

Mrs Helen Young

# Keb House Residential Home

## Inspection report

Haytons Lane  
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Scunthorpe  
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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Keb House is a care home situated in the village of Appleby near to the town of Scunthorpe and provides support for up to 18 older people, some of whom maybe living with dementia.

At the time of our inspection 12 people were been supported to live at the service. The service comprises of an older style Victorian house and a newer build single storey annex extension. The service offers en-suite rooms, various communal lounges and dining areas, a busy bee activity room, a kitchen, a laundry and outdoor garden space with seating areas. The service is accessible for people with mobility difficulties and onsite car parking is available.

The inspection was unannounced and took place on 7 January 2016. The last inspection was completed in December 2014 and the service was non-compliant in one of the five areas we assessed and required improvements in a further three areas. We then completed a follow up inspected at the service in March 2015 and found the service to be compliant. We did not change the overall rating of the service at the follow up inspection from requires improvement as we wanted to determine if the service could sustain the improvements that had been made over a longer period of time. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service required improvements to three out of the five key areas we inspected. During this inspection we found a number of maintenance issues that required attention at the service. These included chipped paintwork, peeling wall paper, cracked windows and poor lighting in areas of the service.

We saw that one of the bathrooms had a storage cabinet which contained bath and hand towels which should have been stored in the rooms of people who used the service to prevent cross contamination. There was also a build-up of dust and dirt behind the cupboard where it had not been cleaned sufficiently. We found this was a breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of this report.

Staff understood the principles and processes of safeguarding vulnerable people and had received training to support them. People living at the service said they felt safe and told us that staff were good and caring. We found that medicines were stored and administered appropriately in line with current guidance.

Staff had been recruited safely and appropriate checks were completed prior to them working with vulnerable people. Staff had good knowledge and an understanding of the needs of the people who used the service.

People were given choices at mealtimes, although the atmosphere over the lunchtime period was very quiet with no music playing and very little conversation taking place. Staff received regular supervision and appraisals and an on-going training programme was provided to assist staff to increase their knowledge and skills.

We observed that staff spoke in a positive way to people and treated them with respect. Staff and people who used the service interacted in a positive way and observations showed good relationships existed between them. People who used the service were offered a range of activities which they were encouraged to participate in.

We saw that accidents and incidents at the service had been documented and evaluated so that lessons could be learnt to help the service develop and improve. The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) although no application had been submitted in respect of people being deprived of their liberty. The Mental Capacity Act 2005 (MCA) legislation is designed to ensure that when an individual does not have capacity, any decisions are made in the person's best interest.

People who used the service had personalised care plans in place and their individual likes and dislikes were clearly documented. Risk assessments were in place together with information about people's life histories and medical conditions to help staff meet their needs

The service had limited signage in place and required improvements to enable the environment to be more dementia friendly. Improvements were also required in relation to the auditing systems in place for the maintenance of the environment. The registered manager promoted an open door culture and staff told us the registered manager provided good support and was approachable.

We made a number of recommendations to the registered provider to assist with making overall improvements to the practice and processes at the service.

## 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.

Some areas of the service required refurbishment to ensure it was safe and suitable for people living there.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

Medication was stored, recorded and administered safely in line with current guidance.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

We recommended the registered provider refers to good practice guidance in relation to making the environment more accessible for people who are living with dementia.

People were offered choices at mealtimes but the atmosphere to enhance peoples experiences needed improvements.

Staff had received appropriate training and support to meet the needs of the people they cared for.

Care was only provided when people had given consent or if best interest processes had been followed. The registered manager had not made any DoLS application for people living at the service. We recommended that the registered provider seeks guidance from the local authority to ensure they are working within the principals of the MCA.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff treated them well and were kind and caring.

People's privacy and dignity were respected and people's independence was promoted where possible.

People and their relatives were involved with reviewing their care and support.

Interactions between staff and people who used the service were positive. Staff had a good understanding of people's individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

A complaints policy was in place to enable people to raise any issues or concerns they had.

People received care which was personalised to meet their needs and was person centred.

A range of meaningful activities were offered which people were encouraged to participate in.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Audits within the service were not as robust as they could have been for example maintenance audits had not identified the issues with the environment.

The service promoted an open door policy and staff said they felt supported and could approach the registered manager to discuss any concerns or issues.

The registered manager consulted with and held meetings with staff and people who used the service to gain their views about the service.

# Keb House Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 was unannounced and took place on 7 January 2016. The inspection team consisted of one adult social care inspector. Before the inspection took place we reviewed the information we held about the service. We also contacted the local authority contracts and safeguarding team to ask them their views on the service. The contracts team informed us a number of improvements had been recommended at the service the main one being the need to improve the risk assessments and reporting of safeguarding concerns. An action plan is currently in place to encourage improvements to be made within the service.

During the inspection we spoke with five people who used the service, three care workers, the registered manager and the cook. We also contacted seven relatives of people who used the service. We spent time observing the interactions between people living at the service and staff in the communal areas and during mealtimes. We took a tour of the premises and looked at all areas of the service including peoples' bedrooms, communal areas, the kitchen, dining areas, bathrooms, laundry room and outdoor space.

We looked at four care records which belonged to people living at the service and four staff recruitment files. We looked at medication administration records (MARs) and also reviewed a range of documentation to support the management and operation of the service. This included staff rotas, training records, audits, accident and incident reports, policies and procedures, maintenance records and minutes of meetings.

# Is the service safe?

## Our findings

People told us they felt safe at the service. Comments included, "Oh yes, I feel very safe here", "I can look after myself but staff will help me if I want them to" and "I feel safe here, it's ok." A relative we spoke with told us, "I am glad [relatives name] is in Keb House. I feel much more relaxed knowing they are in a safe place with caring and friendly staff."

We undertook a tour of the premises with the registered manager and saw some areas had been redecorated since the last inspection. However, there were some areas that required further maintenance. We saw the downstairs corridor in the original part of the building had peeling wallpaper and chipped paintwork on dado rails and the banister for the stairs. Two windows in the main lounge had paintwork that was chipped and had cracked glass panels that had black mould growing on them.

We noted a number of lights not working throughout the premises. We saw that two lights in people's en-suite bathrooms and one in a corridor near to a fire escape were not working. An area at the end of an upstairs corridor where two bedrooms were located did not have any light installed and were extremely dark. There was also a small step which was difficult to recognise because of how dark the area was and this was a potential tripping hazard.

One of the bathrooms in the extension to the service had a storage cupboard which contained bath and hand towels which should not have been there and meant there was the potential risk of cross infection if these were used by different people. The area behind this storage cupboard had dirt and dust that had gathered. A relative told us, "Although the home is clean, I think it could do with decorating as it looks a bit worn down and could do with updating to give it a fresh look."

This is a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There were sufficient staff employed to meet people's needs safely. During our inspection there were three care staff on duty to support people and two staff worked during the night. The registered manager and deputy manager, who lived on site, were also available in addition to support the service as and when required. We looked at the staff rota which confirmed these staff numbers. One person told us, "The staff are always around and they are quick to help me when I need them." One staff member told us, "I think there are enough staff, yes, people never have to wait very long. With the manager living on site, they are always available to assist if we need them."

The staff recruitment files we reviewed confirmed that staff had been recruited safely. We saw employment application forms, at least two references, job descriptions and appropriate checks with the disclosure and barring service (DBS). A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults.

Staff we spoke with were able to describe different types of abuse and explained how to recognise the signs

of abuse by giving examples of changes in people's moods and personalities. Staff knew who to contact if they needed to report suspected abuse and said they could report it to the registered manager, local authority or Care Quality Commission (CQC).

Training records confirmed staff working in the service had received training about how to safeguard adults from abuse. Safeguarding incidents within the service had been appropriately documented and referred to the relevant agencies including notifying the CQC. The service had a whistleblowing policy in place and staff confirmed they would use it if necessary. One staff member told us, "I know you can whistle blow on someone if practice is poor. I've never had to but it's nice to know it's there if I ever needed it."

We saw accidents and incidents had been recorded but details of what actions had been taken to minimise future re-occurrences had not always been documented to help the service learn from the past. We spoke to the registered manager about this who confirmed they would review the system for recording incidents and make improvements.

The care records we looked at contained risk assessments that identified how the risks for each individual who lived at the service were managed. Risk assessments were in place for a range of areas including falls, infection control, pressure sore, nutrition and moving and handling. We saw people's care records were reviewed and updated on a monthly basis in accordance to changes in people's needs.

We looked at documents relating to the maintaining of equipment and health and safety checks within the service. The service employed a maintenance person and records showed that checks were carried out and documented within the service on a regular basis. These checks covered moving and handling equipment, for example hoists and wheelchairs. Checks also included inspection of fire doors, water temperatures and call bell system. These environmental checks helped to ensure the safety of people who used the service.

The service had an emergency grab file which provided guidance for staff of what to do in cases of emergency. This information included details of the registered provider alongside electricians and gas engineers contact numbers when out of hours. One staff member told us, "As the manager lives on site we only have to knock and inform them if there is a problem. It's really useful and it means they are fully updated with what is happening in the service."

People had personal emergency evacuation plans (PEEP) in place. These plans provided information into what people's needs are and detailed how to manage and support them in an emergency such as a fire or flood. These documents helped to ensure people would receive the care and support they required in a crisis.

We looked at how medicines were managed at the service and saw that people's medicines were stored and administered safely. Staff received training about the safe handling of medication and this was updated on a regular basis. We saw that medicines were stored in a medication trolley that was locked and secured to the wall when not in use. We reviewed a number of medication administration records (MARs) and saw that medicines had been administered at the advised times, recorded correctly and disposed of in an appropriate way. Records were also completed on a daily basis to monitor the fridge used to store medications in.



## Is the service effective?

### Our findings

People who used the service told us they were happy with the food provided. Comments included, "Its superb, top marks to the cook", "Plenty of choice and a nice variety" and "Very nice food here, its lovely."

We observed the lunchtime experience in one of the dining rooms. We saw that tables were appropriately set with cutlery and condiments. Whilst we saw staff supported people to sit at the table ready for their lunch, we observed people were left waiting for over 10 minutes for their meal to be served because a member of staff was not available to support at that time. Staff informed people that they were waiting for another staff member to come and assist, however we observed people were becoming agitated with the length of the wait. The atmosphere before and during lunch was very quiet. Staff had turned off the TV in the room in preparation for lunch but no background music was played and minimal conversation was had between people.

When the food was served it appeared hot and looked appetising. People had plate guards when required so that they could eat independently and we saw that one person was supported by a member of staff to eat. People who took longer to eat than others were not rushed and drinks were provided and replenished regularly. A menu board was on display in the dining area however this had not been completed and we heard people repeatedly asking staff what was for lunch.

We spoke to the registered manager about our observations who said they were disappointed in what we had seen. The registered manager showed us the photographs that had been taken of food and reassured us that these are normally displayed on the menu board so that people knew what was been served. The registered manager said they would speak to the staff and ensure the menu board was completed on a daily basis. They also said they would speak with the staff about playing music to try and create a more pleasant lunchtime experience for people living at the service.

We saw staff had the skills and knowledge needed to meet the needs of the people living at the service. Staff told us they received ongoing training to keep them up to date and supported them in their role. One staff member told us, "The training offered is really good, it's probably the best I've had in a job." The service had a training matrix in place which detailed the training staff and undertaken and when it was due to be updated. Training records showed that staff had completed a variety of training including moving and handling, health and safety, safeguarding adults, infection control, medication and person centred approaches.

Records confirmed staff received an induction before they commenced their role at the service. All staff received a handbook which outlined training, the organisation's policies and expectations of staff. The induction programmes covered a 12 week period and in that time staff completed mandatory training, shadowed experienced members of staff and became familiar with the service. The registered manager told us competency checks were made during this time to determine if the induction process was working for new recruits or if a longer period is required. The registered manager also confirmed that new employees into the service would now be completing the care certificate. One staff member told us, "I'd previously

worked in care so I was able to start supporting people on my own sooner than say someone who is totally new to the care industry."

The records we reviewed confirmed staff received regular supervision approximately six times per year. This gave staff the opportunity to discuss their practice, any issues or concerns and training needs. Yearly appraisals were also completed, the last ones took place in July 2015 and detailed conversations including job role, training needs, team work and skill development. One staff member told us, "We get supervision and we talk about what's going well and where improvements can be made."

We saw staff communicated with people in a positive and friendly manner. Staff used daily records to keep each other up to date with changes in people's needs and these were used as a method of communication for staff during shift changes.

People who used the service had their health and wellbeing monitored daily and staff made referrals to health care professionals when appropriate. People's care records documented when health care professionals had been contacted or visited and what action had been taken. People told us staff were quick at getting advice from professionals. One person said, "If you need the doctor they will get them here no problem. I'm lucky I don't really need help like that at the moment but the staff will arrange it for you if you need it."

During the inspection we saw staff asking people's consent before carrying out any care tasks. Staff asked people "Would you like...?" and "Can I help you with...?" Before carrying out any tasks. This showed that staff understood the Mental Capacity Act 2005 [MCA] and the need to seek consent. The care records we looked at also contained consent documents that, people who had the capacity, had signed to agree to support with their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards [DoLS]. 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.

We checked whether the registered provider was working within the principles of the MCA and 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 found the registered provider had not submitted any applications to the 'Supervisory Body' for authority to deprive specific people of their liberty. The registered manager and the staff we spoke with understood the principles of the MCA and DoLS. Training records showed that eight out of 15 staff had completed MCA and DoLS training within the last year. The registered manager told us that they didn't think anyone living at the service required a DoLS authorisation. However, to ensure this was a correct judgement the registered manager had spoken to the local authority about DoLS applications and was awaiting further guidance. The registered manager explained that there had been a delay in receiving further advice or additional training due to the demands on the local authority from services requesting DoLS guidance.

It is recommended that the registered provider obtains information and direction from the local authority in respect of DoLS applications to ensure they are working within the principles of the MCA.

The service was adapted to meet people's needs. A stair lift was provided for people who had difficulty managing the stairs and people had the use of walking frames to increase their independence. We noted there was a lack of clear signage on doors throughout the service and it was hard to distinguish the difference between a toilet door and a person's bedroom door as they looked similar. We spoke with the registered manager about this who said they would look into purchasing some dementia friendly signs and talk with people who used the service about personalising their room doors.

It is recommended that the registered provider refers to good practice guidance with regard to making the environment more suitable for those people who may be living with dementia.

## Is the service caring?

### Our findings

People we spoke with were happy with the care and support they received. Comments included, "They [the staff] are lovely, very kind and caring", "No complaints from me" and "They [the staff] do what I ask and are kind, can't ask for more than that."

Visitors told us they were happy with the care their relatives received. Comments included, "It's a nice service, people don't want for anything, well not from what I see anyway" and "The staff all appear to be friendly, caring and easy to talk to. There's a fine feel about the place."

We saw people who used the service and staff interacting in a positive way. We heard conversations and light hearted banter taking place throughout the day. When people asked questions staff responded immediately and provided reassurance when needed. Staff were patient and took their time in explaining things to people and support was delivered in a sensitive and unrushed way. We saw people were dressed appropriately and appeared well cared for. During our inspection the hairdresser was visiting and one person took great pride in showing people they had just had their hair done. One person told us, "I get my hair done when I want and I choose what I wear but staff will help me get ready if I need them to."

We observed staff were respectful of people's needs and explained things before support was provided. Staff promoted people's privacy and dignity by knocking on bedroom doors prior to entering and ensuring toilet and bathroom doors were closed when in use. A staff member told us, "We are always mindful when supporting people to maintain their dignity. Little things like closing curtains and covering people up make's all the difference."

We observed people were encouraged to be as independent as possible with staff providing encouragement and support. For example people took it in turns to assist with setting the tables at mealtimes and assisted with clearing the dining room afterwards. We saw that the person responsible for assisting that day had their name up on the board so that people knew who's turn it was. Staff told us they did this so that people felt included and enjoyed helping the staff when they could. One person told us, "I like to help out when I can, it's important to do your bit while I still can isn't it."

The service had a range of policies and procedures in place for staff to follow which promoted equality and diversity within the service. Staff we spoke with confirmed they had received training in this area and were mindful with regards to people's backgrounds and religious beliefs. Staff understood people's needs and were familiar with people's history and life experiences prior to them living at the service. This meant staff could engage with people about their previous jobs and help them reminisce on the past. The care records of people who used the service detailed their preferred choices of how they wished to be cared for and what they liked to do to occupy their time.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People were consulted about their care and involved in decisions about this when possible. One person told us, "Staff speak with me and keep me updated about

what's going on." Relatives we spoke with confirmed they were also involved with their loved ones care and invited to review meetings and kept up to date if their support needs changed.

The registered manager and staff were aware of the need for confidentiality and staff did not speak about people in front of others. Care records were stored in a locked cupboard and computerised records were kept within the registered manager's office on a password protected computer system.

# Is the service responsive?

## Our findings

People told us the service was good at responding to their needs. Comments included, "If I need anything I just have to ask", "They [staff] go over and above to make sure we're all well cared for" and "If I've got a problem about something I only have to say and it gets dealt with quickly." A visitor also told us, "I'm more than satisfied with the care my [relative's name] gets."

The service had a complaints policy in place and information about how to make a complaint was displayed in the entrance of the service. The records we looked at showed that complaints were rare at the service. The registered manager also confirmed that it was rare they received complaints but when they did they were logged and responded to accordingly. People we spoke to told us they knew how to make a complaint if they needed to. One person told us, "I've nothing to complain about but I'm sure they'd [the service] listen if I did."

People told us they had a choice and were involved in how they wanted their support to be provided. One person told us, "I do what I want, within reason of course. Staff support me when I need them to, otherwise I just get on with it." We saw that people were offered a choice regarding food and drinks and alternatives were provided if they didn't like what was on offer. One person told us, "I get a choice at every meal time, if I don't like it they will always get me something else."

The care records we looked at were person centred and contained details about people's life history and likes and dislikes. We saw people who used the service had a pre assessment completed prior to moving in. This assessment identified people's needs and what ongoing support they would require which ensured the service would be suitable for them. Staff told us they used the information contained within the care records to get to know people and understand their preferences.

People's care records showed how best to support people but also how to encourage their independence. For example one person's care plan showed that they were independent with personal care and only required support during times of illness. Staff confirmed they encouraged people to be independent where ever possible. Staff had a good understanding about the needs of the people they were supporting. We saw staff referred to people using their names and there was a good understanding of people's needs.

We saw care records were reviewed on a monthly basis or more often if required. A relative we spoke with confirmed they were involved in the reviewing of their loved ones needs. They told us, "They [staff] are good at keeping me informed on any changes to my [relative's name] wellbeing, and answer any questions and concerns I may have."

On the day of our inspection a hairdresser was visiting the service to style people's hair. We also saw people involved in a game of dominos after lunch. One person told us, "We do what we want to, although I do like a game of dominos." We also saw people reading daily newspapers and watching TV. People who used the service and staff told us other activities taking place included craft making, sing – a – longs, board games and baking. A staff member said, "The local church visits every four to six weeks to hold a holy communion

service. People can take part if they want to, it's usually very popular." The service had also recently taken part in the local village scarecrow competition. This was a local event where participants were awarded prizes for the most creatively dressed scarecrows. The registered manager told us that although the service did not win a prize, everyone who took part had great fun.

The service didn't not have a structured activities programme in place and at the time of the inspection there was no activities co-ordinator employed. We spoke with the registered manager about this who explained they were trying to recruit an activities person so that events could be more structured and planned in the future.

## Is the service well-led?

### Our findings

People told us the service was well run and were asked their opinions about its provision. Comments included, "We get asked what we think and what would make it better" and "It's not a bad place, they know what they're doing." A relative also told us, "I think it is well led. [name of manager] is very knowledgeable, approachable and friendly, that's one of the reason why we decided this was the right place for [relatives name]."

Regular meetings were held for people who used the service and staff. The service also requested feedback from people, their relatives and staff on an annual basis. We saw that questionnaires were sent out which asked for feedback in areas including housekeeping, food, cleanliness, building and environment, activities and general comments. A staff member told us, "We get asked what we think and if we think any changes are required. It's nice to be asked, because it makes you feel included." The registered manager told us they used the feedback to make changes or improvements to the service.

The service was led by a registered manager who was registered with the CQC. The registered manager was also the registered provider of the service. We saw the registered manager had a hands on approach and would support with caring duties and assisting when required.

Staff told us they felt the service was run by a good manager who was supportive and approachable. They told us they felt they worked as team and supported each other. Staff said they could speak to the registered manager about anything and were confident they would listen and offer guidance when required. One staff member told us, "The manager offers great support and it's a very fair place to work."

The registered manager said they operated an open door policy and staff said the culture was open and honest. The service had a statement of purpose that set out the main aims and objectives of the service. This outlined the aims were to focus on the people who used the service, provide a quality service, respect people's privacy and dignity alongside promoting independence.

We saw audits took place of the service on a regular basis. These covered a variety of areas including, care records, staff training, the environment, accidents and incidents, staff supervision, equipment, infection control and health and safety. Information from these audits fed into development and improvement plans for the service.

We looked at the maintenance plan in place at the service which identified areas for improvement, dates when the maintenance work started and timescales when it should be completed. The plan did always record the dates when work had started or finished. For example, the plan identified the window frames in the main lounge were refurbished in June 2015, but we observed these had not been re-furbished. The maintenance audit had not accurately identified the issues we noted at this inspection regarding the broken windows, paint work and lighting issues at the service. We spoke with the registered manager about this who said they would review these documents, speak with the maintenance person and make the recording clearer.



We recommend that the registered provider reviews the action plans produced following the in house audit and ensures they are more detailed and robust in the recording.

The service involved relevant healthcare professionals when required and staff told us they had developed a good working relationship with the local GPs and healthcare professionals. At the time of our inspection we saw the optician was visiting the service to complete an assessment with someone who lived at the service. Feedback we received from one visiting healthcare professional said, "The service always appears efficient and run well. Staff are knowledgeable and people appear happy and well looked after."

The registered manager was aware of their responsibilities to notify the CQC of any significant events that took place in the service. When possible, the registered manager attended local meetings and workshops held by the local authority to keep updated with changes happening in adult social care. They also subscribed to a range of journals and magazines which kept them updated in changes happening within the care sector and used this information, to share good practice examples with the staff team during team meetings and supervision.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered provider did not always ensure the service was well maintained and in a good state of repair.</p> <p>Regulation 15 (1)(a)(c)(e).</p>