

Milelands Limited

# Holme House Care Home

## 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Holme House Care Home accommodates up to 68 people in one adapted building over three floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. At the time of this inspection 50 people were using the service.

### People's experience of using this service and what we found

At the last inspection in October 2018 we rated the service requires improvement. We found three breaches of regulation relating to consent, managing risk and good governance. At this inspection we found some improvements had been made, however issues with governance remained.

The registered provider did not have an effective system in place to improve the quality and safety of the service and accurate records were not always kept.

An effective overview of the amount people had to drink was not in place to ensure their needs were met. Most people told us they enjoyed their meals and we saw people received support with meals and drinks when required.

A fire evacuation drill had not been completed since May 2019 to ensure all staff knew what to do in the event of the need to evacuate the building. This was completed following our inspection.

Not all staff had received supervision necessary to perform their role effectively. Staff had undertaken training relevant to their roles and most staff told us they felt supported.

People told us they felt safe. Incidents were recorded, and action taken to keep people safe.

Medicines were generally managed safely.

We made a recommendation about ensuring medicines administration practice was up to date and followed NICE guidance.

Feedback from people and staff about sufficient staff being on duty was mixed. Adequate staff were deployed to meet people's needs, however more staff on duty would enable people to lead more fulfilling lives.

We made a recommendation about staffing.

Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected

any abuse had taken place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Mental capacity assessments and best interest decisions were completed when decisions needed to be made, although consultation with the relevant person was not always evidenced.

People usually received support to access healthcare professionals and services.

People and their relatives told us staff were caring and supported them in a way that considered their dignity, privacy and diverse needs.

People were involved in planning their care and had access to some activities in line with their interests. Most people and their relatives told us they were in receipt of care that was responsive to their needs and preferences.

People told us they knew what to do if they had any concerns or complaints about the service and we saw complaints had been acted on when they arose.

Most people told us they thought the service was well led. Feedback from staff and relatives was mixed.

People who used the service, staff and relatives were asked for their views about the service and these were acted on on most occasions

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 12/02/2019) and there were three Breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of one regulation.

The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating. The inspection was prompted in part due to concerns received about poor care, inadequate staffing levels, medicines management and safeguarding issues. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holme House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We have identified a breach in relation to good governance at this inspection. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority and clinical commissioning group to monitor

progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Holme House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by two inspectors, a specialist advisor 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.

#### Service and service type

Holme House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The manager had applied to register with the CQC, however their application had not yet been finalised. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

#### What we did before the inspection

We reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and five of their relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, deputy manager, senior care workers, care workers, domestic, a nurse and an activity coordinator. We spoke with three visiting community professionals.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We sought more information from the manager. We looked at training data and further quality assurance and incident records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to ensure risks were always assessed and mitigated. learning from incidents was not always evident and medicines were not always administered in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) (1) (2) (a) (b) (d) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Most people and the relatives we spoke with told us the service was safe. One person said, "Oh yes I feel safe because I can shut my door of my own room." A second person said, "I have a call bell. They normally come if I press the bell." However the person could not find their call bell and they were unable to mobilise to find it in their room. We informed the nurse on duty and they ensured it was in reach.
- The last fire drill was in May 2019 and this had been flagged on audits in October and November 2019, however a fire drill had not been completed. This was completed following our inspection to ensure all staff were up to date with the procedure to follow.
- Staff knew what to do in the event of an emergency situation and there was a record of how each person should be supported if the building needed to be evacuated.
- Risks to people's safety were assessed and plans put in place to mitigate these risks. Risk assessments contained instructions on how to minimise risks, for example; when supporting a person with transfers.
- Appropriate equipment was in place, for example, motion sensors to alert staff if a person was at risk of falls.

### Using medicines safely

- At the last inspection topical cream records were not always completed and 'as required' medicines protocols were not always in place. At this inspection improvements had been made, however we found 'as required' medicines protocols for three creams and one medicine were not in place for one person. The manager said they would address this.
- Topical creams were usually recorded as administered, however there were gaps in the recording for two people. The manager told us they had addressed this with staff during our inspection.
- The registered provider generally followed safe protocols for the receipt, storage, administration and disposal of medicines. Storage of medicines for disposal was in an open box provided by the pharmacy in a locked medicines room. NICE guidance states medicines for disposal should be kept in a locked cupboard



within a locked medicines room. The manager told us the pharmacy had provided the boxes for use and all the providers homes used the same system.

- A 'do not disturb' tabard was not worn on the medicines round we observed. This was addressed by the second day of our inspection.
- Most staff received training and observations to ensure they remained competent to administer medicines. One nurse had not had their competence to administer medicines assessed in line with NICE guidelines. The manager showed us this had been addressed after our inspection.
- We recommend the registered provider consult NICE guidance to ensure staff practice is always up to date.

#### Staffing and recruitment

- Managers assessed individuals living at the service for their dependency level and this helped inform staffing levels. Rotas confirmed staffing levels were consistent. We observed people's needs being met in a timely manner.
- Feedback about whether there were sufficient staff on duty to meet people's assessed needs was mixed. Comments from people included, "Most of the time there is enough staff. It is just when someone rings in sick." "No not like there used to be. I think this place has gone down. Yes, sometimes enough. It seems they are so busy running about"
- One person told us they had to wait half an hour for their call bell to be answered. As there was no record of call bell response times we were unable to check this. The manager showed us they occasionally checked call bell response times on their walk around and they had no concerns. We did not observe any concerns during our inspection.
- One relative told us there were often insufficient staff to deliver person-centred care. They had discussed their concerns with the manager. A second relative said "Yes there always seems to be [enough staff]. We call anytime and there always seems to be."
- All the care staff we spoke with on the residential and nursing units told us there were not enough staff to meet people's needs in a timely manner. One staff member said "There are not enough staff on this floor, everyone is a double. [Three people] all need watching when they are up in lounge." A second staff member said, "Three care staff need to get everything done in people's best interests and we don't get a break. More staff would be better for us and the residents."
- The manager told us there were enough staff to meet peoples assessed needs. Occasionally last-minute staff sickness meant agency staff were not able to be sourced at short notice.
- Staff on the unit for people living with dementia told us there were enough staff to meet people's needs.
- We recommend the registered provider review the staffing levels on the nursing floor to ensure timely person-centred care is always delivered to meet people's assessed needs.

- Staff recruitment systems were safe.

#### Learning lessons when things go wrong

- Staff recorded and reported all incidents and took appropriate action to prevent them from happening again.
- A log of accidents or incidents was recorded to look for patterns and improve people's safety.

#### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to ensure people were safeguarded against abuse and the procedure to follow to report any incidents.
- The registered provider had reported and acted on abuse when it was identified.

### Preventing and controlling infection

- The service was clean and generally odour free. There was an odour when entering the ground floor and the first-floor corridors. Action had been taken since our last inspection to replace flooring and most people and relatives said the service was clean.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet ; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- An effective overview of people's fluid intake was not in place to evidence people received enough to drink each day to meet their needs. For example; over a three-day period two people had significantly less fluid intake recorded each day than their target intake. The manager felt this was due to a lack of recording by staff in the evening and overnight. The manager addressed the issue of recording fluid intake with staff straight away.
- The manager and nurse on duty told us they checked people's fluid intake records every day and reminded staff to support them with drinks in the evening if needed, to ensure they had sufficient to drink. However, this was not evidenced on the dates we reviewed.
- One person's fluid output was not recorded in line with good practice and one person's health chart was not always completed. The manager said there were no current concerns about these aspects of people's health, however they would ensure records were completed.
- People's nutritional needs were assessed; however, weight was not always regularly monitored in line with the care plan for two people. The registered manager said this was due to behavioural and equipment issues for one person and said they would ensure this was rectified.

The above issues contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service and accurate records were not always kept.

- We saw staff supporting people to drink regularly and drinks were available in people's bedrooms and communal areas.
- The manager told us they would manually record fluid totals in the future and record checks on people's fluid intake.
- Most people told us they enjoyed their meals. Comments included, "The food is very good. Yes, they will say what there is. They are always coming to ask you if you would like a cup of tea." "It's good you get dinners every day or sandwiches. You can have choice. They ask in the morning, they come and see what you want."
- People's individual dietary and cultural requirements were catered for. We saw staff supported people

with meals, drinks and snacks where required. One relative said, "They [meals] do look lovely. Yes, they do a soft diet for [my relative]. [My relative] says they are lovely. It is constant the food."

- Staff worked with a number of agencies, such as GPs and community nurses to provide effective care and support.
- One person said, "They see to you straight away if you aren't well." One relative said, "Yes they [staff] keep us up to date. They are on the ball. A few weeks ago [my relative] had a chest infection. They got the doctor out."

Staff support: induction, training, skills and experience

- Most staff were provided with an induction, training and occasional supervision and appraisal to ensure they were able to meet people's needs effectively.
- The registered provider had not ensured one nurse and the manager received supervision in line with their policy.
- One staff induction had not been fully recorded as completed. The manager said they would address this.
- Staff told us they felt generally supported by senior staff.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the registered provider was in breach of regulation 11, consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because decision specific mental capacity assessments and best interest decisions were not always in place and the consent of the relevant person was not always evidenced. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- We found DoLS had been applied for where appropriate and conditions were being met, although recording of one person's conditions needed to improve. Staff had some understanding of the Mental Capacity Act and it was clear from observations and records people's choices were promoted.
- People had their capacity assessed where required, to determine their ability to provide consent and best interest decisions were recorded in areas such as use of bedrails and sensors, medicines administration and consent to care.
- Details of the representative consulted in the persons best interest was not always recorded and the manager told us they would address this.
- The consent of the relevant person was usually recorded and we saw staff gaining consent before delivering care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Physical, mental health and social needs had been assessed. Care plans included guidance and information for staff in line with current good practice.

Adapting service, design, decoration to meet people's needs

- People's needs were met by the adaptation and decoration of the service. There was picture signage on bathroom doors and different coloured handrails to walls to support people to mobilise and aid orientation.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff treated people in a kind and compassionate manner. Staff were attentive to people's needs, for example, supporting a person to drink and ensuring the person didn't drop their cup as they started to fall asleep. We saw staff interacting with people and offering them choices.
- People told us staff were caring. Comments included, "I feel that I get well looked after. Anything I want I get." "I don't think there is one person I don't like. I can trust all of them. I would ask their opinions about things." "They [staff] are all very good, very attentive. They are on the ball."
- Relative's comments about the staff included, "Brilliant, they are lovely. They are all so lovely with (relative)." And "They are very nice. They know everybody's name. They are always asking if you need anything. Yes they are very good." "Yes they [staff] are caring. They do a very difficult job."
- Staff told us they enjoyed working with people who used the service. One member of staff said, "I do like it. I have got to know all the residents. If I left would miss them all." Staff knew how to support the cultural needs of people from different ethnic and religious backgrounds. And church services were held at the home.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made decisions and choices about their care. One person said, "Choices, oh yes. If I want a lie in, I can have a lie in. They will get me up eventually. I'm up for nine o'clock most days." We saw from care records and observations people were given a choice of meals and drinks, occasional activities that might be on offer and where they wished to spend their day.
- Staff knew people well and demonstrated a good knowledge of people's individual mannerisms and communication methods, and how to interpret these.
- Staff were aware of how to access advocacy services for people if the need arose. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of people's right to privacy and autonomy and we saw people were treated with respect. Staff knocked on the door before entering people's bedrooms.
- When people became distressed staff stepped in appropriately, making adjustments to the environment or interacting with the person with good effect.
- The registered provider displayed information around the home to promote people's dignity, privacy and diverse needs, for example; a 'speaking up and involvement' poster.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had an in-depth knowledge of the people they supported. We observed staff using this knowledge to make people comfortable, chat with people and reduce any distress.
- People or their representatives told us they were consulted about their care. One relative said, "They would ring if there were any concerns." A second relative said, "They consult me about care plans, yes they involve me."
- The care plans we reviewed were mostly up to date, detailed and reflective of people's current needs.
- One person's care plan had not been updated to reflect changes to the management of weight loss. The manager told us the person had refused to be weighed, or measured to estimate their weight, since November 2019. This information was recorded on the managers monthly weight audit; however the care plan had not been updated to reflect this. They said they would update the care plan.
- Some daily records were not always fully completed to reflect the care provided to people in line with their care plans. The manager addressed this with staff during our inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the AIS. People's communication needs were recorded in care plans and Information was provided using photographs, large print and symbols should this be required
- Some assistive technology was used, for example a voice amplifier was used for one person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to attend the activities available within the service. The activity coordinator said, "The top floor, they have specific things that they enjoy. Throwing the ball and music therapy they really enjoy." With people in bedrooms, "We do one to one. We sit and read the newspaper. We are trialling audio books this month. They love music and TV."
- A singer came to the home once a week and a pet therapy dog. Events such as a summer Fete and Easter party were held, and religious groups and local nurseries were invited into the service.
- People told us there were enough activities at the home. Comments included, "I love it. I like the company." "I like the activities. Yes, I like musical bingo." "There is always something going on. We have concerts. People come and entertain us. I am happy. You are left to do what you want."

- People with sensory needs were not always supported to lead fulfilling lives. We saw staff interacted with people and painted two people's nails on the nursing floor, however activity records for one person indicated six activities or one to one sessions had been completed with them in the previous four weeks.
- The manager told us they aimed to create a sensory room at the home and hold more entertainment events on the nursing floor to improve access to activities. They also said the activity coordinator would keep an overview of activity provision to ensure all people using the service had equal access to activities that would meet their needs.
- Relatives told us they were always welcome to visit the home.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain. One person said, "I have no complaints what so ever."
- Most relatives told us they hadn't had to complain and if they had the issue had been resolved. One relative said they had complained, and the issue had happened again, "It's like pulling teeth. They are not satisfactorily dealt with."
- Where complaints had been made, we saw the manager and the registered provider had taken action to resolve them. Compliments were also recorded and shared with the staff team.

#### End of life care and support

- No one was being supported with end of life care at the time of our inspection. We saw information was documented about people's end of life wishes and preferences if they wished to record them.
- People had 'Do not attempt resuscitation' orders in their records if this was part of their care plan.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

This service has been rated requires improvement for the last five consecutive inspections. At our last inspection we issued a warning notice about governance and the registered provider sent us their action plan. At this inspection we found issues with governance remained. This was the fourth consecutive inspection where the registered provider was in breach of the regulations related to good governance.

- The management team completed some staff observations, walk rounds and audits and the registered provider completed quality visits. This system of governance had not been effective in improving the quality and safety of the service.
- An effective overview of fluid intake was not in place to ensure future risks were monitored and reduced. Fluid output was not being recorded for one person in line with good practice guidelines.
- 'As required' medicines protocols for three creams and one medicine were not in place for one person.
- The manager did not ensure fire drills were completed in line with the providers policy. The last fire drill was in May 2019 and this had been flagged in September and November 2019 in an external audit and by the registered provider on a quality visit to the home in October 2019. This was completed following our inspection.
- The registered provider failed to ensure supervision was provided to one nurse to ensure they received appropriate support, professional development, supervision and appraisal necessary to enable them to carry out their duties. The nurse had not had their competence to administer medicines assessed in line with NICE guidance and they were not aware of the services 'as required' medicines or drug disposal policy.
- The registered provider had failed to ensure supervision was provided to the manager to ensure they received appropriate support, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- The CQC had received most notifications that providers must send to us in a timely manner, however one safeguarding notification had not been submitted to CQC.

The above issues were a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service and accurate records were not always kept.

- Quality assurance systems were in place to monitor the service. When issues had been identified, some

action had been taken to make improvements; for example, updating care plans to reflect people's current needs.

Continuous learning and improving care; Working in partnership with others

- The registered provider and manager reviewed information, however this was not always effective in improving the quality and safety of the service.
- The management team usually worked with community healthcare professionals, for example, community nurses, to improve people's outcomes, although feedback from community professionals was mixed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager told us their aim for the service was to build up the staff team and implement more person centred care. This would include creating a sensory room for people living with dementia or sensory needs.
- Feedback from people using the service, relatives and staff about whether the service was well led was mixed. People said, "Well just everything is nice. And well organised. You can't knock it really." "I don't think I could be looked after any better. It's the next best thing to home."
- Most relatives told us they felt the service was well led. Comments included, "The changes now are for the best, it is now excellent. The main problem I think has been keeping the staff. It is more consistent now. Yes I would recommend it." "Is the home well managed at the moment? I feel the managers hands are tied by owners." "Well it's just you feel [relative] is safe. People are friendly. If you ask for anything doing it might not get done straight away but it will be done."
- Staff told us they felt generally supported by the manager and nurses. One staff member said, "Well managed? I don't know. When we are short staffed they don't help us." A second staff member said, "I think the manager is very nice and she listens to us if we have a problem. She is very approachable."
- The manager and a nurse told us they felt supported by the registered provider and the management team.
- The registered provider was aware of the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager and nurses had a good knowledge of the needs and preferences of the people they supported.
- The registered provider sought feedback occasionally from people and relatives using surveys and meetings and most issues had been followed up. Two relatives and residents' meetings had been held in the last year.
- Feedback from surveys was mostly good, with some mixed responses regarding satisfaction with the service. Relatives who had any concerns had complained to the manager and their concerns had been responded to.
- The manager held regular meetings with senior staff and occasional meetings with care staff to share information and discuss practice issues.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service. Accurate and up to date records were not always kept. (1) (2)(a) (b) (c) and (f)