Barchester Healthcare Homes Limited

Gorseway Care Community

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 12 and 14 January 2016.

Gorseway Care Community is a registered care home and provides accommodation, support and care, including nursing care, for up to 88 people, some of whom live with dementia. This is provided across two houses, one of which can accommodate up to 28 people and the second
can accommodate up to 60 people. At the time of this inspection the provider was not using the house accommodating up to 28 people but remains registered for 88 people.

During our inspection there were 20 people living on the elderly frail floor and 6 people living on another floor known as 'Memory Lane'. Memory Lane provides support to people living with dementia.

Whilst CQC had a named registered manager on our system, this person had left employment at the home in August 2014. As such there was no registered manager. 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.

There has been a history of non–compliance with this service since July 2013. Following an inspection in September and October 2014 enforcement action had been taken by the Commission and the Commission had placed a condition on the registration of the home to restrict admissions, meaning that the provider could only admit people to the home with our written permission. A comprehensive inspection in March 2015 showed the service had made significant improvements and were rated at requires improvement overall. At that inspection we identified breaches in two of the 201 Regulated Activity Regulations in place at the time which we judged to have had a minor impact on people. The provider sent us an action plan telling us the action they would take to ensure they met the requirements of the law. The Commission lifted the condition to restrict admissions on 9 July 2015. In August 2015 we carried out a focused inspection following receipt of information of concerns. We identified breaches of the 2014 Regulated Activity Regulations and served a warning notice for one of these regulations, requiring the provider to take action.

At this inspection, people said they felt safe and well cared for by staff who were knowledgeable of their needs. Observations showed staff were kind and caring. They were respectful in their interactions with people and engaged people positively. Staff showed a good understanding of people's right to privacy and dignity. Staff knowledge of safeguarding was good and they were confident concerns would be reported and action taken where needed. Risks associated with people's needs were well known and managed effectively by staff. The management of medicines had improved however records of some medicines administration required improvement. Care plans reflected people's likes, dislikes and preferences. Staff knew people well but care plans were not always kept up to date and accurate.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty

Safeguards (DoLS) which applies to care services. People were involved in making decisions about their care and treatment. Where people were unable to make these decisions, staff knew the process they should take to ensure that any decisions made were in the person's best interests. The manager understood when a DoLS application may be needed and these had been submitted.

People, staff and others shared concerns that the number of care and nursing staff available to meet people's needs may not always be sufficient. Tools were in place to determine staffing levels and this was being followed, however we have recommended the provider revisit this tool and deployment of staff to ensure it meets people's needs at all times. Recruitment procedures ensured safer recruitment of staff and staff received training and supervisions to support them in the role.

People were supported to eat and drink sufficient amounts of food and drink. Where there were concerns about a person's nutritional intake, action had been taken to ensure appropriate advice was sought. People were supported to access a range of health care services to ensure their needs were met.

Feedback was sought from people and action taken to address any complaints. However records held of complaints were not always clear. Systems were in place to monitor the quality of the service and drive improvement; however these were not all effective meaning that records continued to be inaccurate at times.

Another change in the management of the home had taken place, however staff spoke positively of this change and felt the manager was open, transparent and approachable.

We found a breach 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 always safe.

Risks associated with people's needs were well known and managed effectively by staff. Staff knowledge of safeguarding was good and they were confident concerns would be reported and action taken where needed.

The management of medicines had improved but records were not always kept up to date and reflective of people's needs.

Recruitment procedures ensured safer recruitment of staff. Tools were in place to determine staffing levels and this was being followed, however we have recommended the provider revisit this tool and deployment of staff to ensure it meets people's needs at all times.

Is the service effective?

Good

The service was effective.

Staff received training and supervisions to support them in the role.

People were involved in making decisions about their care and treatment. Where people were unable to make these decisions, staff knew the process they should take to ensure that any decisions made were in the person's best interests.

People's nutritional needs were met and they were supported to access other healthcare professionals as needed.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. They were respectful in their interactions with people and engaged people positively. The showed a good understanding of people's right to privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records reflected people's likes, dislikes and preferences but were not always kept up to date and an accurate reflection of people's needs.
Where needs changed we saw action taken to support this.

Complaints were addressed and action taken but records were not always complete.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems were in place to monitor the quality of the service and drive improvement; however these were not all effective because records continued to be inaccurate at times.

Feedback was sought from people to make changes to the service.

Another change in the management of the home had taken place, however staff spoke positively of this change and felt the manager was open, transparent and approachable.

Gorseway Care Community

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 12 and 14 January 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who lived at Gorseway Care Community, two visitors and an external health care professional. We observed the care and support people received in the shared areas of the home, including part of a medicines round.

We spoke with the provider's divisional director, regional director, operations manager who was in day to day charge of the home and other members of staff. These included three registered nurses, eight care staff, one activity staff and one housekeeping staff.

We looked at the care plans and associated records of 11 people. We looked at medicines administration records for everyone living in the home, staff duty records, five staff recruitment files, records of supervisions, appraisal and training. We looked at records of complaints, accidents and incidents, policies and procedures and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Gorseway Care Community. They said staff looked after them well and understood their needs. Relatives and staff confirmed this.

At our inspection in August 2015 we found risks associated with people's health conditions had not always been assessed; plans of care to reduce these risks were not always in place to support staff in meeting these needs. This was a breach of Regulation 12 (Regulated Activities) Regulations 2014. At this inspection staff had a good knowledge of the people they supported. Although not always clearly recorded risks to people's safety and wellbeing were known by staff who could describe how these were managed. Assessment tools were used to identify risks to people and risks were safely managed including falls assessments, skin integrity assessments, moving and handling assessments and nutritional assessments. Where a risk was identified this was then incorporated into the care records for that person. For example, one person had been assessed as a high risk of falls. This was reflected in their mobility care plan and a falls care plan. Staff were seen to be adhering to the care plan including ensuring falls sensor mats were in place and that regular checks on the person took place. Staff liaised with other health professionals to ensure the person was receiving the appropriate support and they followed advice as given. However, it was not always clear that this advice had been followed as records did not always reflect this.

People were supported to understand the risk associated with the decisions they made. One person had been assessed as requiring a specific type of diet however the person had chosen not to follow this advice. A clear risk assessment was in place with documented records of the discussion with the person. Staff were aware of the risks and supported the person well to manage foods they chose.

At our inspection in March 2015 we found concerns relating to the safe management of medicines. It was not always clear when and who made decisions to change medicines, the refusal of medicines was not always escalated, medicines referred to in care plans were not always available and PRN protocols were inconsistent. At this inspection we saw changes to medicines were recorded in health care professional records and information obtained from GP's. Medicines were available where needed and where people had refused their medicines this was clearly documented and the medicines disposed of appropriately. However care plans to guide staff on the administration of people's medicines were not available. PRN protocols in place were not always up to date and as such reflective of the person's prescription. For example the records of four of 11 people prescribed a PRN medicine, were inaccurate.

The lack of clear, accurate and up to date records about medicines was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine administration records (MAR) held information regarding allergies, date of birth and a photographic identification of people. Storage of medicines was safe, including for those people who were self-administering. Records were kept of room and fridge temperatures. All liquid and topical medicines which had been opened were dated with the date of opening. There were no gaps or omissions in the recording of administration of medicines. Observation showed the safe administration of medicines by staff.

The provider took steps to protect people from risks including those of avoidable harm and abuse. The manager and staff were aware of the types of abuse, what to look for and how to report them if they had any concerns. Staff were confident any concerns would be reported by the manager to the appropriate external authorities but were confident to do this themselves if needed. Training was in place to maintain staff's knowledge about safeguarding. Suitable procedures and policies were in place for staff to refer to, including a whistle blowing policy.

Recruitment records for staff contained all of the required information including two references, an application form and Disclosure and Barring Service (DBS) checks. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services.

We did receive feedback that staffing levels were not sufficient at all times, to meet all people's needs. This feedback came from a variety of sources including people, relatives, staff and external health professionals. The provider used an assessment tool to determine the number of staff required to meet people's needs. Duty rota's reflected that more staff were provided than the assessment tool identified. People, staff and relatives told us they did not feel there was always enough staff to meet people's needs. At times our observations showed that there did not appear to be enough staff present on floors. For example, on one occasion we heard a person calling out for 15 minutes. There were no staff visible staff on this floor. Throughout the two days of our inspection staff did not appear rushed and were able to spend time with people.

We recommend the provider review the staffing arrangements within the service to ensure that the numbers and deployment of these meet people's needs.

Good

Is the service effective?

Our findings

All the people we spoke with were complimentary about the competence of staff with comments including "They [staff] are lovely, they are very good". People told us how staff helped them to make choices and respected their decisions.

The regional manager told us about changes that the provider had made to the induction of newly recruited nurses. They said that it had been identified that for those staff whose first language was not English, additional induction was required to ensure they fulfilled their role in line with the provider's expectations. This induction included time shadowing registered nurses at other services the provider owned, observing clinical leadership and role modelling as well as clinical skills. Newly recruited staff spoke very highly of their induction. They described it as thorough and valuable to their learning.

Staff were supported to obtain and maintain the skills needed to provide care and support to the standard required. They said they received relevant and timely training and had regular supervision and appraisal meetings. All except one member of staff told us they received supervision meetings and found these really helpful in their role. One told us how supervisions meetings had helped them to develop their clinical skills in the home. Records showed supervisions included group sessions, observations of practice and one to one meetings. Staff felt comfortable to make suggestions and felt well supported in these. Appraisals had taken place with most staff. These recorded feedback from the staff member, the line manager and set objectives for the forthcoming year. Regular training was provided in mandatory areas including safeguarding, mental capacity, moving and handling and fire training. The provider monitored the percentage of training courses completed and the regional director followed up any gaps in training during their visits and discussion with the manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People who were able to consented to their care and support. We observed throughout our inspection that care was not provided unless the person agreed to this first. Staff explained to people what was going on to help them understand. Some people accommodated at Gorseway Care Community lacked capacity to make certain decisions. Communication care plans had been implemented which guided staff about how to communicate with the person effectively and ensure they were listened to and involved. Care plans

provided guidance about how to support people to make decisions about what they might want to eat, drink and wear. This guidance was based on information staff had gained from the person, family members and their knowledge of people. Where a person's confusion may result in their refusal to undertake some care tasks such as personal care, care plans provided guidance about the action staff should take to respect the person's decision while encouraging them to complete this.

People's decisions were respected. One person chose not to follow the advice of a health care professional, staff respected this and adjusted support to accommodate their decision. Another person told us how they chose not to wear their call buzzer. They said staff encourage them to wear this and have explained the reasons but respect his decision.

Mental Capacity Assessments had been undertaken when needed however the records of these had not always been reviewed and did not always reflect best interests decision making. For example, one person's assessment for making everyday decisions was completed January 015 and this had not been reviewed. For a second person a capacity assessment had been undertaken regarding the use of bedrails however there was no recorded best interests decision. The relatives of this person confirmed they were kept fully informed and involved in this person's care.

Staff had received training in the Mental Capacity Act 2005 and its associated Code of Practice. The manager and staff demonstrated a good understand of what this meant. Nursing staff were responsible for completing mental capacity assessments and knew what to do if people lacked capacity to make decisions. Application for DoLS had been submitted to the local authority however these had not yet been approved. During our visit the appropriate assessments for some people were taking place to help the supervisory body make a decision about whether to approve the DoLS. The manager told us once approved a copy would be placed in the person care record and if any conditions were attached they would be included within care plans.

People spoke positively of the food and told us about the choice they made. We observed people being supported to make a decision about what they wanted to eat and where they had changed their mind we saw the chef prepare something different. Each floor had a dining area with a small kitchenette. Staff confirmed people have access to snacks throughout the day and a hostess visited people offering in addition to drinks, snacks such as cut fruit, fortified mousses, biscuits and cakes. Staff supported people to choose from a menu and also used plates of the food choices to support this decision making. Kitchen staff met with people regularly to ensure they had accurate information about people's likes and dislikes and were kept informed about the type of diet people needed by staff.

People had care plans associated with eating and drinking. These included their preferences and needs. People's weight and nutritional intake were monitored at a minimum of monthly intervals. Where people were losing weight we saw staff sought the support of other professionals including dieticians and speech and language therapists. At times these records were not always up to date but staff were able to say in detail what support people needed. For example, one person's care plan detailed that the food and fluid intake was to be recorded. No recording of intake was taking place and staff confirmed this was no longer needed due to the person weight gain which records demonstrated. The handover record held by staff also said this person should be weighed weekly but records showed this was not happening. Staff were not able to tell us why this was not happening but we did see that the person's weight was increasing.

People had access to a variety of health and social care services as required. This included social workers, GPs, dieticians, speech and language therapists, dentists, chiropodists and opticians.

Good

Is the service caring?

Our findings

People and relatives spoke highly of the staff. They described them as kind and caring. People said they felt listened to by staff and respected. When describing a staff member one person said "They are very kind, they really listen to me, they have always helped me. They are very caring."

At our comprehensive inspection in March 2015 we rated this key question as requires improvement because we did not see a consistent caring and respectful approach to people by all staff. At this inspection our observation saw staff consistently demonstrating respect for people's privacy and dignity. Staff knocked on people's doors and waited for their permission before entering. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact.

Staff showed they had a caring attitude towards people and recognised when they needed support. The divisional director told us how a person had expressed a wish to them but due to reasons outside of staff control they could not completely fulfil this, however they demonstrated how they had thought outside of the box to meet this wish and in doing so made the person very happy. The person told us they were delighted with this. We also observed staff respond to a person who appeared distressed. They spoke calmly and cheerfully to the person using distraction techniques to help them.

Staff were knowledgeable and understood people's needs. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them. Activity staff told us how they tried to ensure an active community atmosphere within the home by involving other people who lived in the supported housing, on the same grounds as the home, in activities, including coffee and chat sessions. Staff respected the choices people made. One person had chosen not to be supported by certain staff, and staff ensured that visitors to the home made sure they did not enter one person's room as this would cause them distress. Staff told us how one person had recently changed their mind about having their door open at night. They had requested this be closed and staff respected this.

People's information was treated confidentially because their files were stored in a locked office.

Resident meetings were taking place regularly and minutes of these meetings showed people were kept informed about what was happening in the home and given the opportunity to make suggestions about things they wished to change. One person told us these meetings were "really good." They said, "they check we're happy with everything and ask what we what. They always ask our opinion". A second person confirmed this.

Requires Improvement

Is the service responsive?

Our findings

People spoke of their confidence in staff's knowledge of them and how to meet their needs. They were confident staff would respond if they had any concerns or if their care needs changed.

At our inspection in August 2015 we found plans of care were not always personalised and care records were not always an accurate reflection of people's needs. This was a breach of regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found staff were very knowledgeable of people's needs. We found improvements had been made to care records, although these improvements needed to be further embedded into the service to ensure consistency across all records. At the last inspection we found big gaps in the planning of care for people. Where pre admission assessments had identified a specific need the service had not developed plans of care to ensure staff had the guidance they needed to meet these needs. There had been no new admissions since our last inspection. Improvements were seen in the care records for people who lived in the home and we found that care had been planned for all identified needs. Staff knowledge of people's needs was good. However further work was required to embed the timely updating of people's care records.

The provider had a care profile review system which involved the person, their relatives and staff discussing their care plans and any concerns with the service. The new manager had invited all relatives to participate and set dates for these to take place, however there had been a lack of response so the manager was in the process of reorganising some of the dates.

Care plans were personalised in including the person's likes, preferences and dislikes and we saw these being respected and followed. Care plans reflected people's needs, however sometimes these records had not been updated in a timely way to reflect changes in planned care. For example, for one person their mobility care plan detailed a support measure that was not being used. Staff could explain the person's needs and how these had changed following external health professional review and input and whilst other care plans for this person reflected this change in support the mobility plan had not been updated. Staff rectified this by the second day of our inspection.

People told us they had care plans and were involved in talking about these. Records mostly showed involvement of the person and others in discussions about their care and support. Relatives confirmed they were involved.

At the last inspection recording charts in place to identify frequency of interventions with people for activities such as support with moving and handling, nutrition and safety checks were not consistently completed and lacked detail. At this inspection we saw improvements in the daily recording had been made however further work was required to embed the practice of consistent and effective completion of these records. For example, dependency and behaviour charts were in place for two people, however these were inconsistently completed. One person's chart in relation to their moving and handling did not reflect the care plan had been followed. Staff were able to tell us what they did but the records did not always reflect

this.

Records showed staff responding to a change in a person's needs and identified when additional support was needed. For example, one person had requested their family be made aware of a health appointment and this had been acted upon. For a second person a change in their behaviour had prompted staff to request the support of an external health team. One health care professional told us staff made timely and appropriate referrals, provided them with the information they needed during visits and acted upon the health care professionals advice given.

We saw staff respond promptly to an emergency situation that occurred during our inspection. They remained calm, supportive and professional supportive throughout.

The service had a complaints procedure which people were aware of. People knew who to talk to if they had a complaint and said they felt comfortable and confident to do so. Staff knew how to support people to make a complaint and said they felt confident the new manager would listen and act on these.

The manager held a record of all complaints which had been made and they were able to show us how these had been addressed and when. Whilst we were assured actions had been taken to address any concerns, these were not always clearly documented. One relative told us of a complaint they had made which they said had been resolved and they were satisfied with the outcome.

Requires Improvement

Is the service well-led?

Our findings

The management of the home had not been stable in recent years due to repeated changes of manager and this service has a history of not meeting all the regulations. The provider has and continues to make attempts to resolve these issues and stabilise the management team within the home. The registered manager whilst still on our register, was no longer working at the home and the provider had introduced another person to manage the home in October 2015. This person had worked for the provider for some time in a more senior role. Staff said that although this person had not been at the home for long, they had stabilised it. They described how staff felt comfortable to approach this manager and felt they were listening and responding to staff. The divisional director told us how the provider was recruiting for a new manager but that in order to ensure the right person was appointed they were not rushing this. They said the current manager would remain at the home to support any new manager through an induction and described how the provider had changed its handover process between managers as a result of some of the concerns that had been identified over the last few inspections. In addition the role of deputy manager had been recruited to. Both the new manager and deputy were described by people, relatives and staff as being open, approachable and caring. Everyone felt comfortable to raise any issues with them and confident these would be listened to and acted upon.

At our inspections in March and August 2015 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice requiring the provider to take action to address the concerns. The provider had incorporated these concerns into a centralised action plan for the service which set target dates for completion and supported the provider to monitor the actions were being undertaken. Whilst we saw the concerns regarding records was included, the date set for completion was end of February 2016 which was four months following the date we told the provider they must be compliant with the regulation.

The regional manager and divisional director told us how the provider was looking at their care planning system and revising this as a result of the breaches in regulation 17 and other areas of concern the provider had identified. The divisional director told us this was taking a long time due to the size of the provider organisation. Despite the timescale in their action plan we did see significant improvements had been made in the records held for people. Plans of care and risk assessments had been developed and implemented based on identified needs, which was a previous concern as this had not always happened.

However, we continued to find some discrepancies in some records for people as they had not always been updated or effectively reviewed. For example, reviewed PRN protocols were not always accurate of people's prescriptions, although these were rectified once we had pointed them out to staff. Mental capacity assessments had not always been reviewed to ensure they were still accurate. Records did not fully reflect the best interests process, although relatives talked to us about their involvement in their family members care, reflecting staff followed the best interests process. Some care plans were not an accurate reflection of the support and monitoring people were receiving at the time of the inspection. Staff knowledge of people, their needs and the support people required was very good. Relatives and people confirmed this. The provider was using no agency staff during the day and consistent agency staff at night, therefore reducing

the risk of inaccurate records impacting on people. However, the inaccurate records remained a risk and an area of concern for the Care Quality Commission that the provider had not fully addressed.

The manager had introduced a system of care plan audits which were detailed. However we saw they did not always identify the concerns that we had found and actions identified did not have dates for completion set, responsible person allocated and had not always been carried out. For example, one audit carried identified concerns regarding a care plan and detailed the action to be taken. The audit had been carried out at the beginning of December and the actions had not been completed at our inspection. For a second person the audit had not set any actions or identified that the person's mobility care plan was inaccurate. A further audit carried out in November 2015 for this person identified that not all care plans were reflective of current needs and set the action to review all care plans with the person and rewrite any that were out of date. Whilst the mobility care plan had been completed post this date, the care plan was not amended to reflect the current needs of this person until we pointed this out to staff. This localised quality system failed to identify the concerns we found and it failed to ensure actions were completed effectively and in good time. This demonstrates these care plans audits were not always effective in driving improvement.

Records showed that when external medicines audits were undertaken the actions were identified for staff to take forward. However, we were concerned the actions were not always completed meaning records remained inaccurate. For example records of the concerns regarding a pharmacy audit highlighted the need to change a person's PRN protocol as the medicine had been altered. This stated, "Nurse on duty to complete 20/11/15". At the time of our inspection this had not been altered until we pointed this out to staff. Whilst the audit may have been effective in identifying the changes needed, the system in place to ensure actions identified were completed were ineffective.

A failure to ensure accurate records and ensure systems used to monitor, assess quality and drive improvement are effective was a breach of Regulation 17 of the Health and Social Care Act 2014.

Other systems of quality monitoring used by the provider were a "Quality First Visit". These were visits to the service by the senior manager. The audit consisted of a review of all aspects of the home and sampled records for people. Following these visits an action plan was developed and included into the provider's central action plan with target dates for completion. We saw action taken following the last visit including ensure certain medicines were ordered and photos were in place with medicines records. Action taken following the previous visit including management meeting with staff to reinforce the completion of fluid charts. We saw this had improved.

Systems were in place to gather feedback from relevant people including people who lived at Gorseway Care Community, relatives and staff. A system of surveys were undertaken annually by the provider. These had been done by the provider but were being analysed before being distributed to the service. Resident and relative meetings were taking place. People spoke positively about these and told us of changes made as a result of their feedback. Regular staff meetings took place and we saw minutes that reflected open discussion where staff could raise concerns and make suggestions. Staff confirmed this.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured that systems and processes established and operated to monitor, assess and improve the quality of the service were effective in driving improvement. They did not ensure clear, accurate and up to date records were kept. Regulation 17(1)(2)(a)(c)