

Yorkshire Property Investment Fund Limited Ernelesthorp Manor & Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Ernelesthorp Manor and Lodge is a residential care home providing nursing and personal care for up to 65 people. At the time of the inspection 32 people were using the service. The provider had closed part of the service known as the Lodge. The provider had discussed refurbishment plans for the future of the Lodge.

People's experience of using this service:

After the last inspection of July 2018 the provider had sent us an action plan to tell us how they would address the areas we raised on inspection. At this inspection we found concerns regarding safe care and treatment, person-centred care, dignity and respect and governance. Whilst the action plan had addressed some of our immediate concerns, it had not been effective in improving the service. 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.

We completed a tour of the home with the registered manager and found some environmental risks which had not been identified by the provider's audit system.

Risks associated with people's care and treatment were not always identified or managed safely.

This put people at risk of not receiving the right support to meet their needs and showed the provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment.

The provider did not always ensure that safe arrangements were in place for managing people's medicines. We found one person was prescribed medication to be taken as and when required known as PRN (as required) medicine. However, whilst some people had protocols in place to guide staff on how these should be administered, one person did not have a protocol for a pain relieving medicine.

The provider had a system in place to safeguard people from the risk of abuse. Staff told us they received training in safeguarding and confirmed that they would take appropriate action if they suspected abuse. During this inspection we identified safeguarding concerns which we asked the provider to report to the safeguarding authority.

There was not enough staff available to meet people needs and we found staff to be task orientated. Staff and relatives told us that there were times during when staff were in short supply.

People's needs and choices were assessed but care and treatment was not always delivered in line with current legislation and standards. Care records did not clearly evidence if people's needs were being met.

Where people were at risk of weight loss, food and fluid charts did not always provide an accurate account of diet taken.

We spent time observing staff interacting with people and found they were not always kind and caring in nature. Staff did not always recognise when people needed support and did not always engage appropriately with people, to ensure their needs were met.

Dignity and respect was not always maintained.

We found people did not always receive care that was responsive to their needs. Care plans we looked at did not always contain the most up to date information or contained information that was contradictory. People were not always provided with opportunity for meaningful activity.

The provider supported people to live healthy lives. We spoke with some healthcare professionals who felt confident that people received appropriate care and support.

The provider ensured that staff received training and support to carry out their role. Staff told us they felt supported by the registered manager.

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. The provider was adhering to the principles of the Mental Capacity Act (MCA). People who lacked capacity had decisions made in their best interests.

People's choices for their end of life care had been considered and were recorded and reviewed.

All the people we spoke with knew how to raise a complaint and said they felt comfortable speaking with any of the staff team. However, we saw one person had raised a complaint as part of the provider's quality questionnaire. This concern had not been recorded and we could not evidence if the person's concerns had been fully addressed.

Accident and incident analysis was taking place effectively and there was evidence that trends or patterns were being identified.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 9; person-centred care, Regulation 10; dignity and respect, Regulation 12; safe care and treatment, Regulation 17; good governance.

Rating at last inspection:

At the last inspection the service was rated Inadequate (report published 14 August 2018).

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Enforcement:

There are four breaches in regulatory requirements. You can see what action we asked the provider to take at the end of the report. Full information about CQC's regulatory response to more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

After this inspection we requested an action plan and evidence of improvements made in relation to person centred care, safe care and treatment, dignity and respect and governance.

The overall rating for the service is inadequate and the service will be placed in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Ernelesthorp Manor & Lodge

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Ernelesthorp Manor and Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate 65 people, but at the time of our inspection 32 people were living in the manor.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

This inspection was unannounced in line with our current guidance.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete 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 also spoke with other professionals supporting people at the service, to gain further information about the service.

We used a range of different methods to help us understand people's experiences. We spoke with six people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We completed a Short Observational Framework for Inspection (SOFI) to gain an understanding of this interaction. We also spoke with nine people's relatives to gain their feedback on the quality of care received.

We spoke with the registered manager, the regional manager, the newly appointed manager, six staff, and the cook. We also spoke with two visiting health and social care professionals to gain their feedback. We reviewed care plans for six people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management. We also looked at quality assurance checks systems to check if they were identifying areas of improvement and acting to address them.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Inadequate - People were not safe and were at risk of avoidable harm. Some regulations were not met.

At our inspection of July 2018 this key question was rated inadequate. This was because risks associated with people's care we not always identified or managed safely. We also found that medicines were not managed in a safe way. At this inspection we found the provider had not made sufficient improvements to address these concerns. The rating for this key question remained inadequate.

Using medicines safely

- At our inspection of July 2018, we found that people requiring medicine on an 'as and when' required basis, known as PRN, did not have detailed PRN protocols in place. These did not detail when the medicines should be given and what signs to look for especially for people living with dementia. Staff did not always record the effect the PRN medicine had, therefore there was no measure in place to check if the medicine had been effective. This was a breach of regulations. At this inspection we found continued shortfalls in this area.
- One person who were prescribed PRN medicine to relieve pain did not have a protocol in place to ensure it were administered safely. Staff were still not always recording the effect the PRN medicine had for one person. Therefore, there was no measure in place to check if the medicine had been effective.
- Medicines audits were taking place. However, they had failed to identify that the PRN protocol was not in place and prescriptions needed reordering, leaving one person without their medicine.
- Some people were at risk of choking and were prescribed thickeners to ensure their drinks were a safe consistency. Staff were not using people's own prescribed medicine. One tub of thickener was used for everyone who needed thickening agent in their drinks. This meant we could not check if people were receiving their medicines as prescribed.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Proper and safe management of medicines.

Assessing risk, safety monitoring and management

- At our inspection of July 2018, we found the provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. This was a breach of regulations. At this inspection we found continued shortfalls in this area.
- Risks associated with people's care and treatment had not always been identified and managed safely. This put people at continued risk of harm. For example, one person was assessed as needing to use bed rails. The provider had failed to identify that the mattress was too small, risking entrapment. This was discussed with the registered manager who agreed to reassess the risk using the latest health and safety guidelines.
- One person had a care plan that stated the type of diet they required and that they required supplement drinks in-between meals. There was no evidence that the person had received this dietary support. This person also had a low BMI and was losing weight. However, there was no evidence that action had been

taken to address the person's needs.

The above is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

- People were protected from the risk of fire. Regular fire detection checks were taking place. People had personal emergency evacuation plans (PEEP) which gave detail of their evacuation needs. Staff were aware of what to do in the event of a fire and how to safely evacuate.
- We saw from service certificates that equipment had been serviced in line the required regulations. We saw that equipment was regularly checked to ensure it was safe to use. Gas safety was being safely monitored. We also saw that window restrictors were safely and securely fitted.

Preventing and controlling infection

- We identified some infection control issues. Tables were set with dirty table cloths and there was a worn, ripped carpet in the dining room. We found cracked tiles in a store cupboard. We discussed these concerns during feedback, the carpet was in the process of being replaced and the registered manager told us the other areas would be addressed.
- We found there was an ample supply of personal protective equipment (PPE) and suitable hand washing facilities. We saw staff wearing protective equipment and that it was readily available.

Learning lessons when things go wrong

- We completed a tour of the service with the registered manager and found that some environmental risks had not been addressed despite being identified at the previous inspection. The providers audits had not identified the issues.
- We found cleaning fluid had been left out on one corridor. We pointed this out to the registered manager who removed this immediately. However, this issue had been raised at our previous inspection.
- The provider responded to accidents and incidents, and themes and trends were analysed so lessons could be learned.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to ensure people were safeguarded from the risk of abuse. However, following our inspection we identified two safeguarding concerns which had not previously been considered. These were reported to the safeguarding authority.
- People told us they thought their loved ones were safe, and people who lived at Ernelesthrop said they felt safe.
- Staff were knowledgeable about how to respond if they suspected abuse and felt appropriate action would be taken.

Staffing and recruitment

- We observed staff interaction with people and found they were not always responding to people in a timely way. Staff were task orientated and failed to always recognise when people needed help and support.
- One person told us they had not been supported to use the toilet when they needed to and often had to wait for very long periods. This was echoed by feedback we received from a relative, who said, "There does not seem to be enough staff to [take people to the toilet]. It's always something that bothers me." Another relative said, "I think sometimes [people] need some time and attention. They need someone just to give them time and talk to them."
- Other relatives felt there were sufficient staff available to meet people's needs.
- The provider had a safe and effective system in place for employing new staff.

- The staff files we looked at contained pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. This helped to reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires improvement - The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our inspection of July 2018 this key question was rated requires improvement. This was because people did not always have access to healthcare professionals. The provider was not always meeting the requirements of the Mental Capacity Act 2005 (MCA). At this inspection, the rating for this for this key question had remained as requires improvement. We found the provider had acted to address these issues. However, at this inspection we had concerns that care was not always delivered in line with current standards and guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Feedback from some relatives was they had not been fully involved in developing their relative's care plan. One relative said, "I've seen some of his care plan but not been involved in formulating the plan. I wish we were more involved in the care planning process."
- Support plans had been developed to show that people's preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Supporting people to eat and drink enough to maintain a balanced diet

- People did not always receive sufficient food and drinks to ensure they maintained a healthy and balanced diet. For example, we were told that apart from mealtimes, people received a drink at 3pm. The regional manager directed staff to immediately commence providing a mid-morning drink, in addition to the 3pm drink.
- We spent time observing lunch being served in two areas and found that the meal time was not a relaxed social time, we observed it to be disorganised and chaotic.
- Staff did not always interact with the residents while supporting them to eat.
- One visitor said, "I don't know when [staff would] get around to feeding [person] if I wasn't here."
- After lunch staff had set the tables for people to have their evening meal. However, the table cloths had not been changed and they were dirty, creased and stained. This didn't provide a nice dining experience for people. We raised these concerns with the registered manager who told us these issues would be addressed.
- We spoke with the cook who was aware of people's dietary needs. This included any special diets and food preferences. We saw that soft and liquidised meals were provided when needed.
- During our inspection some people told us they liked the food served and others commented that it was adequate.
- One relative said, "The food looks okay and the portions look to be a good size and there seems to be variety." Another relative said, "[Relative] likes the food, she loves it and eats very well. Things do seem to be

a bit more organised at meal times. There were people eating breakfast when they were taking [people] in for lunch though."

Adapting service, design, decoration to meet people's needs

- People had access to outside space but an outside smoking area was not kept clean and was unpleasant to sit near.
- The home had areas on ceilings that showed evidence of past leaks which had left brown discolouration to the ceiling coverings.
- The environment needed attention and redecoration. The provider told us that they had refurbishment plan for the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service liaised with other healthcare professionals to ensure people's needs were met.
- Records showed that advice was sought from people's GP, speech and language therapists and occupational therapists.
- People were supported to access health care services when they needed.

Staff support: induction, training, skills and experience

- The provider ensured that staff received training and support to carry out their role.
- The registered manager kept training records up to date which showed staff had received training in areas such as moving and handling, infection control, safeguarding, and mental capacity.
- Staff told us the training provided them with the necessary skills to be carry out their roles and responsibilities.
- Staff also told us they received regular supervision and appraisal. This supported them to have two-way communication with managers and to enable them to identify areas for improvement and development.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We saw the service was working within the principles of the MCA, and authorisation were being met.
- Staff told us they had completed training in this subject and the training records confirmed this. The staff we spoke with had good knowledge of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Requires improvement - People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been breached.

At our inspection of July 2018 this key question was rated requires improvement. This was because staff did not always recognise when people needed supporting. At this inspection, we found similar concerns and this key question was rated as requires improvement.

Supporting people to express their views and be involved in making decisions about their care

- Most people felt there were not enough staff, due to them always being busy and having little or no time to meaningfully interact with people.
- We observed staff interacting with people and found this only took place when a task was required. For example, we saw one person required crying out, 'Help me, help me,' but there were no staff were available to reassure this person. Another person was asking to use the toilet and again, no staff were available to assist.
- We saw staff manoeuvring a person in their wheelchair without first explaining to them what they were doing. The person was reclined back and staff sat them upright causing the person to be startled as they had been dozing off to sleep.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People did not always have their privacy and dignity respected.
- Protective aprons were being used to cover people's clothing whilst they ate their meals. These were threadbare, old and worn. We had discussed this with the registered manager, who informed us the aprons were no longer to be used as alternative napkins had been purchased. However, staff continued to use the aprons at the next meal.
- A laundry basket containing soiled bed linen had no covers on them and they were producing an unpleasant smell in the corridors.
- One person was sitting in a specialist chair which was ripped and showing the sponge foam inside. This showed a lack of regard for the person's dignity.

The above is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014, Dignity and respect.

- Most relative's we spoke with told us that staff were kind and caring in nature. One relative said, "Very kind and caring. Pleased with the care [relative] gets it's excellent."
- Relatives we spoke with told us that they felt welcomed. One relative said, "They always make us welcome when we come." Another relative said, "I walk around the home and talk to people and I see a lot how good [staff] are."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Requires improvement - People's needs were not always met. Regulations may or may not have been met.

At our inspection of July 2018 this key question was rated requires improvement. This was because people did not receive care which was responsive to their needs. At this inspection, the rating for this key question had remained requires improvement as we found people were still not receiving responsive care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our inspection of July 2018, we found that the provider did not always ensure that people received person centred care which met their needs. This was a breach of regulations. At this inspection we found continued shortfalls in this area
- Through our observations we saw people were not stimulated or occupied in meaningful activity.
- The registered manager explained there was an activity co-ordinator in the service but during our visit they had spent the morning providing support to one person, meaning others were left for long periods without any interaction.
- People were mainly asleep or sitting with the television on and not watching it. We observed one person crying. They told us this was because they were lonely.
- Care plans we looked at did not always contain the most up to date information or contained information that was contradictory. For example, we checked care plans and found contradictory information in relation to people's nutritional needs. One-person care plan stated they needed an iron enriched diet which they no longer needed. Another person's care plan contained contradictory information on how to manually handle the person using a sling and hoist, the loop configurations were different between various documents, meaning staff may have used the wrong guidance, due to records not containing the most current and relevant information.
- One person told us they were not always supported to use the toilet when they needed to. They told us they were left to wait a considerable time and told by staff they would have to wait until they were less busy.
- People were not given enough opportunity to engage in activities and pursue interests. One person said, "I do think there's no time for the individual time [my relative] needs, you know because of the condition they don't have the time to spend talking or reading to [my relative]."

The above is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. We saw one person had raised a complaint as part of the provider's quality questionnaire. This concern had not been recorded, so we could not tell if the person's concerns had been fully addressed. We spoke with the registered manager about this who agreed this had not been appropriately dealt with.
- People knew how to make complaints and were confident that they would be listened to. They and told us

they would speak with the registered manager if they had any concerns at all.

- Staff felt that the registered manager and registered provider would listen and act if they raised a complaint.
- Relatives felt able to complain should they need to. One relative said, "Yes, I know the manager and would have no problem complaining if I needed to."

End of life care and support

- We saw that end of life plans were in place for some people and they captured how people wanted to be supported at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Inadequate - There were widespread and significant shortfalls in the service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At our inspection of July 2018 this key question was rated inadequate. This was because systems in place to monitor the service were not effective. At this inspection, we saw the provider had not made sufficient improvements and the rating for this key question remained inadequate.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At our inspection of July 2018, we found that audit system were not always effective. This was a breach of regulations. At this inspection we found continued and further concerns were identified.
 - Since our last inspection the provider had employed a quality auditor who worked at the home two days a week. This person's role was to assist the registered manager in monitoring the service.
 - We saw audits had been completed and were in a better format and better organised since our last inspection. However, they were not effective in identifying the concerns we raised as part of this inspection.
 - Lessons had not always been learned or acted upon. We identified similar concerns during this visit that were identified at the last inspection. For example, environmental issues we raised during the last inspection had not all be rectified, despite the provider sending us an action plan.
 - There was a lack of governance and oversight of the service to ensure there was continuous improvement. At the last inspection we found a regulatory breach in person centred care, safe care and treatment and governance. During this inspection the provider was still in breach of these regulations and we found they were also in breach in respecting people's privacy and dignity.
 - Care plans did not always contain accurate, up to date information. They were conflicting and confusing for the staff supporting people which also raised the potential risk of harm for people.
 - The provider had not identified that staff were task orientated and had very little time to meet people's emotional and social needs.
 - There provider had not ensured that people were experiencing positive outcomes, this was due to a lack of quality monitoring taking place.
 - Notifications of incidents were sent to CQC. However, because incidents were not routinely identified in the home during our inspection we identified further concerns that had not been reported.
- The above is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home had a registered manager who was leaving the service. The provider had employed a new manager who was completing their induction. The registered manager was supported by a deputy manager,

who was also new in post and a team of nurses and senior care workers. Staff knew their roles and responsibilities.

- Staff felt well supported in their roles. One staff member said, "I think we are on top of safety now, although it's been an issue in the past [the manager] is on top of it." Another said, "Everyone seems to be working better together following the last inspection. Everyone pulled together as a team. There's more of a routine, and the quality lead is picking up issues."
- The provider was displaying the most recent CQC rating, as required by the regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt they were included and involved in the running of the service through regular involvement in team meetings.
- People and relatives told us the registered manager was always available and was approachable. They knew there was a new manager who was being inducted by the existing registered manager. One relative said, "Yes, we certainly do know the manager and the manager is good and very approachable. There is a new one just started and we're sorry this one is leaving." Another relative said, "It's very open and transparent and welcoming here."

Working in partnership with others

- The provider had links with health care professionals such as GP's, district nurses and occupational therapists who worked closely with the provider to ensure people were receiving the healthcare they needed,
- We received positive feedback about the registered manager from the staff. One staff member said, "The manager has an open-door policy and I don't have to wait to talk about anything, if I need to talk, I can do it there and then."
- Relatives felt involved in the running of the service. They had been invited to regular meeting and had been given surveys to complete to give the provider an oversight of their views and opinions. One relative said, "Yes, we've done surveys. We do have meetings, since the last inspection a meeting was called, and we all came along, now we do them regularly."

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider did not always ensure that people received person centred care which met their needs.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	The provider did not ensure that people were always treated with dignity and respect.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. The provider did not ensure the safe management of medicines.
Treatment of disease, disorder or injury	

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
Diagnostic and screening procedures	Audit systems were not effective in identifying concerns and making sufficient improvements.
Treatment of disease, disorder or injury	

The enforcement action we took:

Served conditions to registration.