Roy Edward Howse

Montague House

Inspection report

10 Brockenhurst Road
Ramsgate
Kent
CT11 8ED
Tel: 01843 591907

Date of inspection visit: 03 & 04 December 2015
Date of publication: 19/01/2016

Ratings

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

Overall summary

Montague House is a privately owned care home providing long and short term residential care for up to 19 people. The service is in a residential area of Ramsgate and is a short distance from local amenities. On the days of the inspection there were 17 people living at the service.

The service was run by a registered manager with the support of a deputy manager and they were both present on the days of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us that they felt safe living at the service. People looked comfortable with each other and with staff. Staff understood the importance of keeping people safe and knew how to protect people from the risk of

Summary of findings

abuse. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Recruitment processes were in place to check that staff were of good character.

The provider employed suitable numbers of staff to care for people safely. They assessed people's needs and made sure that there were enough staff with the right mix of skills, knowledge and experience on each shift. People told us that their call bells were answered promptly. However, the registered manager did not coach and mentor staff through regular one to one supervision meetings or appraisal. Staff had not had the opportunity to talk about their role and there were no personal development plans in place to support staff to develop their skills, knowledge and experience.

The service was generally clean and tidy; however, some areas of the service were not very clean and had an unpleasant odour. There was no cleaning schedule in place to identify what should be done each day / week / month.

People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. Meals looked appetising and were well presented. People's physical health was monitored and people were supported to see healthcare professionals, such as doctors and chiropodists.

Some people were able to make decisions for themselves about all areas of their life. They were supported to do this by staff who knew them well. Other people were unable to give valid consent to their care and support; staff did not always act in people's best interest and in accordance with 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.

People told us they were happy living at the service and their comments about the staff were positive. Staff supporting people had a friendly approach and showed consideration towards people. People and their loved ones were not involved with the assessment, planning and reviewing of their care. Each person had a care plan but these were not person centred and did not always give staff the guidance and information they needed to look after the person in the way that suited them best.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used concerns and complaints as a learning opportunity and discussed them openly with staff.

The design and layout of the building met people's needs and was safe. The atmosphere was calm, happy and relaxed. Many people did not have the opportunity to go out unless they had friends or family to support them. There was a risk of social isolation because staff did not support people to keep occupied with a range of activities.

There were no robust systems in place to monitor the quality of the service. There were no reports following the audits to detail any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end 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?

Requires improvement

The service was not consistently safe.

People told us that they felt safe living at the service. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe. People received their medicines safely.

Risks to people were identified and assessed and there was guidance in the care plans to make sure that staff knew what action to take to keep people as safe.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. There were sufficient staff deployed.

The service was generally clean and tidy; however, some areas of the service were not very clean and had an unpleasant odour.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff completed training. However, the registered manager did not coach and mentor staff through regular one to one supervision meetings or appraisal.

Staff did not always act in accordance with the Mental Capacity Act 2005.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. People's nutritional and hydration needs were met by a range of nutritious, home cooked foods and drinks. The building and grounds were adequately maintained.

Is the service caring?

Good

The service was caring.

People told us they were happy living at the service and their comments about the staff were positive. Staff supporting people had a friendly approach and showed consideration towards people.

People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Is the service responsive?

Requires improvement

The service was not consistently responsive

Summary of findings

People and their loved ones were not involved with the assessment, planning and reviewing of their care. Care plans were not person centred and did not always give staff the guidance and information they needed to look after the person in the way that suited them best.

Many people did not have the opportunity to go out unless they had friends or family to support them. The range of activities on offer was limited.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Requires improvement

The service was not consistently well-led

There were no robust systems in place to monitor the quality of the service. There were no reports following the audits to detail any actions needed, prioritised timelines for any work to be completed and to name who was responsible for taking action.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

People and staff were positive about the leadership at the service. There was a management structure for decision making which provided guidance for staff. There was an open culture between staff and management.

Montague 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 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.

The inspection took place on 03 and 04 December 2015 and was unannounced. This inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met and spoke with 13 people living at the service and visiting relatives. We spoke with the maintenance staff, cook, care staff, the deputy manager and the registered manager. During our inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed care plans and associated assessments. We looked at a range of other records, including safety checks, three staff files and records about how the quality of the service was managed.

We last inspected Montague House in August 2013 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living at the service. People looked comfortable with each other and with staff. One person commented that they felt "Perfectly safe" living at Montague House. Most rooms were on the ground floor but some were on the first floor. Some people were able to use the stairs. Those who used the stair lift, which was operated by staff, told us they felt safe when using this.

People were protected from the risks of avoidable harm and abuse. Potential risks to people were identified and assessed and guidelines for staff were available. For example, when people had difficulty moving around the service there was guidance for staff about what each person could do independently, what support they needed and any specialist equipment they needed to help them remain as independent as possible.

One of the service's 'Aims and Objectives' was 'To have as much freedom of choice within the home to ensure a relaxed but safe environment'. Staff understood the importance of keeping people safe. There were systems in place to keep people safe including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. Some staff had not received refresher training on safeguarding people but staff we spoke with were able to identify the correct procedures to follow should they suspect abuse.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected.

Accidents and incidents that happened, like people falling, were recorded by staff. The registered manager regularly checked the records to identify any patterns or trends so that action could be taken to reduce the risk of events happening again. For example, one person had a number of falls in a short space of time and they had been referred to the relevant health professionals for assessment.

People told us that they received their medicines at the right times. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Staff who supported people with their medicines were trained to do so. We observed staff supporting people to take their medicine and looked at the medicine administration records (MAR) for people. Staff signed the MAR when they gave people their medicines. The medicine trolley was clean, tidy and not over-stocked. Stock was rotated so that it did not go out of date. Medicines were handled appropriately and stored safely and securely and medicines were disposed of in line with guidance. One person had noted on a quality survey, "Where there is an emergency or a real problem, for example with sorting out a medical problem or medication, the management goes to extreme lengths to sort them".

People were supported to live in a safe environment because all areas of the service were checked and regularly maintained. Staff carried out regular checks of the equipment. This made sure people lived in a safe environment and that the equipment was safe to use. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care.

Toilets and bathrooms had hand towels and liquid soap for people and staff to use. However some people's toilets and hand basins and the staff toilet were not particularly clean. People's rooms were generally well maintained and small bottles of alcohol gel were hung on the outside of each bedroom. Bins were lined so that they could be emptied easily. Outside clinical waste bins were stored in an appropriate place so that unauthorised personnel could not access them.

The service was generally clean and tidy, however, on both days of the inspection there was a strong smell of urine in one part of the service. We discussed this with the registered manager who arranged for the carpet to be cleaned with a neutralising fluid. There was no cleaning schedule in place to identify what should be cleaned each day / week / month. Cleaning was not always done in an appropriate place and at an appropriate time. For example during lunch on one of the days of our inspection vacuuming was being done in a room which opened on to the dining room. The door remained open and people seemed to find it difficult to hear each other speak.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff told us that they knew what to do in the case of an emergency.

Requires improvement

Is the service safe?

The provider's recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. The registered manager made sure that any gaps in people's employment were explained. Written references from previous employers had been obtained and checks were carried out with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was a stable staff team, many of whom had worked at the service for several years.

People told us that there were enough staff at the service to meet their needs and keep them safe. The provider employed suitable numbers of staff to care for people safely. They assessed people's needs and made sure that there were enough staff with the right mix of skills, knowledge and experience on each shift. The staff rotas showed that there were consistent numbers of staff throughout the day and night to make sure people received the support they needed. There were plans in place to cover any unexpected shortfalls like sickness. During the days of the inspection staff were not rushed. All of the staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 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. The MCA DoLS require providers to submit applications to a 'Supervisory Body' to do so. The registered manager and staff had some knowledge of the MCA and the DoLS. No-one living at the service was subject of a DoLS authorisation.

Some people were able to make decisions for themselves about all areas of their life. They were supported to do this by staff who knew them well. Other people were unable to give valid consent to their care and support; staff did not always act in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA but did not always ensure people's human and legal rights were protected. Some people living at the service had been diagnosed as living with dementia. When people do not have the capacity to make complex decisions, meetings (usually called best interest meetings) should be held with the person and their representatives to ensure that any decisions are made in people's best interest. We discussed people's mental capacity with the registered manager and they told us, "There have not been any best interest meetings. All the residents have capacity – they are still able to make decisions". However, there were no assessments by the registered manager to establish if people had capacity or not. We checked to see if anyone had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) agreement in place and found them at the front of people's care files. One had been completed by a doctor who noted, "Does not have capacity to make an informed decision regarding CPR as he is unable to retain information long enough".

Some decisions had been made on behalf of people. Decisions made in the person's best interests had not been made formally at a best interest meeting and recorded to demonstrate why they had been made. Assessments of people's capacity to make particular decisions had not been completed. For example, some people were subject to some restrictions including the use of bed rails which prevent people from falling out of bed. There were no informed consent forms to indicate if the use of bed rails had been agreed with people or their loved ones or to show that these were the least restrictive options.

The provider did not have processes in operation to make sure that care was only provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager did not coach and mentor staff through regular one to one supervision meetings or appraisal. The last recorded staff supervision was in May 2015. Staff had not had the opportunity to talk about their role and there were no personal development plans in place to support staff to develop their skills, knowledge and experience. In June 2015 the registered manager completed a Provider Information Return (PIR) and gave some key information about the service, what the service did well and any improvements they planned to make. The registered manager had noted on the PIR "Over the next 12 months we are going to introduce a more robust supervision regime for the staff, which we feel staff, management and service users will benefit from".

Staff had not received appropriate support, professional development and supervision as was necessary to enable them to carry out the duties they were required to perform. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people told us they were happy living at Montague House. One person said, "I am very content here and the staff are more than helpful". Staff knew people well and chatted with people in a cheerful manner, communicating in a way that was suited to people's needs, and allowed

Requires improvement

Is the service effective?

time for people to respond. The atmosphere was relaxed and friendly. During the inspection people were supported to make day to day decisions, such as, whether they wanted to go out and what food and drinks they would like.

Staff received training and were able to tell us what training courses they had completed. A training schedule was kept by the registered manager which showed when training had been undertaken. There was an ongoing programme of training which included face to face training and distance learning. Some staff had completed adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

People were supported to have sufficient to eat and drink and maintain a balanced diet. The food looked appetising; people ate well and took the time they wanted to eat their meal. Lunchtime was a social occasion and most people sat together whilst they ate. There was a relaxed and friendly atmosphere. If staff were concerned about people's appetites or changes in eating habits they sought advice from the relevant health professionals. People's comments on the food were generally positive and included, "The food is very nice", "Staff go to the trouble of giving me alternatives when I cannot eat certain things", and "I enjoy my dinner". However, people also said they would like "A curry or something with a bit more taste" and "It would be nice if we had a homemade cake for a change".

Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. Staff handovers between shifts were completed but these were basic and there was a risk that staff may not be kept up to date with any changes in people's needs.

People maintained good health because people's health was monitored and the staff worked closely with health and social care professionals including: doctors, dentists and community nurses. Referrals were made appropriately to health professionals, such as dietary and nutritional specialists, when needed.

People's health was monitored and care provided to meet any changing needs. When people's health declined and they required more support the staff responded quickly. People had access to health care professionals to meet their specific needs. Visiting professionals like district nurses went to the service on a regular basis and were available for staff if they had any concerns. People told us that staff responded promptly when they needed to see a doctor or other health professional. The registered manager was working closely with a health professional to reduce the risk of people developing pressure sores. Staff had completed training with a local health professional about reducing the risk of pressure sores developing and supporting people to maintain healthy skin.

The design and layout of the service was suitable for people's needs. The building and gardens were adequately maintained. The registered manager told us how much people had enjoyed sitting in the garden during the good weather. Rooms were spacious and the lounge area was a good size for people to comfortably take part in social, therapeutic, cultural and daily activities.

Good

Is the service caring?

Our findings

People told us they were happy living at the service and their comments about the staff were positive. Staff supporting people had a friendly approach and showed consideration towards people. People were relaxed in the company of each other and staff. People said, "The staff are wonderful and very hardworking" and "My sister was a resident here and was so happy, she said everyone was so nice, that is why I decided to come here and I have no regrets. In fact it's a relief to not have any responsibility". A member of staff commented, "I would happily let a relative come and live here. Staff do their best for all the residents".

The provider's 'Care Policy' noted, 'The need to treat the whole person is often forgotten and their dignity and self-esteem jeopardised. The better we all are at communicating with our residents the more we will get to know about the whole person and thus be able to meet their individual needs'. One person told us, "They [staff] are interested in me as a person". Staff were clear on how to treat people with dignity, kindness and respect. Our observations of staff interacting with people were positive. When people were supported in their bedrooms we saw that staff closed the door to protect people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. People were relaxed with staff when they were supported with their mobility. When staff supported people with their mobility this was done in a dignified manner. People were not rushed and were given the time they needed.

During our inspection staff spoke with and supported people in a sensitive and respectful manner that included assessment of their satisfaction and having their needs met. Staff communicated with people in a way they could understand and were patient, giving people time to respond. Staff had knowledge of people's individual needs and showed people they were valued. Staff made eye contact with people when they were speaking to them. People were relaxed in the company of each other and staff.

People were supported to make choices and to maintain their independence. People told us that they chose what to wear each day, what they wanted to eat and what they wanted to do throughout the day. People chose when they wanted to get up and go to bed. Some people had signed notes on the outside of their bedrooms expressing the wish that they were not checked during the night as this would disturb them. One person said, "I have weighed up the risk of not being checked on and feel this is the right decision. If in the future I feel at risk I will reassess the situation".

People's religious and cultural needs were respected. The registered manager told us that local vicars or priests visited when people wanted them to. At the time of the inspection there were no regular visits from clergy.

People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were supported to shave. This promoted people's personal dignity. People's glasses were kept clean and people's shoes and slippers were well fitting. Staff provided positive support and encouragement when assisting people to move around the service. The management team and staff knew people well. People were able to move freely around the service and spend time in communal areas or in their rooms.

Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them.

Requires improvement

Is the service responsive?

Our findings

People were not always involved in the assessment, planning and reviewing of their care to make sure it was provided in the way the preferred. Some people told us that they had not seen their care plan and didn't know what information it contained. Staff told us that they wrote the care plans and did not always involve people. Each person had a care plan but this did not always include information about how people preferred their care and support to be provided or what they were able to do for themselves. Care plans contained a section for people's life history to help staff to get to know people and know what was important to them. Although staff were able to tell us about people, some people's life histories had not been completed and some contained only a small amount of information. For example, there was no completed record of the person's life, their past career and family for staff to read and be aware of.

People were not involved in the assessment of their health and social care needs and preferences. This is a breach of Regulation 9(1)(a)(b)(c)(3)(a)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider's 'Aims and Objectives' noted, 'To encourage individual and group activity to allow for mental and physical stimulation and development'. People spent a large amount of time sitting with a television on in the lounge and were not asked what they would like to do. Some people spent time reading magazines and books. The provider's 'Service User Guide' noted, 'The home policy on therapeutic activities takes into account clients' interests, skills, experience, personalities and medical conditions. The home offers activities designed to encourage the client to keep mobile and, most importantly, take an interest in life'. One person told us, "It would be nice to go out more as there is nothing to do apart from watching TV". Another person commented, "When I came here I thought there would be things to do such as exercises and other activities. I don't like watching TV so I stay in my room and listen to the radio, which I like. I have asked if I may do some gardening when the better weather comes as I enjoy that". The registered manager and staff told us that people had been involved in planting vegetables and helping in the garden during the Summer. On several occasions we saw staff sitting and chatting together at a table in the dining room without involving other people. Many people did not have the opportunity to go out unless they had friends or family to support them. Participation in meaningful activities during the day promotes people's health and mental wellbeing but this was limited at Montague House.

The registered provider had not supported people to be involved in their community as much or as little as they wished and to take part in meaningful activities. The provider had not ensured that people were not socially isolated. This was a breach of Regulation 10(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a visible person-centred care culture although this was not reflected in peoples' care plans. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. People told us that staff were responsive to their needs. We asked people about using their call bells and people said that staff generally responded promptly. One person commented, "They always come quickly. It's mainly in the night I have to call them and, although one of them is asleep, they still come quickly". A recent quality survey, completed by people living at Montague House, included the comment "Sometimes feel it's difficult to get a carers attention when sitting in the lounge".

Prompt action was taken to make sure people had the care and support they needed. On the day of the inspection one person was not feeling very well and staff had contacted the GP to visit. People told us that they had access to dentists, opticians and chiropodists. Care plans included an overview of people's health conditions and this noted any involvement with other health professionals, such as, community nurses or GPs. The registered manager told us that "Staff often go the extra mile" and gave an example of when a person had to spend time in hospital a member of staff had visited the person each day in their own time.

The provider had a policy in place which gave guidance on how to handle complaints and copies of this were displayed around the service. When complaints had been made these had been investigated and responded to appropriately. People and relatives told us they would raise any concerns with the registered manager or staff and felt that they would be listened to and properly addressed. One person said they did not feel comfortable about raising a complaint as "I don't want to get anyone into trouble" but

Requires improvement

Is the service responsive?

other people commented, “I know my rights and would certainly complain if I needed to” and “Concerns I have raised with the manager have been dealt with to my satisfaction”. The registered manager told us that they spoke with people every day and that if any negative comments or suggestions were made these were followed up and addressed so people’s comments were listened to and acted on quickly. They told us that it was important to deal with any concerns before they became a complaint. A book system was used for the concerns and complaints and included any comments about things, such as, laundry getting mixed up and the meat being tough. The registered manager had spoken with staff about being more vigilant when putting people’s laundry away and had changed their meat supplier.

Requires improvement

Is the service well-led?

Our findings

Robust quality assurance systems were not in place. There had been three recorded audits in the previous 12 months. These were noted in a book and were dated, 19/01/2015 cleanliness of the service, 14/04/2015 accidents and incidents and 21/07/2015 kitchen regarding menus and paperwork. The provider visited the service each week and completed a visual check of the bath and shower equipment and the water temperatures. There were no reports following the audits to detail any actions needed, prioritised timelines for any work to be completed and to name who was responsible for taking any action. There was a risk that people may not receive safe care and support because the provider had not identified the shortfalls, by way of effective audits, that were found during the inspection.

The provider failed to identify shortfalls at the service through regular effective auditing. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives knew the registered manager and staff by name. People told us that they saw the registered manager 'often'. People and staff said that the registered manager and deputy manager were approachable and accessible when they needed to speak with them. One person told us that their loved one was unable to do their shopping for them and that the registered manager "Has kindly offered to do this for me". Several staff had worked at the service for a number of years and knew the service well; they told us that they enjoyed their work.

There was an open and transparent culture where people, relatives and staff could contribute ideas about the service.

The registered manager welcomed open and honest feedback from people and their relatives. Regular quality surveys were completed by people living at the service and the results had been positive. One person had noted, "What I especially appreciate is the lovely home from home about this place. Also management and staff put themselves out for us. I like the freedom we have, for example to stay in our rooms rather than forced to stay in communal areas. I would not want to go anywhere else". The registered manager told us that they did not hold resident's meetings as they had tried them before and people did not engage. They said, "Every lunch time is a resident's meeting. We ask people their views and take action if they are not happy with something".

There was a clear management structure for decision making. The registered manager and deputy manager worked alongside staff to provide guidance for staff and to keep an overview of the service. The registered manager held regular meetings with staff. When lessons could be learned from concerns, complaints, accidents or incidents these were discussed with staff. Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider did not have processes in operation to make sure that care was only provided with the consent of the relevant person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff had not received appropriate support, professional development and supervision as was necessary to enable them to carry out the duties they were required to perform.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were not involved in the assessment of their health and social care needs and preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The provider had not supported people to be involved in their community as much or as little as they wished and to take part in meaningful activities. The provider had not ensured that people were not socially isolated.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider failed to identify shortfalls at the service through regular effective auditing.