Beech Hill Grange Limited

Beech Hill Grange

Inspection report

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 20 June 2017. We last inspected this service in October 2014 when we found the service was rated 'Good' in all of the five key questions.

Beech Hill Grange Nursing Home is registered to provide nursing care to up to 62 older people who may also be living with dementia. At the time of our inspection there were 58 people living at the home. The home has a registered manager and they were present throughout our inspection. 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.

Feedback from people living at Beech Hill Grange and their relatives was that they felt safe. While we observed many practices and systems that promoted safety we found that people were not always supported to move safely. Staff did not always follow good practice regards their nails and jewellery and this had possibly caused some people to be injured. The fire safety risk assessment had not been fully responded to, or updated and we could not be certain the fire safety arrangements were adequate. People did not always experience timely support from the staff team, and people and their relatives shared examples of the impact this had on them.

Medicines were well managed, and people could be confident their medicines would be stored and administered safely and as the doctor had prescribed.

Risks people lived with, that were related to their health conditions or age had been assessed, and plans developed to minimise the impact of the risk on people.

People did not always have a pleasant mealtime experience. People gave us mixed feedback about their enjoyment of the food. The food we saw looked and smelt appetising. Adjustments people needed to their food and drinks to ensure they could eat and drink safely had been made. Systems were in place to ensure people ate and drank enough to maintain good health.

Most staff had received training in the specific needs of the people they were supporting, as well as safe working practices. Some of this knowledge needed to be updated and some staff required this training.

People were offered the opportunity to make a wide range of every day choices. We saw and heard people being asked about what they would like to wear, to do, to eat and drink for example. Processes to help people make bigger decisions were established. However the lack of knowledge demonstrated by some direct care staff may mean people's human and civil rights would not be protected.

People could be confident their healthcare needs would be well met. There were good relationships between the staff working at the home and local health care professionals. Changes in people's healthcare

were noted and the relevant support was sought for people.

People were not consistently treated with kindness or compassion. Staff did not always knock before entering people's bedroom. People were not always referred to respectfully. People were not always offered comfort or reassurance when they were distressed.

People and their relatives told us that they could share concerns or complaints at any time. However people told us they were largely happy with the service provided and that this had not been necessary.

Activities were provided for people throughout the day and at weekends. Some people really enjoyed and benefitted from these activities. The activities were not well suited to people living with complex dementia or people who needed to stay in bed. These people were at a greater risk of social isolation.

Most people, staff and relatives we spoke with described the home manager as being approachable and involved in the day to day running of the home. We found that the governance systems (Processes to ensure the safety and quality of the service) had not all been effective, and had not ensured that people would receive a consistently safe service that met their needs.

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 were supported by staff who were clear about recognising and reporting abuse. However staff did not always work safely following guidance that would reduce the risk of harming people.

People did not always have their needs promptly met by adequate numbers of staff.

People were supported to take risks and to maintain their independence.

People could be confident their medicines would be well managed and administered as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always receive the support they required to eat their meal, or enjoy a pleasant mealtime experience.

Appropriate applications had been made to deprive people of their liberty and formal processes regards helping people make decisions were in place. The staff's knowledge about how this applied and was relevant to the people they were supporting could result in people's human and civil rights being restricted.

Staff were experienced and had been provided with some training, however this needed to improve to ensure all staff had up to date knowledge about the people and their needs.

People could be confident that their health care needs would be met well.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not consistently treated with dignity or with respect.

While many people experienced kindness and compassion, this was not always offered to people experiencing distress.

People did have the opportunity to practice their faith, express their culture and sexuality in the ways they preferred.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People could not be certain they would always be seen as an individual.

Activities were provided, that met the needs of some people well. These did not suit everybody and some people lacked company and stimulation.

There was a complaints process in place that would ensure concerns were identified, acted upon and rectified. People and their relatives found the staff and management team open to feedback.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a registered manager and an established management team in place. They had not ensured the service offered was always safe or of a good quality.

The culture of the home was not always empowering or inclusive for people living with dementia.

The registered manager and management team were committed to improving the service and have ben responsive to feedback shared with them.

Beech Hill Grange

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 comprehensive inspection took place on 20 June 2017 and was unannounced. The inspection team consisted of one inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience, or who has supported a family member to access a service similar to the one inspected. The specialist advisor was a registered nurse with specific knowledge and skills relating to the care of older people.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit. The registered manager had returned a Pre Inspection Record that contains details of how the service is currently operating and improvements they plan to make in the next 12 months.

During our inspection visit we spoke with 11 people who lived at the home. Some people living at the home were unable to speak with us due to their health conditions. We used our Short Observational Framework for Inspection (SOFI) and spent time in communal areas observing how care was delivered. Using this tool helped us to understand the experience of people who could not talk with us.

We also spoke the registered manager, three registered nurses, the head of care and six members of the staff team. We sampled the records including six people's care plans, complaints, medication and quality monitoring. We spoke with the relatives or friends of seven people who used the service.

Following the inspection the registered manager shared with us some further information relating to the key question of Well Led, and the plans detailing how she would respond to the matters we raised during our inspection. Some of these actions had already taken place.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us that they felt safe and had no concerns for their safety or well-being. Comments from people included, "The home is very safe and secure and I am really happy here." Another person told us, "I feel safe because there are staff around when I need them. I wear a pendant alarm and if I press it they are here on the spot to help me." Relatives we spoke with shared this opinion, and one relative told us, "My relative has been here quite a while and I have no concerns about her safety."

Our inspection identified that while people did feel safe and that there were many safe practices and systems to check on people's safety and well-being these were not consistently applied. Some of the staff practice we observed could have caused people harm.

Some people required the support of staff or the use of equipment such as a hoist to move. The majority of the support we observed was undertaken safely, and we heard staff informing people about what they needed to do. However we observed one lift that did not follow good practice guidelines. This involved a lifting technique that had been proven to increase the risk of harm to people. Since the inspection the registered manager has informed us of the action taken to address this event, and to ensure people are always moved safely and with dignity. Staff practice did not always follow good practice and we saw some care were wearing false nails and jewellery that could have caused injury to people.

We asked people and their relatives if there were enough staff on duty to support them. People all spoke positively about the approach of staff but some people informed us there were not always enough staff available. Comments included, "They [the staff] generally come if I call but it can take a long time." Another person told us, "I do have a buzzer to press but sometimes it can take up to half an hour for anyone to come." A further three people and a further two relatives raised concerns about the number of staff available. Relatives we spoke with told us, "The staff are very hard working and do their best, however there are not always enough carers." Staff we spoke with told us that there were usually enough staff on duty, and that morale amongst the staff team was good. One member of staff told us, "The staff on duty is enough to help people with their everyday needs. If we had more we could do more things with people like them help them to have a spa bath. However the manager does change the staffing numbers if someone is ill. I can't grumble about that." Our observations showed that there were usually staff available in the communal lounge rooms. We accidentally set off a call bell in one person's bedroom and waited 12 minutes for a member of staff to come and check that the person was safe and well. The failure to respond for 12 minutes is a long time for a person to wait for help or reassurance, and for staff to ensure that the person is safe is well.

We observed particularly busy times such as lunch, when people did not benefit from timely or dedicated support with their meals. Staff supported multiple people at the same time and got up and left people part way through their meal, and other staff came and took over. We spoke with the registered manager about staffing. They were able to demonstrate how they ensured that the numbers of staff on duty reflected the needs and number of people in the home. They also demonstrated that direct care staff were supported in their work by nurses, activity workers and house keepers. Our observations were that there were not always

sufficient numbers of staff on duty, and that staff delegation and the organisation of tasks such as bringing meals up from the kitchen could be improved to ensure more staff were available when and where people needed them.

We looked at the recruitment checks of four members of staff working at the home. We found the correct checks had been made before staff commenced working with people. We brought to the registered managers attention one staff file where we could not see robust evidence to support the person's appointment. This registered manager agreed to improve on checks made and recording the decision making process in circumstances such as this.

Staff told us they had received safeguarding training during their induction and on-going refresher training. This ensured they were aware of current processes to follow and the signs of abuse to be aware of. The staff we spoke with demonstrated a good knowledge of the different types of abuse and described incidents that they would report and confirmed they felt confident and supported to do this. The registered manager and senior staff were aware of their responsibility to notify us of allegations of abuse. We identified from training records that ten of the 52 staff had not received safe guarding training and a further seven staff were due to refresh this training. Records confirmed that notifications about safeguarding issues and other occurrences had been submitted as is required.

Health conditions and older age placed some of the people we met at greater risk of developing sore skin and of falling. These risks had all been identified, assessed and reviewed using professionally recognised tools. We found some examples of how these risk assessments and the actions taken in response to the risks identified had supported people to maintain their independence. One person we met was assessed to be at a high risk of falls, however continuing to walk independently was very important to the person. We identified that this wish had been respected, and support and special equipment had been provided to ensure the person continued to move independently while reducing the impact of falling as far as possible. A thorough handover of information occurred between staff at each shift change. This ensured that risks such as people not eating or drinking well, or declining to participate in personal care for example could be identified and support targeted to the person during the following shift.

Beech Hill Grange, is a large adapted residential property, and bedroom and communal accommodation is provided on four floors. During our inspection work was underway to extend the home into the neighbouring property. No assessment of the risks this presented to people currently using the service had been undertaken. The registered provider had commissioned a specialist fire expert to undertake a fire risk assessment in 2015. The records showed that the work identified as being required had not all been addressed or the improvements had not been scheduled for completion. The risk assessment had not been reviewed to reflect the building works, or the movement of some people to different bedrooms within the home. While the premises and design of the home were attractive, some of the furnishings and floor coverings showed sign of wear, and were in need of replacement. We were informed plans to address this were being developed, with the intention they would commence when the extension work was complete. This work was necessary to ensure people continued to live in a comfortable, safe and clean home.

People living at the home required support to receive their medicines safely. We observed people being supported with their medicines. The nurses approached people kindly and explained that it was time to take their medicines. One of the people we spoke with told us, "I never have any problems with my medication. The nurses are very good." People were asked by staff if they needed any medicines for pain relief. This was a person centred approach. Controlled drugs, which are medicines that require extra records and special storage arrangements because of their potential for misuse were stored securely and had been recorded correctly. Checks were made each time medicines were given as a way of ensuring the medicines had been

correctly administered and recorded. The management of medicines by nurses was robust and undertaken following good practice guidelines. The administration of most medicated creams had been delegated to care staff. The records we viewed did not show that these creams had been consistently applied. While we did not find this had caused people harm this was not good practice, and could cause people unnecessary discomfort.

Requires Improvement

Is the service effective?

Our findings

People's feedback about the food provided was mixed. Two of the people we spoke with told us, "The food is nice" and, "The food is good. Three people told us that the portions could be too large and this put them off eating. Relatives we spoke with told us, "They have managed to get my mother to eat better since she has been here and they do record what she eats to monitor it." The meals we observed looked and smelt appetising.

Our observations identified that meal times were not always a pleasant experience for people. The dining room became crowded. We saw that chairs were very close together. One member of staff lifted a dining chair over the heads of people as it was not possible to move it around at floor level. The number and close proximity of people meant the dining area was noisy and on the day of our inspection very hot. Windows and doors were not all opened, and the fans available were not all used. People did not always have the support of consistent staff throughout their mealtime, and we observed staff leaving people they were supporting part way through their meal and then different staff were seen taking over in providing support.

Adjustments had been made to the content and texture of the food to meet people's individual nutritional needs. Although kitchen staff had presented pureed food as attractively as possible, we observed care staff mix this up before supporting people, which prevented people enjoying the different flavours of food served. Five people ate their meal on a landing on the first floor of the home that was being used as a small sitting area. People's meals were transported through the home unheated, and we observed the meals sitting waiting to be served for over ten minutes. The area had no kitchen and drinks, cutlery and condiments were carried up from the ground floor often in the pockets of the staff uniform.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We observed and were informed that staff consistently offered people day to day choices such as what they would like to wear, to eat and drink, where they would like to sit and what they would like to do. One person told us, "The carer will fetch out about five or six different clothes hangers in the morning, so I can chose what I want to wear." There was established process in place for holding and recording 'Best Interest Decision' meetings. This ensured that people received the correct support to help them make more complex decisions.

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). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. We found that this legal process had been followed well, and there were systems in place to ensure that they were reviewed and if necessary re-applied for before they expired. This would ensure the person

continued to receive the support they required. However we found the practical knowledge of care staff about DoLS and the deprivations relevant to the people they were supporting was poor. The staff we spoke with did not know who had restrictions, or what these related to. Our discussions with staff identified that their current knowledge and practice would not ensure people's legal rights would be protected.

People and their relatives gave us mixed feedback about the ability of the staff to support people effectively. One person told us, "While the staff are very nice I'm not sure they are well trained." The person went on to share some examples of how they felt staff had not worked efficiently. However, comments from relatives were positive and included, "I think the staff understand her condition well, and are well trained." Another relative told us, "They seem to know what they are doing, and seem well trained. The nurses particularly seem very pro-active and are looking after [name of person] needs well." Health professionals we spoke with confirmed that staff had the skills and knowledge to meet people's needs well. Staff told us they had received sufficient training to carry out their role effectively. One member of staff told us, "We have been offered NVQ, and lots of courses relating to the people that live here. [NVQ is a nationally recognised qualification in care.] We also get guidance and coaching as we do our job. I feel experienced and trained enough to do my job." One nurse told us, "We have good opportunities for training." We were provided with a copy of the registered provider's training plan. This showed that courses were available to all new and existing staff, however some people required training and some people were overdue for refresher training. While training was available this had not been provided to or updated with all staff.

New staff had received an induction that covered safe working practices and some of the specific needs and conditions of the people they would support. We were informed that the Care Certificate was available for any new staff that required this. The Care Certificate is a nationally approved set of induction standards that ensure staff have the knowledge they need to provide good, safe care.

Staff we spoke with confirmed that individual supervisions took place and that they felt well supported in their role. We were informed there were also regular staff meetings, and staff felt supported by their peers, senior colleagues and the registered manager. One of the staff we spoke with told us," I feel well supported by my team, the lead carers and the nurses. The manager is approachable and I could go to her if I needed support." Registered nurses are required to undertake continuous professional development to meet the requirements of the Nursing and Midwifery Council (NMC) and to ensure that they maintain current, best practice knowledge. Nurses we spoke with confirmed training that would help them meet this requirement as well as support with their revalidation was provided. Staff confirmed that they felt supported in their role.

People could be confident their healthcare needs would be well met. We looked at the health needs of three people living at Beech Hill Grange. The nursing staff we spoke with all had a clear understanding of each person's condition and the interventions required by them to help meet each of these needs. Feedback we received from healthcare professionals that visited people living at this home supported our findings that people received good healthcare. Some of the professionals gave examples of the positive health outcomes and progress they had seen people make with both their physical and mental health needs since moving to the his home. People we spoke with confirmed that they had been supported to maintain good health and had the opportunity to see the dentist, optician and doctor. Photographs of these people and information about the services were on display in the home to help people prepare for their appointments.

Requires Improvement

Is the service caring?

Our findings

People and their relatives gave us consistent, positive feedback about the care and support offered by staff. Comments from people included, "The staff are very nice and help me when I find it difficult to manage" and, "We all seem to get along well. We are fond of each other and it is a nice little community here." Relatives told us, "The staff always seem to be good and friendly. They always speak to me and make me feel welcome."

We observed some staff respond quickly and sensitively to people's needs. This included requests for support with people's personal care, and one person who requested to move back to their bedroom. However we also observed some practice that did not demonstrate compassion or empathy. We observed one person being moved to a different part of the home. They repeatedly shouted, "I don't want to go over there." Despite this staff moved the person, and offered no reassurance or explanation as to why the move was required. We observed another person who demonstrated distress relating to their healthcare condition. Numerous staff that were working near or passing this person failed to stop to check the person's well-being and to offer any comfort or reassurance. We observed two examples when one person's unsettled condition had a negative and distressing impact on the other people seated near them. Staff failed to identify this impact and failed to offer these people support, comfort or the opportunity to move elsewhere.

Although staff clearly had got to know people and their needs well over time, some of the interactions we observed were task orientated rather than focussed on people's individual needs.

During our inspection we observed that people were not consistently supported to maintain their dignity and privacy. We observed staff walking in and out of people's bedrooms without knocking or giving the person warning they wished to enter. We heard staff discussing some personal information about individuals in a location where they could be overheard. This did not maintain people's dignity. Some staff described groups of people by one of their significant needs, for example calling people that required a puree diet, "The softs" and people that were able to move around independently as "The wanderers." This failed to value people as individuals and emphasised an area of need rather than looking at people's strengths and abilities. We also saw some examples of good practice that included staff supporting a doctor to examine people privately, and staff taking care to cover people's legs when they were being hoisted.

We looked at how people were supported and enabled to maintain and develop their individual beliefs and wishes relating to their culture, gender, faith and sexuality. Staff we spoke with told us that where ever possible they supported people to continue to do the things that were important to them. We saw that events had been held within the home to celebrate and mark days of national importance, as well as popular religious festivals such as Christmas and Easter. A local church held regular services within the home for people of the Christian faith. Staff we spoke with described how in the past they had supported people of various Asian faiths to meet their cultural, religious and dietary needs. The training records of the home showed that the majority of staff had received training in Equality and Diversity, which is a way of increasing people's knowledge and awareness.

Requires Improvement

Is the service responsive?

Our findings

People's care and support had been planned to reflect their individual needs and wishes, and for the majority of the time we saw that people were supported in line with the expressed wishes and preferences that had been recorded. The staff we spoke with knew people well, and were able to describe people's preferences and how they liked to be supported. We saw that staff knew and recognised people's family and spoke with people about their friends and family who were important to them. Relatives told us and records confirmed that they were encouraged to visit the home.

Good practice guidelines for people who are living with Dementia include recommendations about developing 'Life History' books. The registered manager explained this is work they hope to start on in the next six months. Developing these is a way of helping staff get to know and understand more about each person before they developed dementia.

A range of activities and opportunities were being provided each day. Some of the activities we observed met people's needs and wishes well. They included crafts and regular trips out of the home, which some people really enjoyed. One person told us, "I get involved in lots of activities and they really try to motivate me." We observed one person who was encouraged and supported to join staff in undertaking light household duties that they obviously enjoyed.

Other people we met did not benefit from the activities. Some people had higher support needs and some people were cared for in bed. Some people found the communal areas of the home too busy, and became distressed. Other people chose to spend the majority of the day in their bedroom. While we could see that some occasional activities had been provided these were far less often for people in their own rooms. These were not tailored to people's previous or current interests. One relative told us, "[name of person] has to stay in bed, which I understand, however she is bored being stuck in her room, and I would like her to mix a bit more as she is isolated." There was a greater risk of people becoming socially isolated. We observed that the experience of people living with dementia was not always positive. We regularly heard staff asking people to, "Sit down" or, "Come back." We heard staff asking people to, "Put things down" and, "Leave things alone". During the inspection we saw that people living with more complex dementia often lacked stimulation, staff support, and that environmental factors such as constantly slamming doors and a lack of fresh air made people's day to day experience unpleasant at times.

We identified that the menu on display was not the menu that was served, and one of the activities on offer was making Christmas cards although it was only June. This would not help people orientate themselves or support them in making decisions. Staff responsible for providing activities had not all been provided with the skills and knowledge about how to provide specialist, tailored activities for all of the people living at this home. We were informed by the registered manager that this area would be explored and action taken to understand and meet the needs of people with more complex dementia.

There was a complaints procedure in place. People we spoke with and their relatives told us that the manager was very accessible and they would feel able to approach her or any of the senior staff with

concerns they had. People told us, "I don't have any complaints" and, "If I had any concerns I would probably ask one of the nurses." One relative told us, "I don't have any complaints and have never needed to raise a concern but I think they would be responsive, they are a good home." The records we looked at showed that formal complaints were taken seriously and investigated. We could see that one complaint investigation outcome identified some specific improvement activity was required. During our inspection we saw this had been implemented and was in operation. This showed the service was using complaints as a learning experience and a way to improve the service.

Requires Improvement

Is the service well-led?

Our findings

There were many systems in place for monitoring the quality and safety of the service provided however these had not been entirely effective at identifying where improvement was required within the home. The issues that were identified during the inspection had not been identified by the quality assurance processes in use at the home. Our experience of this service shows that the service has always provided a good service that has been compliant with the requirements of the law. Since our inspection the registered manager has kept us informed of the action they have taken and those that they plan to take to ensure that all of the issues we raised are addressed.

Many of the people, relatives and staff we spoke with described the home as having a positive and inclusive culture. One member of staff told us, "I'm happy we have a good team....our approach is to try and make people feel at home." The culture did not consistently embrace the needs of people living with dementia or work on people's strengths and abilities. We spoke with the registered manager and identified that the number of people living with dementia at Beech Hill Grange had increased over time. While we were confident people's health and personal care needs were well met, we identified that further work was required to ensure the day to day life experience of people living at Beech Hill Grange improved.

A range of audits and checks had been developed that looked at individual aspects of the home, such as the maintenance and safety of wheelchairs, pressure relieving equipment, or reviews of falls. Some of these audits had been effective at ensuring the individual aspect of the service they looked at were safe and working well. Some of the audits, such as those relating to the administration of medicated creams and infection control for example had not been effective, as we saw examples of both staff practice and records that had not been challenged in line with good practice. While moving around the home we observed some environmental damage and defects such as a broken radiator cover and damaged electrical plug socket. Environmental audits had not picked up on these to ensure they were noted for repair, to maintain the safety and presentation of the building. The fire safety risk assessment actions had also not been fully addressed which was further evidence that the environmental audits had not been fully effective. Our inspection identified examples of both good and poor practice. The audits in place had not ensured that consistency was achieved across the home. The audit and checking systems in place had failed to assess, monitor and improve the quality and safety of the service. They had not ensured that people's health, safety and welfare was assured or that risks were mitigated. This is a breach of regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People we met spoke favourably about the registered manager. They were aware of who she was, and how to contact her. One health professional described the manager as being involved and approachable. Staff we spoke with described the manager as, "Approachable" and "Supportive." One of the relatives we spoke told us, "She is a really good manager." The registered manager and leadership team had developed strong and co-operative relationships with a wide range of health professionals. Feedback from professionals and our inspection of the home showed this partnership working resulted in faster intervention for people if they needed support, which had in turn influenced some positive health outcomes for people.

The registered manager had ensured that the current rating of the home was on display within the home. This is required by law, but also demonstrated transparency and an open culture.

The registered manager offered relatives opportunity each year to participate in a satisfaction survey. The results of these had been analysed and compiled into a report. The report showed over time that the service had improved, and that satisfaction with the service had increased year on year. One person we spoke with told us they had the opportunity to attend a residents meeting once a month. They told us, "It's not really to see if we have any concerns, more to discuss what is happening in the home. There are not enough people go, so not many of us speak up." Some people expressed that they had limited opportunities to influence the development of the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The systems to assess, monitor and improve the quality and safety of the service were ineffective. They had not ensured that people's health, safety and welfare was assured or that risks were mitigated.