

Brookvale

Brookvale - Prestwich

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Brookvale is a purpose built home set in extensive well maintained grounds close to open countryside. There are also seven cottages within the grounds which can accommodate people who live semi independently. The home is registered to provide accommodation and personal care for up to 80 people with learning disabilities. On the day of our inspection there were 74 people using the service.

This was an unannounced inspection which took place on 20 October 2015. The inspection team comprised of two adult social care inspectors, a specialist advisor and expert by experience. An expert by experience is someone

who has personal experience of using or caring for someone who uses this type of service. The expert had experience of services for people with learning disabilities.

The home had a 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.

Summary of findings

We last inspected the home on 22 October 2014. During that inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This resulted in us making two requirement actions. Following our inspection in October 2014 the provider wrote to us to tell us what action they intended to take to ensure they met all the relevant regulations. During this inspection we checked to see if the required improvements had been made.

We found the service had made improvements since our last inspection; however we found a breach of 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.

Although staff had received an induction when they started work at the service we found staff had not received the necessary training and supervision to enable them to carry out their roles effectively. The provider told us they had started a new system for providing training and supervisions but we found that this had not yet been fully embedded in the service.

People we spoke with felt safe at Brookvale. Policies and procedures were in place to safeguard people from abuse. Although not all staff had received training in safeguarding adults staff we spoke with were able to tell us how to identify and respond to allegations of abuse. Staff were aware of the whistleblowing policy to report poor practice. A safe system of recruitment was in place. We observed there were sufficient numbers of staff to provide people with the support and care they needed.

During our inspection we found there were safe systems in place for the storage, administration and recording of medicines

Care records were detailed and person centred. Care plans and risk assessments reflected people's individual needs and contained enough information to enable staff to provide safe and appropriate care and support. Care records provided detailed information about people's social histories, likes, dislikes and hobbies.

People we spoke with were positive about the service and the staff who supported them. We found the atmosphere to be calm and unhurried. There was lots of laughter and gentle banter between people. We saw that managers and staff knew people well, and were caring

and compassionate in the support they provided. Staff we spoke with demonstrated a commitment to providing person centred care and promoting people's independence.

We saw a wide range of activities were provided in the service and the community. People we spoke with told us holidays and trips out were arranged. The service had a hydro therapy pool, gym, football pitch, mini golf course, outdoor gym, football pitch, mini golf course and all weather walkway. People told us they were very happy with the activities on offer.

Managers and staff we spoke with were able to demonstrate a good understanding of the importance of gaining consent from people who used the service before any care or support was provided. We saw managers and staff respected people's rights and choices and used a variety of ways of ensuring they had involved people in decisions; including use of non-verbal communication, pictures and objects.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who are unable to make their own decision.

Brookvale is a Jewish organisation and food is provided in line with Jewish kosher food rules. We found there was a choice of suitable, good quality nutritious food. We saw that when needed staff supported people to choose what they wanted to eat and drink.

The home was very clean; all areas were well decorated and furnished. The grounds were well maintained. Records we looked at showed procedures were in place to prevent and control of the spread of infection. Systems were in place to ensure all necessary health and safety checks were completed. There were procedures in place to guide staff in the event of an emergency that could affect the provision of care, such as loss of gas, electricity, heating or breakdown of essential equipment.

We found there was a robust system in place for assessing, monitoring and reviewing the service. Records were kept of any issues or concerns which people had raised and any actions taken to address them. We saw there was a system for gathering people's views about the

Summary of findings

service. There was a system in place for dealing with complaints about the service. People told us suggestions were acted upon and they had confidence the manager and staff would deal with any concerns.

People we spoke with were complimentary about the managers of the service. They said the registered

manager was approachable and knew what was happening in the service. Staff spoke positively about the leadership of the service, the support they received and the work they did. People told us they were able to speak to a manger whenever they needed to.

Summary of findings

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 safe.

People told us they felt safe at Brookvale. Staff were able to tell us how to identify and respond to allegations of abuse. They were aware of the whistleblowing (reporting poor practice) policy.

A safe system of recruitment was in place. Recruitment processes were robust and helped protect people from the risk of unsuitable staff. There were sufficient staff to provide people with the care and support they needed.

Risks were assessed and managed appropriately.

Medicines were managed effectively. Systems were in place to ensure safe storage, administration and recording of medicines.

Good



Is the service effective?

The service was not always effective.

Staff had not received all the training and supervision they required to ensure they were able to carry out their roles effectively.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff gained people's consent before care or support was provided.

People were provided with a choice of good quality nutritious food.

Requires improvement



Is the service caring?

The service was caring.

People spoke of the caring attitude of the staff that supported them.

Staff were caring and compassionate in the way they spoke with people.

Managers and staff knew people who used the service well including their likes and dislikes.

Good



Is the service responsive?

The service was responsive.

People were happy with the activities the service provided. People had access to a wide range of activities; both within the service and in the community.

People were positive about the service, the care and support they received. Care records were detailed and person centred. They contained important information about people's needs, wishes, likes and dislikes.

Good



Summary of findings

Systems were in place for dealing with complaints and gathering people's view on the service. People told us they would have no problem approaching staff and managers with any concerns.

Is the service well-led?

The service was well-led.

People said the registered manager knew what was happening within the service and was approachable.

We found there was a robust system in place for assessing, monitoring and reviewing the service.

Staff spoke positively about the management of the service and felt supported. They said they were able to speak to managers whenever they needed to.

Good



Brookvale - Prestwich

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place on 20 October 2015. The inspection team comprised of two adult social care inspectors, a specialist advisor and expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert had experience of services for people with learning disabilities.

Prior to our inspection we reviewed the Provider Information Return (PIR). This form asks the provider to give us some key information about the service, what the

service does well and improvements they plan to make. We looked at the information we held about the service such as notifications. A notification is information about important events which the provider is required to send us by law. We contacted the local authority commissioning, quality assurance and safeguarding teams. They had no concerns about the service.

During our inspection we spoke with ten people who used the service, two relatives, nine members of care staff, the chef, three managers and the registered manager. As we had only been able to speak with two relatives during our inspection we spoke with a further four relatives on the telephone the following day. We also carried out observations in public areas of the service of the care provided.

We looked at six care records, six staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed.

Is the service safe?

Our findings

At our last inspection we found that the service was not always safe. This was because the provider did not have a safe recruitment system. Gaps in people's employment history were not always explored and recorded. The correct procedure for requesting criminal records checks had not been followed. During this inspection we found significant improvements had been made.

We looked at six staff personnel files and saw that a safe system of recruitment was in place. The staff files we looked at contained application forms with full employment history, two written references, copies of identification documents including a photograph, a medical questionnaire, contract of employment and information about terms and conditions of employment. We found that the provider kept copies of interview records which provided evidence of applicants' knowledge and skills. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps protect people from being cared for by unsuitable staff. We saw policies and procedures on staff recruitment, equal opportunities, sickness and disciplinary matters.

People we spoke with told us they felt safe at Brookvale, "I feel happy and safe". People told us they felt their relatives were safe in the service. One told us they were "100% sure [relative] is safe".

All the people we spoke with said there were sufficient staff to ensure people received the support they required. One staff member told us "We get time to talk to people". Staff rotas we looked at showed a variety of shift patterns were used to maximise staff availability at times of greatest need. Staff we spoke with told us cover for sickness and leave was usually provided by permanent staff completing extra hours. Examination of the rotas showed us staffing levels were usually provided at consistent levels and that vacant shifts were usually covered by existing staff. During our inspection we saw sufficient staff were available to provide the care and support people needed in an unhurried and relaxed manner.

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to the signs and allegations of abuse. They included details for other agencies who could be contacted about safeguarding concerns.

Staff we spoke with were able to tell us what they would do if they witnessed or suspected abuse and who they should report it to. We saw that information about safeguarding and contact numbers for organisations people could talk to were displayed in the reception area. People we spoke with told us they would be happy to talk to staff if they had a problem and they were confident staff would help them.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also gave staff contact details of other organisations they could contact if they were unhappy with how the service had responded to their concerns. We saw this information was displayed in the reception area. Staff we spoke with were able to tell us who they should contact if they were not happy with how the service had dealt with an allegation of abuse or poor practice.

We found that people received their medicines safely. Medicines, including controlled drugs were stored securely and only suitably qualified people had access to them. We saw that policies and procedures were in place for the management of medicines. These gave guidance to staff on ordering and disposing of medicines, administering, managing errors and action to take if someone was admitted to hospital or refused to take their medicines. We were told by the registered manager that staff administering medicines were trained and had competency assessments. We saw that three staff who had the main responsibility for administering medicines had completed the service's medicines competency assessments and external medicines training that also included an assessment of competency. We found seventeen staff, who may on occasions be required to administer medicines, had also received medicines management training and completed competency assessments.

We looked at five medicines administration records (MAR). We found that all records were fully completed to confirm people had received their medicines as required. We saw

Is the service safe?

that audits of medicines and records were undertaken monthly by senior staff and six monthly by a pharmacist. The service had protocols in place for the administration of as required medicines. People we spoke with told us they received their medicines when they needed them.

We looked around the home and found communal areas, dining rooms, toilets and bedrooms were very clean, tidy, free from odours and well decorated. Furnishings and fittings were in good condition and equipment was stored appropriately. We saw that the service had an infection control and spillage policy and procedure; this provided guidance for staff on how to prevent the spread of infection including; effective hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff we spoke with told us PPE was always available and used. We saw that staff wore appropriate PPE when carrying out personal care tasks and covered their clothes with aprons when supporting people at meal times. We saw that spillage cleaning kits were in place throughout the building.

We saw there was a system for carrying out health and safety checks. Records we looked at showed that equipment was appropriately serviced and maintained. We saw that staff used a maintenance book to record any repairs that were needed, and that notes were made to indicate when any required work had been completed.

We found that fire risk assessments and personal evacuation plans (PEEPS) had been completed. Records we looked at showed that regular fire safety checks were carried out on fire alarms, fire extinguishers and emergency lighting and fire exits. We saw that fire drills were carried out regularly and any issues recorded.

We saw that the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how any incidents should be recorded. Records we looked at showed accidents and incidents had been recorded and that these were reviewed by managers to look for patterns and recommend action to prevent re-occurrence.

We saw that there were a number of defibrillators throughout the building. We were told that some staff were trained as first responders and were able to use the equipment to aid cardio pulmonary resuscitation whilst waiting for emergency services; this increased the first aid support that could be given to someone if their heart stopped working. Records we looked at showed that twenty staff had received training in their use.

Records we looked at showed us that risk assessments were in place for the general environment. We looked at six people's care records. We found that risk assessments were in place for areas of identified risk including; manual handling, eating, travelling, bathing, challenging behaviour. We saw risk assessments for activities including swimming, walking and trips out.

The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt the service or endanger people who used the service. This included loss of gas, electricity, telephones and heating, breakdown of essential equipment, damage to the building and severe weather.

Is the service effective?

Our findings

We found that the service was not always effective.

During the inspection we were shown the training matrix. This was a new system used by the registered manager and other managers within the service to record all staff training. We saw that the essential training staff needed to enable them to provide care and support to people they worked with was provided. However, examination of the training matrix showed that not all staff had received all mandatory training necessary to carry out their roles. We were told that since our last inspection the service had looked at ways of increasing the amount of training it provided including using an external training company and we were shown a plan of future training courses.

We asked managers to tell us what systems were in place to ensure staff received the support they needed. We were shown records of supervisions sessions between managers and staff. From these records we saw that only twenty individual staff supervisions had been completed between March and September 2015. We were told by managers that there had been no staff appraisals since our last inspection, but that a new system was being introduced and was due to start in November 2015. We were told the staff had team supervision sessions. However; we saw that only one was recorded in June 2015.

Training and supervision are essential to ensuring staff are able to carry out their roles effectively and safely.

This meant there was a breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care staff had not had all the training, support and supervision necessary to enable them to carry out their duties effectively.

We spoke with the training manager who told us all staff had an induction when they started working at Brookvale. We were told that all new staff completed the care standards certificate. This is a twelve week induction which includes information about the individual staff member's role as well as policies and procedures. During the induction staff were required to undertake all mandatory training courses and to complete a work book to demonstrate their knowledge and understanding. We saw that staff completed the workbook and the training

manager signed off their work. We were told that staff work alongside experienced staff for a minimum of two weeks or until a manager assessed them as being competent to work unsupervised.

The registered manager told us a communication book was used to give staff general information and staff received a handover at the start of each shift. Handovers were used to update staff about any changes in the needs of people who used the service, to allocate tasks for the day or to pass on information including new policies and procedures. We looked at records of the handovers and saw that information was recorded including what was discussed, who was present and who carry out required tasks. We saw that a handover was completed every time a member of staff came on duty.

The Care Quality Commission (CQC) is required by law to monitor how care homes operate the deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that appropriate policies and procedures were in place to inform and guide staff in Mental Capacity Act 2005 (MCA) and DoLS. MCA provides a legal framework to determine if people have capacity to make informed decisions about their care, support and treatment.

We saw that twenty seven staff had received training in MCA. The registered manager showed us that all staff had been informed about MCA & DoLS in a briefing memo. The registered manager, managers and staff we spoke with demonstrated an understanding of MCA, DoLS and best interests meetings. A best interest meeting is where professionals and people who know a person well decide on the most appropriate course of action to take to ensure the best outcome for the person concerned.

We were told one person who used the service was subject to DoLS. When we looked at the records for this person found that correct legal procedures had been followed. The care records also informed staff of the purpose of the DoLS and stated when a review was needed. We were told that the service was in the process of referring another person who used the service for assessment.

Care records we saw contained consent forms and identified when a best interest meeting had taken place or was needed. During our inspection we heard staff offering choices to people, asking what they wanted to do and seeking consent when offering support. Some relatives had

Is the service effective?

not been involved in developing care plans, but they stressed they were happy with this and trusted the management to provide effective care for their family members.

We looked to see if people were provided with a choice of suitable and nutritious food. We saw the kitchen was clean and tidy. The kitchen followed Jewish kosher food rules and we were told special food was prepared for Jewish festivals. We found there were sufficient supplies of fresh, tinned and frozen foods. We were told the chef was provided with a list every day of people who required their food to be prepared in a particular way in order to meet their nutritional needs.

During the inspection we spent time observing the lunch time meal. There were two dining rooms and we saw that people chose where they wished to sit. During mealtimes we saw the food was of good quality and people were given choices of meals. People who could not verbally communicate what they wanted were encouraged to go to the serving hatch to choose their meal. We saw that staff offered alternatives when a person did not want what was on offer or had not eaten very much.

We observed that staff were sensitive in the support they offered, supporting people where needed but also promoting independence. The meal time was unhurried and people stayed in the dining rooms as long as they

wanted. We saw that records were kept of what people had eaten; this was to help staff make sure people were getting a balanced diet. We were told that snacks were provided in the morning and afternoon. We saw that people were offered drinks, biscuits and cakes.

We saw that the service used a hospital traffic light form. This records important information about the person, medical conditions, communication needs, likes and dislikes and is given to health care professionals if the person needs to go to hospital. This helps to keep people safe by making sure hospital staff have the information they need to care and support the person. We looked at six forms; one we looked at was dated 2011 and stated the person was not on medication. At the time of our inspection the person was on medication but the form had not been updated to reflect this. We were told that current medicines would be sent to the hospital with the person. The manager we spoke with told us that a system for making sure the forms were updated would be put in place.

The registered manager told us a GP came every week. People we spoke with told us "I can see my doctor anytime I want". Records we looked at showed us people had access to a range of health care professionals; dentist, chiropodist, podiatrist, district nurses, speech and language therapist and psychiatrists.

Is the service caring?

Our findings

People we spoke with were positive about the service, the activities provided and the staff who supported them. Relatives we spoke with told us staff were “amazing” and “absolutely marvellous”. One told us they “Couldn’t ask for anything more. Another said their relative “Loves the staff so much”. A third relative told us “There is nowhere better; they give [relative] love and attention”.

Care records we looked at contained information about people’s likes, dislikes and things that were important to them. We saw that people were involved in planning their care. Staff demonstrated they knew people who used the service well and were able to tell us about their likes and dislikes.

During our inspection we spent time observing how people were spoken with and supported. We saw managers and staff were caring, compassionate and responsive. There was a lot of laughter and relaxed communication between people.

Staff we spoke with told us they encouraged people to be as independent as possible. We saw that some people who used the service had tasks for which they were responsible in order to encourage their independence. One person told us “I help wash up”. Some people we spoke with told us they spend time independently going on shopping trips or in their own rooms watching television.

Although Brookvale is a Jewish organisation and follows the Jewish faith, we found that people who followed other faiths were supported to practise their own religion. Festivals from other religions and cultures were celebrated.

The registered manager told us that the service had an open door policy towards relatives and friends visiting. Relatives we spoke with told us they were made to feel welcome, they visited whenever they wanted and knew the staff well. Two people we spoke with who had relatives abroad were supported by staff to see and speak to them regularly via the internet.

Care records were stored securely and policies and procedures we looked at showed the service placed great importance on protecting people’s confidential information.

We saw that care records contained information about people’s end of life wishes; these detailed people’s personal preferences, religious and cultural needs.

During our inspection we saw that advocacy services were advertised throughout the building, leaflets were on notice boards and an easy read leaflet was displayed in the reception area.

Is the service responsive?

Our findings

During our last inspection we found that the service was not always responsive to people's needs. Care records did not always reflect people's current support needs. Care plans and risk assessments had not always been updated when people's needs changed. During this inspection we found significant improvements had been made.

We looked at six care records. The information in these records was detailed and written in a person centred way. The records contained lots of pictures of the person, information about their history, their likes, dislikes, preferences, routines, cultural, religious and leisure needs. The records we saw contained care plans and risk assessments that were sufficiently detailed to guide staff on how to provide the support people needed. We found that care records were reviewed and changes were made when people's support needs changed.

Staff we spoke with told us they read care plans when changes had been made. We saw evidence in the care records that people who used the service and, where appropriate, their relatives had been involved in developing and reviewing the care plans and risk assessments. Where people could not participate in care planning it was documented that a best interest meeting had been held to determine what support should be provided. Relatives we spoke with told us they received verbal up dates from staff about any changes or activities that had happened

The registered manager told us that an assessment was completed when new people came into the service; this was used to develop care plans and risk assessments. People were encouraged to visit the service before they made a decision about whether they wanted to move in.

The deputy manager told us that due to two people's changing needs, and at their request, they had recently been able to move back into one of the houses near the complex. This meant that staff could provide more support to the individuals concerned but still maintain their independence. We were told that the two people now felt less isolated and more secure.

Staff we spoke with told us they would read care plans and risk assessments written for any people who were admitted to the service. They told us they would always observe and support individual's following their admission to the

service and make suggestions for changes to the records if needed. Records we looked at showed the service also used an activity centre assessment; this is used when people start at the service and asks for their likes and dislikes, hobbies and interests.

During our inspection we saw that different activities were available both in different parts of the building and in the community. All the activities were advertised pictorially on large boards in the hallways. Activities included puzzles, sing along, dancing, walking group, pamper session, arts and crafts. Staff we spoke with told us the service also provided a music therapist, yoga, hairdresser, aroma therapist and head masseur. We saw the service had a hydro therapy pool, gym, hairdressing salon and sensory room. We also saw an outdoor gym, football pitch, mini golf course and all weather walkway. Staff told us the facilities were well used by people who used the service.

We found that each person had an activity timetable; this detailed what activities they would be doing during the week. We found some people who did not read had pictorial timetables. We saw one person had a pictorial activity plan on their bedroom wall. They could change the activities and used the board to inform staff and remind themselves of what was planned for the week ahead. One relative we spoke with told us they were very happy with the activity levels for their relative during the week and at weekend.

We saw that residents meetings were held and they were used to ask people who used the service about future events and what new activities they wanted to do. People we spoke with told us they were able to carry on with their own hobbies as well as activities run by the service. One person we spoke with told us they had been on holiday both in the UK and abroad with other people who used the service and staff. A relative told us Hebrew reading sessions were offered which relatives were invited to join. Another told us their relative had been learning to play the drums and that they had been "overwhelmed" when they had seen the person playing.

We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. We saw this was displayed in the reception area. We saw that complaints were recorded and appropriate action taken. The service also used a "grumbles" book, which was kept in the reception area. Staff, residents and relatives could use this to record

Is the service responsive?

minor issues. We saw that any issues raised were responded to by managers. Relatives we spoke with told us they were confident that any complaints they raised would be dealt with effectively.

Is the service well-led?

Our findings

Relatives we spoke said they were able to raise concerns and were confident the managers would deal with them. One relative said of the service “Everything is marvellous, I can’t fault it, anything or anybody”. Another said managers “went above and beyond to help at any time”

The service had a registered manager who was present on the day of 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. People we spoke with said the registered manager was approachable and hands on. A relative told us the registered manager was “Wonderful”.

Staff were positive about the leadership of the service and were complimentary about the registered manager; they told us they would be happy to raise any issues with their managers if they needed to. Staff told us they felt supported by the managers, they told us they were confident and comfortable in their roles. They said it was “A good place to work” and if they needed to speak to a manager or senior “There is always someone there”. During our inspection we found the registered manager and other managers we spoke with knew residents well.

The registered manager told us one manager was on call at all times and was available by telephone when not on the premises. Staff we spoke with confirmed there was always a manager on the premises or on call. Relatives we spoke with told us they could contact managers at any time.

We found there was a robust system of quality assurance in place. We saw that the service had a quality management policy; this informed people who used the service, relatives

and staff what quality monitoring was in place and what the service would do to review the performance of the service. This policy was on display in the reception. The registered manager told us there were a number of weekly and monthly checks and audits. Records we looked at showed us these included; health and safety, accidents/incidents, complaints and compliments, medicines management, fire safety checks, safeguarding, call bell responses, equipment and cleaning. Records we saw showed the registered manager also reviewed the staff handover book weekly to look at issues raised and identify any common themes. We saw that all checks and audits were recorded and records were kept of any concerns and actions taken.

Before our inspection we checked the records we held about the service. We found any accidents and incidents that CQC needed to be aware of had been notified to us.

The registered manager told us they used residents meetings to gather ideas and issues about the service. They told us they also send easy read “Tell us what you think” questionnaires to ten people who used the service each month, we were told none had been returned recently. They told us they also sent a survey questionnaire out annually to relatives to seek their views on the service. We were told the annual general meeting, social events and informal meetings were also used to gather relative’s views about the service. Relatives we spoke with told us they were satisfied with the way the service was run, and were able to talk to managers regularly to give feedback about the service. A relative we spoke with told us they had raised an issue at the last AGM and the managers had listened.

It is a requirement that CQC ratings are displayed in the service. We saw that a copy of the last inspection report, including ratings was on display and available for people to read in the entrance hall.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Care staff had not had all the training, support and supervision necessary to enable them to carry out their duties effectively.</p>