the kitchen, where four routes merged into one. People living at the home at the time of the inspection were mobile and could manage these restrictions without any issues. This may not be the case for anyone with a higher level of needs, or if people's needs increased. Toilets and showers had equipment to assist people, such as raised toilet seats, grab rails and shower chairs. These rooms were small and there would be insufficient space to use hoisting equipment safely. No one required hoisting at the time of our visit. There was level flooring throughout the building. People could access the garden via the dining room. We observed one person went outside several times and sat on a bench.

We looked at how the service was meeting the requirements of The Mental Capacity Act 2005 (MCA). The 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.

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 application 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. We saw the home had made appropriate referrals to the local authority and kept the outcome on the person's care file. No conditions had been applied to authorised applications, other than to inform the local authority if the person's needs changed. Records were also kept where decisions had been made in people's best interests.

We noted one person who lacked capacity had a legally-appointed representative to make decisions on their behalf. There was no copy of the Lasting Power of Attorney (LPA) document, to confirm this. This meant the service had not satisfied itself it would be consulting the right person to make decisions on the resident's behalf. The deputy manager told us the LPA was quite new and they would ask for a copy to be provided for the home.

We saw staff worked together within the service to provide effective care. It also co-operated with local authority teams and commissioners of the service.

Good

Is the service caring?

Our findings

We received positive feedback from people. Comments about care workers included "There is not one person here I wouldn't want to be with, they are all good." Another person said "Everything I have seen here is good and caring. The girls are all good." Other people told us "I like it here and feel looked after" and "I don't need too much help but I know it is there." A relative said "I trust them as much as I could" and "They all cope well." We read a compliment which said "Lovely girls with great care." Another compliment said "You have all been very kind and accommodating…it has been really appreciated all the effort you make to cook the kind of food (the person) will enjoy. We are always made to feel most welcome when we visit, it has become home from home."

People were treated with kindness and respect. For example, we heard one care worker say to a person "Are you alright? You look tired. You can go to your room and have a sleep, if you want."

Staff were respectful towards people and treated them with dignity. They knocked on people's doors and waited for a response before they went in. Bedroom and bathroom doors were kept closed when any personal care was given, to safeguard people's privacy.

Staff knew about people's histories and what was important to them. This included their families and what work they used to do. People told us birthdays were celebrated. A relative told us "They had a little birthday party" when it was their family member's birthday. They added "(Name of registered manager) bought her a little birthday cake."

Staff showed concern for people's well-being. For example, one person became distressed because they thought their relative would not be visiting them. They said they wanted to speak to their family member. Staff asked the person if they would like them to call the relative. When they said they did, staff brought the telephone to them so they could have a conversation themselves. This helped to calm and reassure the person.

Staff involved people in making decisions and to express their views. Surveys were used to seek people's views, such as about their care and standards of food. We saw that any queries raised by people were followed up and explanations were given.

People's visitors were free to see them as they wished. Visitors were asked to let the home know if they were visiting after 8:00 p.m. so as not to disturb people who had gone to bed early. Staff would then meet them at the door, to save ringing the doorbell.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and personal records were not left unattended.

The service promoted people's independence, wherever possible. Risk assessments were contained in people's care plan files to support them with daily living tasks. People were supported to occasionally go

shopping, to the park nearby or into town. One care worker told us it was important not to take over when they assisted people with personal care. They said they encouraged people to do as much for themselves, so they retained these skills.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us the home was responsive to people's needs. One relative told us their family member "Often gets very anxious. Staff at the home have phoned me up and suggested sometimes that I phone up and let (the person) know I am coming in later to see them. They tell me this works." Another relative said "The house looks tired and a bit shabby but the care is super. They all know (the person), their needs too." A further comment was "(Name of person) has only been a resident here for a few weeks but they have settled really well. I am really pleased and it has made life so much better for me, too."

We looked at whether the service ensured people had access to the information they needed, in a way they could understand it. This was to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw some information was provided in pictorial format. For example, signage on bathroom and toilet doors. However, documents such as surveys, for example, were in a small font, which some people may have difficulty reading.

We recommend work is undertaken to make sure the service ensures people have access to the information they need, in a way they can understand it, to comply with the Accessible Information Standard.

Care plans contained a section to record people's wishes about end of life care. Some relatives had not wanted to discuss this yet. This had been respected and noted. In the Provider Information Return (PIR), the registered manager said the GP would be contacted when people needed end of life care. They said the GP would then arrange for district nursing support to become available. Links had also been made with palliative care specialists via the GP, such as the local hospice. Specialist equipment to support the person would be obtained through the district nurses. Two of the staff team had undertaken training on end of life care. The registered manager told us training would be arranged for other staff as well

Some activities were provided. The home did not have an activity organiser. The registered manager told us this post was being advertised. We asked people about activities and if they had opportunities to go out. Comments included "No, we don't go out very often," "(Name of registered manager and deputy manager) bring me a paper in sometimes," "It is alright here but just sometimes I'd like to get out and go somewhere." Other comments included "I would like more contact with people" and "Every day is like 'ground hog' day living here."

A notice in the hallway advertised a trip out in early October to a nearby equestrian centre. Two people mentioned there had been trips out to a local pub in the past. However, these seemed to have stopped. A care worker told us "We take people to the park in wheelchairs all together, for half an hour, if it is warm. We take people to Primark and to Sainsbury's and one person just wants to sit outside a shop and people-watch."

We observed there was a game of floor dominoes in the afternoon. Four people took part enthusiastically.

One person who had been withdrawn came to life during this activity and played with joy and enthusiasm. Staff supported people who needed it to take part in the game. For the rest of the day, people mainly sat in the lounge and dining area with the television or music on. We would expect to see improvement in this area when an activity organiser is in post.

Staff were responsive to people's needs. We saw a letter was immediately given to one person, when the post arrived. The person said to a care worker "I can't open it. Will you help me and read it to me, please?" The care worker did this and then engaged in conversation with the person about their family.

One person's relative was unable to come and see them and had called the home to say they were poorly. Care workers handed the telephone to the person and they were then able to speak to their family member.

People received care which was responsive to their needs. Care plans took into account people's preferences for how they wished to be supported. There were sections in care plans about supporting people with areas such as their health, communication, showering and mobility. Care plans had been kept under review, to make sure they reflected people's current circumstances. We saw one person had a care plan to manage their diabetes. This was a format provided by the local Clinical Commission Group (CCG), to promote good practice within care settings. However, information had not been completed in all sections for it to be of use. For example, the person's usual blood glucose range had not been recorded. This was mentioned to the registered manager, for their attention.

People's views about their support were respected. For example, one person chose not to follow guidance given to them by a healthcare professional. Staff knew the person had the capacity to make this decision and they had the right to their views.

People's cultural needs were taken into consideration. For example, we heard a discussion between one care worker and a person who used the service. This was about food and the things they liked to eat, which were part of their culture. They told us the care worker made these meals for them. There was lots of laughing and smiling as they told us this. The care worker said they too liked these meals and added "We learn together. I learn from (name of person) how to make these dishes."

We noted a church service used to be held at the home and enquired if this was still the case. The registered manager said the person who used to provide these services had stopped coming. There was no current provision within the home.

We recommend people are asked about their religious needs and that links are established within the community, to meet these.

There were procedures for making compliments and complaints about the service. A copy of this had been sent to relatives. There had not been any complaints about the quality of people's care. People told us "I would talk to anyone here if I ever had a problem at all." Another person said "I have no complaints at all. I would say to (name of registered manager) if there was anything of concern."

Requires Improvement

Is the service well-led?

Our findings

People told us the registered manager was regularly at the service. Some comments included "(Name of registered manager) is alright and I get on well. He has taken me out to the pub sometimes and he buys me a meal but we haven't been out for a while," "He is here most days and you always see him around," and "We always have a little laugh." Another person told us "(Name of registered manager) is a lovely fellow."

When we inspected the service in May 2017, we had concerns about quality assurance and auditing systems at the home and inconsistencies in record-keeping. This was a continued breach from the inspection prior to that, in April 2016. We asked the provider to make improvements. They sent us an action plan which outlined the measures they would put in place.

On this occasion, we saw the quality monitoring systems were not effective enough to ensure people always received their medicines as prescribed. Although they knew two people's medicines had run out, the registered manager had not taken timely action to ensure new prescriptions were obtained. This was despite a system of stock control at the home.

The registered manager did not always act on advice to improve the service. A dementia care audit had been carried out by the local authority's Quality in Care Team this year. It identified how the home could improve the environment for people with dementia. For example, by replacing patterned carpet which could visually confuse people and by improving the quality of lighting. We asked the registered manager what timescales they had put in place to make changes. They told us they did not have any timescales, despite recommended timescales being included in the local authority's report. They said they had replaced low energy light bulbs, which people found inadequate. We noted the lounge and dining area were quite dark, even with the lights switched on during a sunny day. There were no plans to make any further changes to improve the environment for people. The registered manager had also not been proactive in recognising the lift had become unreliable due the number of breakdowns and looked at replacing it.

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

The home had not established links with the local community, for example, local schools, churches and other places of worship. People told us they did not go out much and would like more contact with people. This would help them to keep in touch with the community and to feel part of it.

The home had a registered manager in place. They were assisted by a deputy manager. The deputy manager had recently started a level 5 qualification in health and social care. They were part of a local 'My Home Life' project, which aimed to promote and share good practice in care homes.

The staff we met were able to explain their responsibilities and knew the lines of accountability within the service. They were supported through supervision, training and staff meetings. The registered manager and deputy manager were visible at the service and staff felt they could approach them for advice. Staff knew

how to raise concerns about poor practice.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents and from these we were able to see appropriate actions had been taken.

People's records were kept safe. The records we looked at were generally well maintained. There was secure storage for personal and confidential records, such as staff recruitment files and supervision records. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, medicines practice, infection control and missing persons. These had been reviewed to make sure they were up to date.

People's views were sought about the service through questionnaires. These enabled people to be engaged and involved in developing the service. Surveys were also sent to relatives and community professionals. We read staff meeting minutes which included some feedback from these. For example, relatives had said they were not always offered refreshments. Staff were reminded to offer these, to improve the service.

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 The provider had not ensured there were sufficient quantities of medicines to ensure the safety of service users and to meet their needs. Regulation 12 (2) (f).

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not acted on feedback from relevant persons on the services provided, for the purposes of continually evaluating and improving the service. Regulation 17 (2) (e).

The enforcement action we took:

we intend to impose a condition the provider's registration