

# Mr Seamus Patrick Flood

# Oakworth Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our inspection of Oakworth Manor took place on 9 January 2017 and was unannounced.

Oakworth Manor provides personal care for up to 21 older people, some of whom are living with dementia. There were 19 people using the service on the day we inspected. Accommodation is arranged over two floors with a stair lift on the main staircase. There are two lounges and a dining room on the ground floor and bedrooms are a mixture of single and double rooms.

The home had a registered manager who had been in post since May 2014. 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.

People told us they felt safe living at the service. Safeguarding protocols were in place and staff understood the types of abuse and how to keep people safe. Safeguarding training had taken place.

Appropriate risk assessments were in place to keep people safe and people's risk assessments formed the basis of person centred care plans.

Accidents and incidents were documented and analysed. We saw actions taken as a result, such as reviewing people's risk assessments and care plans.

Medicines were mostly managed appropriately. However, some recording and procedures for checking medicines were not accurate and there were no protocols for 'as required' (PRN) medicines which had been identified as an issue at the previous inspection.

Robust recruitment processes were in place and staff had received appropriate training to provide effective care and support. Staff numbers were appropriate for keeping people safe and staff received regular supervision and annual appraisal.

Checks were conducted on equipment and the building although we found the gas safety check was several months out of date.

The service was complying with the legal requirements of the Mental Capacity Act 2005 and consent was sought wherever possible. People or their legal representative were involved with planning of care and consent forms were seen in people's care records. People's preferences were sought and choice offered.

A choice of food was offered at mealtimes and people were supported to consume a healthy and nutritious diet. Food supplements were used where required and people were encouraged to eat at their own pace. Appropriate referrals had been made to the dietician and people's weights and food/fluid intake was

recorded. A high emphasis was put on encouraging people's fluid intake through the use of hydration bottles.

People had access to a range of health care services. Health care professionals we spoke with told us communication from the service was good and their advice and recommendations were followed.

We saw kind and compassionate interactions between staff and people who used the service. The atmosphere was calm and relaxed with people's relatives and friends encouraged to visit without restrictions.

The service employed an activities coordinator and a range of activities were on offer, with people given the choice to participate.

A complaints policy was in place and we saw any complaints received were taken seriously, investigated and actions taken as a result.

Quality assurance systems were in place to monitor and analyse the quality of the service and any required improvements. However, these were not always effective as some of the issues we found during our inspection had not been identified through the audits.

## 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 always safe.

People received medicines when required, however recording of medicines was not always accurate and no protocol was in place for 'as required' (PRN) medicines.

Staffing levels were suitable for keeping people safe and robust staff recruitment processes were in place.

A range of checks were conducted on equipment and the building to maintain high levels of health and safety. However we found the gas safety check was several months out of date.

Accidents and incidents were recorded with outcomes analysed and appropriate actions taken.

### Is the service effective?

**Good** ●

The service was effective.

Staff training was mostly up to date to equip staff to provide people with effective care and support. All staff were enrolled to undertake the Care Certificate.

People had access to health care professionals and appropriate referrals were made.

People's dietary needs were being met, people were consulted about the menus and a choice of food was offered at mealtimes.

The service was meeting the legal requirements of the Mental Capacity Act (2005).

### Is the service caring?

**Good** ●

The service was caring.

We observed kind and caring interactions between staff and people who used the service. The atmosphere in the home was

calm and relaxed.

People and their relatives spoke positively about the staff and staff knew people well.

People's independence was encouraged and people were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care records were clear and reflected most people's current care and support needs.

The service employed an activities co-ordinator and a range of activities was in place.

A complaints procedure was in place which was displayed within the service. Complaints were taken seriously and investigated appropriately.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

A range of audit tools were in place although these had not identified some issues uncovered at inspection.

A registered manager was in place who was well regarded by staff and people who used the service.

Staff views were listened to and recommendations acted upon.

People's opinions of the service were sought through questionnaires and meetings.

# Oakworth Manor

## **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.

This inspection took place on 9 January 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the home. This included notifications received from the provider and information from the local contracts and safeguarding teams. We also 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. The service had returned this in a timely manner and we took this into account when making our judgements.

During our inspection we looked at three people's care records, some in detail and others to review specific information, four staff recruitment files, staff training information and other records which related to the management of the service such as quality audits and policies and procedures.

We also spoke with three people who used the service and three visitors as well as two health care professionals who regularly worked with the service, three care staff, the laundry assistant, the registered manager and the provider.

# Is the service safe?

## Our findings

People and their relatives we spoke with told us they felt safe living at the service. One person told us, "I feel safer here. They're all very good." A person's relative commented, "No concerns. [Name] seems to be looked after well. Staff are very good."

Staff we spoke with had a good understanding of the different types of abuse and the reporting process to follow. They told us they had been provided with safeguarding training and were confident if they reported any concerns about abuse or the conduct of their colleagues the registered manager would take the appropriate action. One staff member said, "If I saw anything I would tell the manager right away. I have never seen anything though." Another staff member told us, "I know I can report things directly to the council."

We saw there was a safeguarding policy in place with guidance to support staff on how to raise safeguarding alerts in the absence of the registered manager. Training records confirmed staff had been provided with safeguarding training and information on safeguarding and whistleblowing was displayed on a notice board within the home. This was to remind people and staff about the reporting process. We saw evidence the service had policies and procedures in place to protect people from harm and abuse and staff worked in line with these procedures.

People's care records contained appropriate and detailed risk assessments such as falls risk assessments to keep people who used the service safe. Personal emergency evacuation plans were in place in people's care records.

There were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. One person said, "There is always staff around." Staff told us the staffing numbers were sufficient to meet people's needs and they did not feel under pressure or rushed when supporting people with their care needs. One staff member said, "There is always enough staff on duty." Another staff member said, "It gets busy but we always manage fine." The registered manager told us the staffing numbers throughout the day consisted of three care staff and one senior care staff member. The registered manager was supernumerary. In addition there was a domestic, a laundry assistant, an activities coordinator and a chef on duty daily. The number was reduced at night to two care staff members and one senior on call. We looked at the staffing rota for the previous two weeks and the week of inspection and found it was consistent with the number of staff on duty on the day of our inspection. Throughout the inspection we observed staff assisted people with their care in an unhurried and safe manner.

Safe recruitment practices were in place. The registered manager told us staff were subject to a face to face interview. If found suitable to be appointed staff would be required to provide two positive references, proof of identity and a Disclosure and Barring Service (DBS) check before commencing employment. The DBS checks if prospective employees are safe to work with vulnerable people. In the staff files we examined we found appropriate documentation was in place. Staff confirmed the recruitment process was thorough and

they did not start working at the service until all the appropriate documentation had been obtained.

There were systems in place to manage medicines safely most of the time. We saw people received their medicines at the prescribed times. Staff told us they had to undertake training in the safe handling of medicines and be deemed competent before they were allowed to administer medicines. We saw training records which confirmed this. However we saw staff who were administering medicines signed to indicate they were administered before they were taken to the person. We read the medication policy from the provider which indicated medicines should be signed for after administration. The registered manager acknowledged this and agreed to make changes.

Medicines were dispensed from and stored in a locked trolley. Where variable dose medicines were prescribed for example, one or two pain killers to be taken when needed, staff recorded the number of tablets administered. This ensured the prescribed dosage was not exceeded. There was an audit trail of medicines entering and leaving the service which meant any discrepancies would be rectified quickly.

However medicines to be taken 'as required' (PRN) did not have a protocol in place directing staff when and under what conditions these medicines should be administered. This had also been identified at the previous inspection in July 2015 when the registered manager had told us they would review this as part of their review of the medicines policy.

The registered manager told us they held controlled drugs which they supported people with. We looked at the stock kept by the service. Prior to looking at the controlled drugs, a staff member informed us of a quantity error they had found during the last stock count. They told us one tablet for one person had not been deducted after administration. However controlled drugs are to have their stock checked after each administration. We saw over ten administrations had happened after the error in recording was made which meant staff were not stock counting after each administration. We mentioned this to the registered manager who was aware of the problem and had put plans in place to combat the problem happening again, for example to discuss at supervision and staff meetings. We looked at another person's controlled drugs and found a further recording error. We found one person's pain patches were recorded as six remaining but there were only five present. We saw the last administration of these patches was administered but not deducted from the total. This showed us recordings of medicines were not always effective and controlled drugs were not always stock checked after each administration.

This was a breach of Regulation 12 (2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)

We looked around the premises during the inspection. We found rooms and communal areas to be clean and tidy. Equipment was maintained with furniture and decoration in reasonable condition. However, we saw one fire escape in a communal lounge area blocked by walking aids for the majority of the day. We reported this to the registered manager who agreed to move the aids to another location.

We saw the home had infection control procedures in place. We observed staff used gloves and aprons when supporting people with personal care tasks, washed their hands in between tasks and made use of the anti-bacterial gel dispensers located throughout the home. The registered manager had introduced an alert system for people with infections to ensure staff were aware and followed the correct procedures. We spoke with the laundry staff member who described the segregation of laundry and showed us the flow system between dirty and clean laundry. Cleaning materials and disinfectants were safely stored in a locked cupboard and were colour coded to ensure these were correctly used.



We saw the service conducted a number of checks on equipment and the building to maintain high levels of health and safety. We saw service receipts and safety checks on weighing scales, fire equipment, hoists, cooker hood, five year hardwiring certificate and nurse call buttons. We also saw the water had been tested to protect against the threat of legionella. We asked to see the legionella risk assessment which was not available at the time of our inspection. This had not been forwarded to us two weeks after the inspection. We asked the registered manager to see the gas safety certificate and they showed us a certificate which was seven months out of date. They told us the engineers were due on the following week. When we spoke with them 13 days after the inspection they told us the gas safety check had now taken place but some work needed to be done before the certificate was issued. This showed checks to ensure the safety of the premises were not always completed within a timely manner.

This was a breach of Regulation 12 (1) (2) (e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)

We saw accidents and incidents were documented, audited and analysed with actions taken. For example, we saw referrals and discussions had taken place with the falls team and district nurses where the use of bed side rails, crash mats and under-mattress sensors had been considered.

## Is the service effective?

### Our findings

Staff told us the training provided by the service was good and equipped them for their role. Training was provided through a mixture of face to face and ELearning and a training matrix was in place. We saw staff had taken part in a variety of training including moving and handling, infection control, safeguarding, fire safety, continence, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and safe handling of medicines. From reviewing information in staff files and the training matrix we concluded training was mostly up to date or booked.

The registered manager told us all staff were required to complete the Care Certificate since they felt all staff would benefit from this training. The Care Certificate is a set of standards for social care and health workers launched in March 2015. It is aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification). One staff member told us the registered manager had introduced a system whereby staff completed training in one subject every month to ensure training was current. They also told us staff had received specialist pressure ulcer training from a tissue viability nurse and utilised the training pack and information provided.

There was supervision and appraisal documentation in place. Staff told us they were supported and provided with regular supervision. One staff member said, "We have meetings every couple of months. I feel well supported by the management team." We saw evidence which confirmed staff were provided with regular supervision and areas such as further training requirements were discussed at this time.

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. We saw three people had DoLS authorisations in place. We saw conditions in place on DoLS authorisations had been fully met. From our discussions with the registered manager we were confident they were working within the principles of the MCA.

Staff told us they always gained people's consent before supporting them. One staff member said, "I always explain to the residents what I am going to do and seek their permission." We saw evidence that people or their legal representative had given written consent to be supported. During our inspection, we observed staff gaining consent from people; for example, when assisting with personal care and administration of medicines. Where people lacked capacity we saw best interest meetings had taken place around their care and support. We found most staff had a good understanding of the MCA and DoLS procedure.

People were supported to maintain a healthy and balanced diet. One relative said, "The food is good. They get asked daily what they would like to eat," and another commented, "Fantastic food." We spoke with the chef who told us they cooked fresh vegetables and food daily. They understood people's dietary requirements and information on these were displayed in the kitchen. They also told us how they fortified meals using butter and cream. Menus were devised with input from people who used the service and we saw people's opinions on the food had been sought which showed a positive response. We sampled the food on the day of inspection and found it to be appealing and flavoursome.

Menus were on display in the communal areas and we saw people were offered a choice of main meal at mealtimes. Staff told us people were provided with an alternative if they did not wish to eat what was on the menu. The registered manager told us some people did not wish to eat in the dining room and we observed their wishes had been respected. We saw some people had their meals in their bedrooms and staff delivered meal trays attractively set out with tray cloths, serviettes, condiments, cutlery and their choice of drink. Plates were covered with plate protectors to keep food warm whilst being delivered.

We observed the breakfast and lunch mealtimes and found these to be unhurried and relaxed. Tables were laid with tablecloths, napkins and condiments. We observed staff provided prompts and assistance to people when needed and spent time sitting and chatting with people during the meals. Some people were offered protective clothing and assistance with cutting up their food. This was done in a sensitive manner.

Throughout the inspection we saw staff offering people hot and cold drinks as well as snacks. Hydration bottles of juice and water were present on the backs of people's chairs in the communal areas and in people's bedrooms and other people were offered regular cups of juice. We saw staff encouraged people to drink plenty of fluids throughout the day. We saw people's weight was monitored regularly to ensure they remained within an appropriate range. If there was a significant reduction in a person's weight staff made a referral to the GP.

We saw clear pictorial signage around the service indicating the location of toilets, bathrooms, lounges and dining rooms. The provider had recently devised and introduced a hand held tool for staff to use with people who had communication difficulties which contained a series of pictorial symbols. Staff we spoke with said they thought this helped them communicate more effectively with some people and we saw this in use during our inspection.

There were systems in place to ensure people had access to healthcare services if required. Staff told us people were supported to see their GP, optician, dentist or other health care professionals. We also saw where some people had been referred to specialists such as dieticians and speech and language therapists. We saw evidence of staff liaising closely with district nurses. On the day of our inspection two health care professionals visited the service and prescribed treatment for people which we saw staff acted on. One of the health care professionals told us, "I feel they (staff) respond to recommendations." They told us communication from the service was good and staff contacted them if they had any concerns about people.

# Is the service caring?

## Our findings

During our observations we saw people were happy and relaxed in the company of staff and other people who used the service. The atmosphere was calm and inclusive and we saw some kind and caring interactions between staff and people. People told us they enjoyed living at the home. Comments included, "It's alright here. They're nice people (staff)", "Staff are pretty good. I can have a laugh and a joke with staff; they're all very good," and, "They're all good (staff). It's a nice place. You can have a laugh and a joke."

Relatives and visitors we spoke with were positive about the care people received. Comments included, "Think the care is good", "[Person] seems to be looked after well. No concerns. Staff are very good," and, "This is the best one. I can't fault it. The carers are good. The staff are good."

A health care professional commented, "The care is good. I think the atmosphere is nice and how they've set out the home." They explained how they thought the stable staff team had helped create a good atmosphere since staff knew people well. Another health care professional told us, "Definitely caring; they know residents really well. They know what's going on." Staff we spoke with had a good knowledge about people and were able to tell us about people in good detail including likes, dislikes and care needs.

Where people were not able to speak for themselves and did not have family to speak for them we saw the service involved advocates to assist with decisions relating to their care and support.

We saw, and staff told us how they respected people's dignity. For example, we saw when a person started to remove items of clothing in one of the communal areas two staff members swiftly and calmly intervened and used towels to help preserve the person's dignity whilst supporting them to replace their clothes. These actions were performed with gentleness so the person did not become distressed. Staff told us they were aware of the need to be vigilant to preserve the person's dignity which corresponded with the information contained in the person's care records.

Staff told us how they would respect people's dignity and privacy by knocking on doors and asking permission before entering bedrooms, closing curtains and doors and using towels to cover people up when providing personal care and waiting outside after assisting people to access the toilet if possible. People were supported to spend private time in their room if they wished to do so. Staff also told us they were aware of the importance of talking through what they were doing with people, for example when using the hoist. We observed this taking place during the inspection and saw staff explaining every step of the procedure to a person and encouraging them to help where possible. This showed us staff respected and promoted people's dignity, privacy and independence.

Through our observations and review of people's care records, we saw people's independence was supported and encouraged as much as possible. For example, we saw staff encouraging people to mobilise using aids where required, the use of adaptive tableware to enable people to eat independently, some people accessing the local community and others going out for the day with friends or family.

People's relatives and friends were able to visit without any restrictions. We saw staff greeted visitors and made them feel welcome by bringing chairs for them to sit with their relatives and chatting with them. One relative said, "We can visit at any time; there are no restrictions." Staff told us, "We encourage family members to visit whenever it is convenient for them. We have very good relationships with the residents' family members." This demonstrated maintaining good relationships with family members and friends was encouraged and supported.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We were told some people had religious needs which were usually provided for within people's own family and spiritual circles although the service also held a multi denominational Sunday worship each week.

## Is the service responsive?

### Our findings

We reviewed three people's care records and found them to be clear, detailed and mostly person centred. People's care and support needs were fully assessed prior to them moving into the home to ensure the service was appropriate for their needs. Upon admission, care plans were developed to reflect these detailed risk assessments. We saw there was a high emphasis placed on what people were able to do for themselves and what areas required support. For example, we saw one person's washing care plan stated, '[Name] is able to manage all areas [person] can reach if handed a facecloth and towel; support with washing of lower half and back'. Another section of a care plan read, 'Staff to promote independence - do not take away anything [person] is able to do [themselves]'. We saw this was taking place during our observations which showed staff had read and were following people's care plans. Staff had also signed to show they had read and understood care records. One page synopsis sheets were in place in the front of people's care records which gave basic information about them and their care needs.

We saw people's care records contained information about their preferences, likes and dislikes. However, some people's information was more detailed than others and the registered manager told us this was an area they were improving. We saw evidence of this in care records which had recently been updated. We saw staff respected people's preferences throughout our inspection, such as where they wanted to sit, what they wanted to eat and activities they wanted to take part in.

We saw people or their legal representatives were involved in care reviews. Although people's care records were generally up to date and reflective of their care and support needs we saw one person's care records contained some conflicting information. For example, in the section relating to their mental health it stated a DoLS was in place. However, when we investigated, we saw a DoLS had been applied for but not yet granted. This could lead to confusion about the person's DoLS status. Some people's risk assessments were generic such as skin protection and using the bath or shower. However we saw the associated care plans were then person specific. Some care records were marked for review and others were passed their review date. The registered manager told us they were currently reviewing care records to ensure these were up to date and reflected people's current needs. We saw this was marked as an action in the service action plan and from our discussions were confident this would be completed.

We saw equipment such as hoists and stand aids were in place and were used appropriately. For example, we saw a staff member support a person to stand with the use of a stand aid. They gently explained to the person what they were going to do and what the person needed to do to assist them. They then gradually raised the reclining chair the person was sitting on and encouraged the person to use the different bars on the stand aid to bring them to a standing position.

The service employed an activities co-ordinator and we saw they organised a range of activities including reminiscence, chair exercises, quizzes, painting, games, Sunday worship and a weekly bingo session. We saw photographs displayed showing people taking part in activities such as painting and enjoying trips out. On the day of our inspection, we saw some people taking part in painting activities, others reminiscing and a

group taking part in a quiz with a large floor game. One person told us about a dog which came in with one of the visitors which they enjoyed petting, since they used to have a dog themselves. We saw the service produced a regular newsletter for people which gave information about the home and upcoming events.

A complaints policy was in place and information about how to complain was displayed within the home. People and relatives we spoke with told us they were aware of how to make a complaint but had not needed to do so. One person we spoke with told us, "They don't do anything wrong," and a relative commented, "No concerns." We reviewed the complaints procedures and saw the two complaints received since the last inspection had been taken seriously, investigated and actions taken as a result.

## Is the service well-led?

### Our findings

The home had a registered manager in place who had been in post since May 2014, providing leadership and continuity to the service. We saw they had devised an action planning chart which was displayed in the office with due dates and completion dates. Information included in this chart was audits and updating/reviewing of care records and we saw work had been done to complete some of the actions. The registered manager told us they received good support from the provider who visited the service weekly. Staff confirmed this and told us the provider spent time chatting with people who used the service which we also observed during our inspection. One staff member told us, "They're lovely."

People we spoke with praised the registered manager. One person told us, "She's lovely. I'd keep her myself," and another said, "She's a right good lass. She's excellent." We saw the registered manager spent time chatting with people who used the service and people welcomed them with smiles and affectionate greetings. It was apparent the registered manager knew people well from our observations and discussions.

Staff we spoke with told us the registered manager listened to any ideas and recommendations and was approachable. For example, we saw they were trialling a system which had been suggested by a care worker in order to improve efficiency and ensure all care staff knew what their duties were on each shift. The registered manager told us they were open to any ideas to help improve the quality of service provision. A staff member we spoke with told us, "I can go to [registered manager] with anything. I've never had a problem."

Staff we spoke with told us they worked well together as a team and morale was good. Some staff particularly commented on the new care worker system and the positive impact this had had. Staff told us, "I think we work well as a team." We observed staff appeared well organised and this helped create a positive culture and a more relaxed atmosphere within the service.

The registered manager told us they were committed to providing high quality care. We saw the service had received a five star Food Standards Agency (FSA) hygiene rating. This was the highest rating awarded by the FSA and showed the service had demonstrated very good hygiene standards. It was evident the service worked effectively with external agencies to provide a quality service. Staff, visitors and health care professionals told us they had and would recommend the service to others.

The service had a variety of quality monitoring processes in place and regular audits were undertaken by the registered manager and the provider. Regular provider visits were in place. We saw records relating to health and safety, medication, care plans, infection control and accidents and incidents. Where areas had been identified as requiring attention by the registered manager or provider, action plans had been put in place to support how improvements would be made. However, we saw this was an area still requiring improvement since some audits had failed to identify issues we uncovered at inspection. For example, the health and safety audit should have identified when the gas certificate was due for renewal. Although the registered manager told us this check was to be done the week following our inspection, we had found this to be seven



months out of date. The medication audit had also not uncovered the lack of a PRN protocol which had also been identified at the last inspection as well as errors with the counting of some medicines. This showed further improvements needed to be made to ensure all audits acted as effective monitoring and improvement tools.

This was a breach of Regulation 17 (1) (2) (a), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw resident/relatives questionnaires returned with positive comments about the service and the care provided. Regular meetings took place as an opportunity for people and their relatives to discuss the service and any updates or concerns.

We saw evidence of regular staff meetings held and staff told us these were a good forum to discuss any changes in the service or issues.

Information held by the Care Quality Commission (CQC) showed we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The rating from the previous inspection was displayed at the service and on the provider's website.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems and processes to ensure the safety of equipment did not always comply with statutory requirements and national guidance. Procedures regarding the proper and safe recording of medicines administered were not always followed and 'as required' protocols were not in place.</p> <p>Regulation 12 (1) (2) (e) (g) Health and Social Care Act 2008 (Regulated Activities) 2014 (Part 3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve the quality of the services provided were not always effective.</p> <p>Regulation 17 (1) (2) (a), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>