

Blossoms Care Home Limited

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Inspection report

Mounts Road
Greenhithe
Kent
DA9 9ND

Tel: 01322381642

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23 January 2019

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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 

Summary of findings

Overall summary

The inspection was carried out on 22 and 23 January 2019. The first day of our inspection was unannounced while the second day was announced.

Blossoms Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Blossoms Care Home is a service that provides accommodation and personal care for up to 22 older people with dementia. At the time of the inspection, the service was fully occupied with 22 people who were living with a range of health and support needs. These included; diabetes, epilepsy and dementia. The service had a large communal lounge, dining room available on the ground floor; with armchairs and TVs for people.

At the last Care Quality Commission (CQC) inspection on 08 August 2016, the service was rated as Good. At this inspection, we found the service Requires Improvement.

The service has a registered manager. 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.

Risks to people's care needs had not been appropriately managed. We identified issues with a lack of risk assessments for people living with diabetes and epilepsy. We will check this when we return.

People were not always supported to eat and drink enough to meet their needs. Choices were not always provided regarding food. People told us they were not always given a choice of food.

People told us they were not always involved in their care. There were limited activities located around the service for people to be engaged with. Not everyone was engaged in activities during our inspection. We made a recommendation about this.

Staff did not receive regular training and supervision to help them meet people's needs effectively.

The registered manager ensured the complaints procedure was made available if people wished to make a complaint. One person told us that they complained to the registered manager but nothing was done about it. This is an area for improvement.

Although systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service, these had not been rigorously followed. Records were not always accurate, complete and consistent.

People were not given the opportunity to provide feedback about how the service could be improved. Feedback provided by professionals were not acted upon.

Staff treated people with dignity and ensured people's privacy was maintained particularly when being supported with their personal care needs.

People received the support they needed to stay healthy and to access healthcare services.

The provider followed safe recruitment practice. There were appropriate numbers of trained staff to meet people's needs and keep people safe.

Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

Medicines were managed safely and people received them as prescribed.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks relating to healthcare conditions including diabetes and epilepsy had not been assessed and minimised to protect people from harm.

The service looked tired in décor.

The provider had always followed safe recruitment practices. There were enough staff available to meet people's needs.

Medicines were managed in a safe way.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Although, staff received on-going training in areas identified by the provider as key areas, the provider failed to provide specialised trainings to meet people's needs.

People were not supported to be able to eat and drink sufficient amounts to meet their needs. Staff failed to give adequate choices to people.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of Deprivation of Liberty Safeguards and Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well. We observed that staff were caring.

People's independence was encouraged by staff.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff respected confidentiality.

Is the service responsive?

The service was not consistently responsive.

People's needs were fully assessed with them before they moved to the service to make sure that the staff could meet their needs.

There were limited activities in the service for people to engage in. This is an area for improvement.

The provider had a complaints procedure and processes in place. However, we found no evidence that the procedure was being followed. People told us they complained and got no response from the registered manager.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The systems and processes to monitor and improve the service had not been effective in highlighting the issues we found at this inspection. Records were not always accurate, complete and consistent.

The provider and registered manager did not seek people's feedback on the service. Feedback received from professionals had not been actioned.

There was a registered manager. They understood their regulatory responsibility.

Requires Improvement ●

Blossoms Care Home Limited

Detailed findings

Background to this inspection

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

This was a comprehensive inspection, which took place on 22 and 23 January 2019. The first day of our inspection was unannounced while the second day was announced.

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 similar services or caring for older family members.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We observed staff interactions with people and observed care and support in communal areas. We spoke with eleven people who used the service.

We spoke with two care workers, one senior care worker, the cook, one housekeeper, the registered manager and two visiting directors. We also received feedback from the Local Authority.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments and daily care records. We looked at five staff files, a sample of audits, staff rota, satisfaction surveys, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, which included

the training records and additional care records. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I have never felt unsafe here." Another person said, "I feel safe here. The people are great."

Risks associated with people's care and support were identified. For example, risks in relation to moving and handling, behaviour, communication, falls, nutrition, weight and medicine. However, in the four care plans we viewed there were examples where needs and risk assessments did not always show the actions staff should take to reduce risks. For example, one person had been assessed as very high risk for falls on 17 October 2018. There were no adequate control measures in place or further information or guidance document for staff to follow. In another person's care plan, they had a section named 'Physical health risk assessment' completed and scored 58, which was assessed as high risk, on 17 October 2018. The scoring matrix stated '52+ Special assistance required' We found no guidance for staff about how this assessed risk would be managed. No further risk assessment was seen to mitigate the risk and no action plan in place. In another example, one person was diagnosed with epilepsy. There was no care plan or risk assessment in place to advise staff how to meet the person's needs, what the person's seizures may look like and what action they should take if they had a seizure. Staff had also not received epilepsy training, which would have enabled them to adequately meet the needs of this person safely. We fed these findings back to both the registered manager and provider. They informed us on the second day of the inspection that they had started rectifying these areas of concerns. Newly implemented risk assessments were sent to us after the inspection. As these new risk assessments had not been fully embedded into the practice of the service, we will check on this when we return. This is an area identified as requiring further improvement.

There were effective systems in place to reduce the risk and spread of infection. We observed the use of personal protective equipment such as gloves and aprons during our visit. Staff were trained in infection control and food hygiene. However, the service looked tired in décor. For example, the carpets in the corridors were particularly grubby and the tables in the lounge were sticky in places. We discussed the decoration of the service with the provider as some areas of the service were looking tired and tatty. Some carpets were worn and in need of repair. The kitchen also needed updating. The provider told us they planned to redecorate the communal rooms, people's bedrooms and replace some of the flooring. This is an area identified as needing improvement.

Suitably trained staff followed the procedures in place to ensure people received their prescribed medicines safely. Medicines were stored safely in medicine cabinets in the care office. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Staff explained how they gave medicines to people and observed them while taking their medicines.

Some people required topical creams for their skin, which care staff administered. We noted the topical creams on MARs and there were no gaps in staff signatures. When PRN (as required) medicines were

administered, the reason for administering them was recorded within the MAR chart. This indicated that the registered manager had an effective system in place for the safe administration of medicines. Staff told us and records confirmed that only the senior care staff administered medicines and they had undertaken the provider's medicines training. However, we found no records that showed staff had completed their annual medicines competency assessment to ensure their practice was safe. This is an area identified as requiring improvement.

The risk of abuse was minimised because staff were aware of safeguarding policies and procedures. All staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the local authority safeguarding policy, protocol and procedure. These are in place for all care providers within the Kent and Medway area. They provide guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with told us that they would refer to this guidance whenever required and report any suspicion of abuse immediately. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

Safe recruitment processes were in place. Staff files contained all of the information required for recruiting staff safely. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. The registered manager told us there were three care staff in the morning, afternoon and three at night. In addition, there was a senior care staff who led both morning and evening shifts, two housekeepers, a cook, a maintenance person, and the registered manager. Records confirmed this level of staffing. We observed that staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the service.

Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these so any trends could be recognised and addressed. The registered manager used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who acted on changes to their needs.

The registered manager ensured that the environment was safe for people. Environmental risks were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances.

Each person had an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire.

Is the service effective?

Our findings

People gave us mixed comments about how they felt about food. They commented, "There is some choice about food."; "We don't have much of a choice; you take what comes and it's good. If you can't eat it they'd find you something else."; "The food is so-so."; "I can eat everything here. I like it."; "The food's all right. There's not really a choice but you can have something else. That's quite good."; "We get meals but they can be dry, especially the chips or pastry" and "You don't get a choice of food but if you don't like it they find something else."

We spoke with the cook about our findings and they confirmed what we were told. The cook said, "People are offered another choice of food if they do not like what we offer." The cook showed us the menu. However, the menu did not demonstrate choices offered to people and was not person centred. We fed our findings back to both the registered manager and providers who told us that this would be rectified.

Throughout our visit, we observed that staff were not always offering choices to people. Although, people were offered choices of hot and cold drinks, at lunch time, people were given the food on offer. For example, one person who did not want either the first or second course was not offered anything else and no member of staff encouraged them if they might be tempted to eat anything else, so the person ate nothing at lunchtime.

There was a menu board displayed in the hallway, which detailed the four-week menu cycle. We observed that tables were not set before mealtime. Place mats were put out in front of some residents and not others once they had sat down. Knives and forks were handed round when the food came and there were no condiments. There were no napkins or bibs. We saw one lady sitting on a sofa, who was distressed when she dropped food on herself. Food was served from a trolley and people were generally not asked what elements of the meal they would like. People were all given a red fruit juice, with no choice, except one person who was asked if they wanted a particular type of yoghurt.

The majority of people could eat their meal independently and staff served their food politely but there was little conversation. We observed care staff sitting with three people, assisted them with their food quite patiently. However, at the same time, staff ate their own food hastily whilst trying to assist people with their meal, as well as keeping an eye on the room in general. This meant that it was not the most dignified and respectful arrangement for people.

The failure to meet people's nutritional needs based on their choices and having regard to the service user's well-being was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff undertook mandatory training and refresher training in topics and subjects relevant to their roles. The in-house induction included new staff shadowing experienced staff. The induction included assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. The provider's mandatory training included first aid, infection control, medicines administration, food

hygiene, health and safety, fire awareness, moving and handling, equality and diversity. However, staff had not been trained in specialised topics such as epilepsy, dementia, diabetes and risk assessments. All the people who lived in the service were living with dementia, some with epilepsy and dementia. This meant that the provider failed to adequately equip staff in order to meet people's needs.

Members of staff were not always supported through individual one to one supervision meetings and appraisals. This would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager would have been able to monitor. For example, out of five staff files we looked at, four had not received any supervision in the last 12 months. We found no evidence that showed staff had received any annual appraisal. This meant that the provider had not provided appropriate support and supervision as is necessary according to their policy to enable staff to carry out the duties they were employed to perform.

Failure to provide staff with the appropriate training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's initial assessment led to the development of their care plan. Individual care plans detailed guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, cultural needs, dignity and independence. A specific care plan identified the support each person required with their cultural needs, for example, if they needed support to attend a church. Information such as whether people were able to communicate if they were experiencing pain was detailed. Care plans were regularly reviewed. All the care plans we looked at had been reviewed in October 2018. Care plan reviews captured any changes since the last review or if there had been interventions, such as with health care professionals.

The registered manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language therapy team, demonstrating that the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

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 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 had the appropriate legal authority and were being met.

Is the service caring?

Our findings

We heard mixed views about care staff in the service. Comments included, "Staff are generally very good. They can be a bit short sometimes like early mornings and I asked them what is the matter?"; "The staff definitely do not speak calmly. They are not very soft. They are busy. When they are together, they talk round the table and do not include us."; "Staff speak to me OK. I don't feel edgy with them. I've known some of them for a very long time. I would never be afraid to go towards them."; "They speak to me kindly" and "If someone is ever short with me, I will complain to them at the time."

We found that staff knew the people that they were supporting. People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to give us details on people throughout the day, without needing to refer to care plans. One person said, "The ladies are kind. They're all nice here really." Another said, "They are generally all right. If I want to talk about things they will listen."

People's bedrooms and the corridors were filled with their items, which included; pictures, furniture and ornaments. This, combined with information in their care plans, provided staff with a wealth of information about people, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them. Staff on shift knew and understood each person's needs very well. Staff knew each person by name and they spoke to them in a respecting and affectionate way. We observed some staff talking to people in the lounge and they were attentive and respectful in their approach and manner. People said, "They do their best.", "Yes, they do treat us with respect.", "I've been here a while and they treat me respectfully.", "They treat me well." and "They treat me with respect."

People's independence was encouraged by staff. One person told us, "I like to wash myself and staff let me do this." People's care plans recorded their strengths and what they were able to do so that staff could support them in a way that encouraged them to retain independence. One person was able to wash their face and attend to their oral care independently and this was recorded in their care plan. Another person liked to do their own make up each day after being supported with personal care and this was recorded in their care plan.

People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. People told us that staff provided care in a manner that was respectful and dignified. People said staff ensured doors were shut and curtains were closed when they provided personal care. We observed this practice during our inspection.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected. Staff encouraged people to

advocate for themselves when possible.

Is the service responsive?

Our findings

People said, "I've got pink nail varnish done by care staff and I hate it! They just do it and I don't like it at all." and "They do my fingernails pink but I'd like a darker colour."

The provider had not employed an activities coordinator to facilitate activities in the service. There were limited activities organised by the care staff. For example, in the morning when we asked about activities, there seemed to be some confusion about what was happening and it did not seem that anyone had a particular or close overview of what was happening. In the lounge, there was a year planner for activities produced by the 'Weekly Sparkle publishers' and birthdays had been added to this. There was a weekly activity chart in the hall reception area which detailed the week's activities. The activities designated for the day of the Inspection were "Cake making and reminiscence". We saw no sign of these activities throughout the day.

However, we found other activities seemed to happen in a random way on the day. In the morning, a care worker carried out a few armchair exercises with some people, played music and danced with three people. The same care worker ran a game of bingo with four people. In the afternoon, after lunch, a care worker sat with one person and encouraged them to stick shapes on paper. They did ask the three other people at the table if they would like to do something similar but they declined, hence they were not engaged in the activity and were not offered anything else to do. In the larger part of the room, a dozen residents sat in the armchairs around the television. Few were watching. A couple were talking but there was no attempt by the other care workers in the room to engage anyone in meaningful activity. There seemed to be an absence of ideas about how to interact with those who did not want to do the group activities, apart from passing the occasional few words. There were no obvious sensory toys for people with dementia in the room; no memory or rummage box, no balls of wool, tactile aprons and dolls, which could be used to stimulate or engage people who lived in the service with dementia. We fed our findings back to both the registered manager and providers who told us that this would be rectified. The provider sent us an action plan detailing how they planned to improve activities for people who lived in the service. This included the appointment of a dedicated activity organiser, closer involvement and contribution by the Blossoms staff and encouragement of involvement of family and relatives. We will check on this when we return.

We recommend that the registered provider continue to seek advice and guidance from a reputable source, about the provision of meaningful activities responsive to the needs of people living in the service.

The registered manager undertook an initial holistic assessment of people before they moved into the service. The assessment checked the care and support needs of each person so that the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

People had care plans in place, which reflected their current needs. Detailed daily records were kept by staff. Records included personal care given, well-being, concerns to note, food and fluids taken. Many recordings

were made throughout the day and night; ensuring communication between staff was good which benefitted the care of each person.

At the time of our inspection there was no one receiving end of their life care. Some people had been asked about their wishes if they became unwell, such as to be kept at the home and not wishing to be resuscitated. Care plans we reviewed contained completed 'do not attempt cardio pulmonary resuscitation [DNACPR]' information where people had requested it with family member involvement. The DNACPR is to provide immediate guidance to those present, particularly healthcare professionals on the best action to take [or not take] should the person suffer cardiac arrest or die suddenly.

The registered provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board in the home. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. The registered manager told us that they had not received any complaints in the last twelve months. However, one person said, "The manager often asks me how I am and I tell them if I think it's not right. Like the woman who looks after our money in the office. It's sometimes difficult to get it when you want it because she's not always there. I said that was not good but it's not changed." We saw no records of this complaint and how this was resolved. This is an area for improvement.

Is the service well-led?

Our findings

There was a management team at Blossoms Care Home. This included the registered manager, supported by the providers. The registered manager had been working in the service for several years. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so.

We found that the registered manager had implemented a quality assurance system and used these principles to review the service. The provider carried out a range of audits in areas such as medicines, risk assessments, incidents and accidents and health and safety. The provider carried out a monthly holistic audit in which they looked at a range of areas such as documentation and staff practice. The provider also carried out a series of audits either monthly, quarterly or as and when required to ensure that the service runs smoothly, such as infection control. The registered manager used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

However, at this inspection we identified four breaches of Regulations. Processes used to monitor and evaluate the operation and quality of service provided were not suitably robust and needed to be strengthened. In doing so, this would ensure progress made was sustained and the service improved. There was no adequate risk assessments and control measures in place. We found no guidance document for staff to follow in relation to the management of identified risks. There were no guidance for staff on steps take to help reduce the risk one person who was epileptic had a seizure. Checks and audits had not identified the need for specialised training such as epilepsy and diabetes. Further, the audit had not identified the lack of choice about food served.

Records were not adequately maintained. Although, there were systems in place to record food and fluid intake, they were not comprehensive. For example, the last entry was completed on 24 September 2018. Manager's monthly audits were last completed on 9 August 2018. Monthly emergency lighting test was last carried out on 10 October 2018. Another example was that records had not been completed correctly for the safe handling of Controlled Drugs (CDs). We checked the CD cupboard with the senior carer and found a Buprenorphine transdermal (Butec 20) patch stored there. We checked the CD register and found an omission where the entry for this patch had not been recorded in the CD register. We spoke with the senior carer and the registered manager about this issue and was shown the receipt slip from Boots Pharmacy dated 19 January 2019. The registered manager confirmed with staff that they had taken receipt of the patch and locked it in the CD cupboard however they had omitted to check it with a colleague and record this in the CD register. This showed that comprehensive record keeping was lacking in the areas above, which could be detrimental to people's needs.

The failure to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and failure to ensure records were accurate, complete and consistent was a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider had systems in place to receive people's feedback about the service. The provider had recently asked external professionals to complete surveys about their experiences. There were mixed responses, which included, 'I find Blossom's not simply a care home but a home, where the people live their lives in comfort and dignity'; 'Like to see staff wear name badges, so that I know whom I am saying hello to. Or alternatively, their photo on the wall with name under' and 'I would really like to see more sort of activity that would give the residents an interest and purpose.' We found no action plan in place in response to these comments. We asked the registered manager if they asked people who used the service questions about the service they received. The registered manager informed us that people were not asked. One person confirmed this and said, "We're not asked for feedback." This is an area for improvement.

The provider understood the responsibilities of their registration. Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.

Communication within the service continued to be facilitated through meetings. Staff were given the opportunity to feedback any comments on the service during team meetings. Staff meetings occurred monthly and covered training staff wanted, and any changes in systems, for example when new documentation was implemented for prescribed creams. Staff told us they felt able to raise improvement ideas, and had faith in the registered manager to make improvements within the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider failed to meet people's nutritional needs based on their choices and having regard to the service user's well-being.</p> <p>Regulations 9 (1) (a) (b) (c) (3) (i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to ensure comprehensive audit systems were in place to regularly assess and monitor the quality and safety of the service and ensure consistent record keeping.</p> <p>This is a breach of Regulation 17 (1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider failed to provide appropriate professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulations 18 (2) (a) (b)</p>