

Beech Care Limited

Beechcare

Inspection report

99 Dunes Road
Greatstone
New Romney
Kent
TN28 8SW

Tel: 01797362121

Date of inspection visit:
22 March 2016
23 March 2016

Date of publication:
15 June 2016

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 22 and 23 March 2016 and was unannounced. Beechcare provides accommodation and support for up to six people who may have a learning disability, autistic spectrum disorder or physical disabilities. At the time of the inspection five people were living at the service. Beechcare was last inspected on 5 August 2014 and had been rated as requires improvement at that inspection.

This service requires that a registered manager be in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had appointed a manager to manage the home. They had not submitted an application to register with the Care Quality Commission (CQC) registration department at the time of our inspection, but confirmed they would start this process. The new manager was present throughout both days of the inspection.

Appropriate action was not always taken to protect people from potential harm and some risk assessments needed to be implemented to keep people safe. People did not have up to date personal emergency evacuation plans that staff could refer to in emergency situations such as fires.

Records of incidents lacked detail. One person's behaviour could challenge others and staff were frequently harmed by this person. There were no behaviour guidelines available for staff to follow to support this person consistently.

There was insufficient guidance in place to ensure people's healthcare needs were always met. Follow ups of identified health problems were not documented well.

People did not benefit from an environment designed to meet their physical needs. One person had previously enjoyed to engage in activities in the kitchen but were no longer able to do this because of a change in their mobility.

Documentation was in need of review to reflect the most current needs of people. Documentation was conflicting and repetitive in areas. Staff did not have clear guidelines about people's current needs or how to support them in the best possible way. Parts of one person's care plan contained conflicting information.

Some staff training had lapsed. Staff did have a good knowledge of people's individual needs and how they could support people well.

Medicines were managed safely. However, when people were prescribed creams documentation was not in place to advise staff where creams should be administered. This is an area which needs to improve.

There was enough staff to meet people's immediate needs. Staff said people's physical needs had changed over the last 18 months and additional staff would be beneficial so tasks such as personal care would not have to be rushed.

Staff had a good understanding of how to keep people safe and contact names and numbers were available should concerns of people's safety need to be raised.

The new manager had arranged formal supervision for staff. Staff said they felt well supported by the new manager.

People had choice around their food and drink. Staff involved people in choosing what they would like by showing them pictures and showing them the available options.

Staff were caring and compassionate and spoke to people kindly. People's choices were respected and staff spent time engaging people in communication and activities suitable for their current needs.

People were protected by a robust complaints procedure. There was a complaints procedure in place for people and their representatives, the service had received several compliments.

Staff felt positive about the future of the service and were positive in the feedback they gave about the new manager who they found supportive and approachable. The new manager had started to implement changes to improve the service people received.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end 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 consistently safe.

People had individual risk assessments to minimise risk of harm but assessments were not always updated and some assessments were missing.

Incident records lacked detail. Guidance for staff to follow to support people's behaviour which could challenge others was missing.

Individual emergency plans were out of date which meant staff were not informed of the best way to support people.

There were enough staff to meet people's immediate needs.

Staff understood the processes for raising concerns about people's safety.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

There was insufficient guidance in place to ensure people's healthcare needs were always met.

Adaptations to the environment had not been made when people's physical needs had changed.

Some staff training was missing although staff were able to demonstrate a good understanding of how to support people.

People were involved in making decisions about their food and drink.

Is the service caring?

Good 

The service was caring.

Staff spoke to people in a kind and patient way. Staff took the time to interact with people and engage them with activity.

People were encouraged to make their own choices which were respected and supported.

Staff demonstrated they wanted good outcomes for people and wanted to continue to improve the services people received. People were treated with respect and dignity.

Is the service responsive?

The service was not consistently responsive.

Care plans required to be updated to reflect the current needs of people.

Activities were available for people inside and outside the service. People were supported to try new activities.

There was a complaints procedure available for people and their representatives should they be unhappy with any aspect of their care or treatment.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Documentation was conflicting and required updating to reflect the current needs of people.

Some safety checks had been missed which had not been identified by the provider's internal audits.

The new manager had started to make changes to improve the service.

Requires Improvement ●

Beechcare

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 inspection took place on the 22 and 23 March 2016 and was unannounced. The inspection was conducted by one inspector. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The provider had completed a Provider Information Return (PIR) before the inspection which we used to help us inform our Key Lines of Enquiry (KLOE) for inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with five staff, the new manager, and one visitor. After the inspection we received feedback from one relative. People were not able to express their views clearly due to their limited communication so we observed interactions between staff and people. We looked at a variety of documents including three peoples support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

Is the service safe?

Our findings

Risks to people were not always managed safely. This put people at potential risk of harm. Storage where cleaning materials were located was unlocked and accessible to anyone. Although cleaning chemicals were relocated immediately when this was pointed out to the new manager, it could have potentially harmed people if they had accessed it. There had been problems with the central heating which was due to be upgraded. Portable heaters were being used in people's rooms and the lounge. Portable heaters would be hot to touch and were unguarded. This posed a danger to people, particularly one person who frequently touched objects. A risk assessment had not been put in place to reduce the risk of people being hurt by the unguarded heaters.

Incident records lacked enough detail to understand what had caused incidents and what action had been taken by staff. Incidents were not always being recorded or analysed to monitor patterns in people's behaviours. For example, one incident record stated 'Person grabbed (another person's) arm and put their hands to their neck'. We asked the new manager for more detail about this incident. They said that the incident form lacked enough detail to describe the event well. Contact had not been made when the person had attempted to grab another person around the neck but this was not clear from the report which had been made. A new incident form had been developed which was going to be introduced at the next staff meeting. This would improve the quality of the information recorded so the new manager could analyse incidents more effectively. One person's behaviour had become more difficult to manage and they required a high level of staff input to remain calm. There were no behaviour guidelines in place for this person and staff were frequently physically harmed by their behaviours. The new manager said, "Staff are not in the habit of recording incidents about (person). I agree staff need to be recording more to track if their behaviour is getting better or worse".

Personal emergency evacuation plans did not reflect people's current mobility needs or that two people required to be hoisted when transferring from their bed to a chair. Staff did not have current information to support people in the event of an emergency or fire which could impact on the person's safety. There were some gaps in the checks which were made to ensure the environment was safe for people. This included gaps in weekly fire extinguisher, fire alarm, and emergency fire escape checks. This meant the provider could not be sure that equipment had been working effectively during this time to keep people safe.

The provider had failed to do all that was reasonably practicable to mitigate risks. Safety checks had been missed to ensure equipment and systems were effective in keeping people safe which is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to meet people's immediate needs although the new manager said staffing was being reviewed because of the changing needs people had. The new manager said, "I think the staff hours need to be re-visited as needs have changed so more staff are needed. One person's behaviour can impact on others". Records confirmed there were three staff on duty from 7:30am to 7:30pm. The new manager worked five days a week from 9:00am to 4:30pm and helped cover shifts if short staffed. At night support was provided by two wake night staff between 7:30pm to 7:30am. Two people required support with their

mobility, including using a hoist, which had to be conducted by two staff and one person's mobility had recently declined due to their current health which meant staff needed to support this person to mobilise around the service. A staff member commented, "Service users have changed a lot in the last 18 months. We are doing a lot of hoisting, mornings are busy. Extra staff would be beneficial in the mornings. Generally more staff would help; we don't want these guys to feel rushed". The new manager said they were often needed to work on shift to help staff manage. Staff would come in on their days off if extra staff were needed to enable people to attend activities or appointments. This happened on the second day of the inspection when a staff member came in to support people to attend medical appointments. There was a list of emergency on call managers that staff could contact if they required any support or guidance when the new manager was unavailable.

There was a disaster plan in place to be used in emergency situations such as gas leaks, water leaks or equipment failures. Other individual and generic risk assessments were in place to minimise the risk of harm people may be exposed to. Risk assessments included fire, finances, alleged abuse, drowning in the bath due to epileptic seizures, medicines, exiting the company vehicle, and choking.

Recruitment processes were in place to protect people. Gaps in employment history had been fully explored and Disclosure and Barring Service checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Other checks made prior to new staff beginning work included references, health and appropriate identification checks to ensure staff were suitable and of good character. One photo ID was missing from a staff file and one person had commenced work a few days before their second reference had been received. This is an area that requires improvement.

There were safe processes for storing, administering and returning medicines. People had individual assessments around how they liked their medicines to be administered. We observed two people receiving their prescribed medicine; staff communicated with the person throughout in a caring manner asking them if they were okay and explaining what was happening. Some people were prescribed creams, although this was recorded on the medicine administration record (MAR) there were no body maps or other documentation to instruct staff where people required their prescribed creams and people were unable to communicate this to staff. This left people at risk of receiving their prescribed creams incorrectly. This is an area that requires improvement.

People were protected from abuse and staff understood the processes for raising concerns about people's safety. One staff member said, "I would whistle blow if a person is being mistreated. I would tell the management or go to the local authority". A safeguarding policy was available for staff to refer to as well as a safeguarding flow chart detailing contacts and numbers which could be called to report concerns.

Is the service effective?

Our findings

The service had not been adapted to ensure all areas had wheelchair access. Not everyone could access the kitchen. Although the kitchen was functional it was not suitable for people in wheelchairs, a staff member said, "We've been promised a new kitchen for five years". Another member of staff said that one person liked to be involved in food preparation, washing and drying up. Since their physical needs had changed they were no longer able to access the kitchen in their wheelchair. There were no recorded improvement plans which gave a date as to when a kitchen refurbishment was planned for although the new manager said the kitchen would be updated soon.

People did not benefit from an environment which was suitable for the purpose for which it was being used. This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was insufficient guidance in place to ensure people's healthcare needs were always met. One person had an air mattress which must be correctly set according to their weight to help prevent the occurrence of pressure ulcers. The airflow mattress was set to 55KG. This person had last been weighed in October 2015 and weighed 50.3KG. Staff said they had been told to stop recording weights by senior management which meant that an accurate setting of this equipment was not possible. The diligence of staff had ensured the person had not developed a pressure ulcer during this time, but staff could not be sure the person's airflow mattress was set correctly which posed a risk to the person's health. Improvement to documentation was required to maintain people's safety; ensure there was sufficient guidance for staff to meet people's needs and make sure any needed follow up action or treatment took place. One person's guidance around their epilepsy did not give enough information to inform staff how they should respond if this person had a seizure and required further medical help. The guidelines stated an ambulance may need to be called but did not give specific timescales for how long staff should wait before doing this. Body maps were used to document any injuries people may have, but follow ups were missing to show how people's health had been monitored. For example there was a body map for a person which stated 'fluid lump not hot to touch, soft to feel, please observe'. No follow up had been made on the body map to assess if this person needed further medical treatment which could pose a risk to their health. Another person's care plan said they should be weighed monthly and weights should be recorded in their plan but this had not been happening. Staff said this person had been ill recently but had been eating well. Staff could not be certain that the person's weight had not changed which could be a risk to their health.

The provider had failed to do all that was reasonably practicable to mitigate risks. Care plans, guidance and records lacked sufficient detail to ensure people were receiving person centred care and treatment appropriate to meet their needs. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, people were supported to manage their health needs well and there was good detail in the 'My Keeping Healthy' documents describing how people may display behaviour to communicate they were unwell. One person had been having falls; they were referred to the physiotherapist and was waiting for an

assessment for specialist shoes to improve their mobility. Another person had been unwell and had been supported to visit their GP and referrals had been made to a specialist. Staff were mindful about the way people were supported throughout medical intervention which could cause them anxiety and stress. One staff commented, "The key worker will be working with (person) to monitor their health after their operation. There has been a decline in their health since February, we don't want to push for (person) to have extra tests unnecessarily but we don't want to turn a blind eye".

A staff member said, "I'm getting enough training, I think it's really good. There is e-learning and face to face training". Staff demonstrated a good knowledge of how to support people with their specific needs. Although some staff refresher training had lapsed (which included fire safety, safeguarding, medication, first aid, infection control, health and safety, Mental Capacity (MCA), epilepsy, and moving and handling) the new manager was in the process of booking courses for all staff to ensure their knowledge was up to date. Staff received a mixture of e-learning and face to face training to equip them with the skills needed to carry out their roles effectively. This included fire safety, food safety, health and safety, dementia awareness, epilepsy, first aid, manual handling, medicine administration, infection control, Mental Capacity and Deprivation of Liberty Safeguards (DoLS), safeguarding people, nutrition, understanding autism, and managing behaviours which may challenge others.

Induction for new staff included four days of various training and shadowing other staff. A workbook was given to staff to complete throughout their induction, this covered the service's essential training requirements. A staff member who had been working for five months and completed tasks without supervision had not fully completed their induction workbook. This had not been signed off by a senior staff member which was part of the provider's process. Although the induction process had not been well recorded for this staff member they had been promoted to a senior position in between this time and could demonstrate good knowledge and competence.

Staff told us supervision, which is a one to one meeting with a manager, had previously lapsed. However, they were confident plans put in place by the new manager would now provide adequate supervision to help support their roles and develop their skills. A staff member said, "I can't remember the last time I had a supervision but the manager is catching up with it and I feel well supported now". Another staff member said, "My last supervision was a good few months ago. I feel supported and supervisions have been planned with the manager in the diary".

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 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. Mental capacity was assessed and staff understood the requirements of the Act. Best interest meetings had been arranged when people had undergone medical procedures which they did not have the capacity to consent to. All people required continuous supervision and support outside of the service due to their complex needs. One standard authorisation had been made prior to the acting manager taking up post. Nobody was currently subject to a DoLS authorisation.

People were offered choice with their food and drink. Staff frequently asked people if they would like drinks and offered them hot and cold choices as well as biscuits and other snacks throughout the day. People who

had specialist requirements around their meals such as pureed food or equipment to aid them whilst eating were catered for. Referrals were made to the appropriate health specialist when people were identified as being at risk when eating and drinking. A staff member said, "Meal plans are done through the week. We try to involve people but it can be difficult. Some people have special diets and we puree food individually. Each day people will be shown a picture of the meal choice and alternative choice".

Is the service caring?

Our findings

A visitor said, "I have been coming for three years. Its welcoming here, the staff are very welcoming. It's a pleasure to come here; it has the feel of a home, a proper functioning, friendly home". People were approached by staff in a friendly caring manner maintaining their dignity. There was a relaxed feel to the service and staff were focused on the people. A relative said, "My relative looks well cared for, everyone else looks fine. Residents look content, clean and the house is clean. I have no concerns to report". One person was supported by one member of staff at all times. Staff interacted with this person continuously to keep them calm and we observed the person felt at ease in their company.

Although people were unable to tell us directly of their experiences we were able to observe that staff demonstrated the right attitudes of care and compassion and placed people at the centre of the care they provided. The staff we spoke to clearly demonstrated they had a good knowledge of people's individual needs and could describe what they liked, disliked and how they preferred to be supported. Staff demonstrated compassion and care towards people and had very positive attitudes towards giving people a good quality of life. A staff member commented, "I think the staff care, I think that makes a difference, we do care about people first. We may not do all the right paperwork but we all care about people".

Throughout the inspection staff sat with people and offered them various activities and objects to keep them interested. Sensory equipment was available for people to hold and interact with. There were various soft toys, musical instruments, objects that had different textures, objects that would vibrate and sensory lights. One person had different objects they would hold which helped them feel comforted. Staff were aware of the importance of this and offered the person their various objects to ensure they felt safe and secure.

A staff member sat next to a person who had been feeling unwell and held their hand. They spoke to the person in a kind and interested manner. When a song came onto the music channel on the television the staff said, "You like this one, shall I turn it up?" the person was holding a musical instrument which they were shaking along to the music.

People were encouraged to make their own decisions and express their views. People were supported to engage in their surroundings and the support people received was person led. Staff responded to their wishes and respected their choices if they declined to engage with others or be involved in activities that were offered. One person was offered a puzzle but declined to complete it and pushed it away. The persons care plan documented this was what the person would do and staff respected the person choice.

People's rooms were decorated in a way personal to them with various personal objects and pictures. Staff took pride in how the service looked and wanted to make it a pleasant environment for people to live in.

People's privacy and dignity was respected and staff engaged with people in their preferred way. Staff would ask people for their consent and input even if communication was limited. The new manager had introduced a confidentiality and protection folder to transport documents between the office and

communal parts of the service. This helped to protect people's private information and keep it secure. Staff would use this folder to store the required documentation regarding each individual person; at the end of their shift they would file it away in the office. This demonstrated people's privacy was thought about, seen as important and respected.

Is the service responsive?

Our findings

People's care files were written in an easy read format which included pictures to help people understand its content. Information included what the person liked and disliked, what was important to the person, their relationship circle, life story, their life now including their routines, how staff should support the person, their goal and dreams, eating and drinking guidance, and guidance for other areas of the person's daily life. Reviews of some care plans had been undertaken, but most had not been fully reviewed since 2014 which meant some information was out of date. For example, a person's communication passport stated they would guide staff to the kitchen and point to the tea pot or cupboards when they wanted a drink. This was not up to date as the person was no longer able to mobilise independently.

Staff did not have clear guidelines about people's current needs or how to support them in the best possible way. Parts of one person's care plan contained conflicting information. For example, various documents in the persons file stated they were 'partially' deaf, others documents stated 'completely'. A document in another person's plan said they did not enjoy having a bath, another document in the same file said they did. A section of a person's plan stated, 'staff need to communicate with the person using basic Makaton or pictorial information'. Makaton is a language programme using signs and symbols to help people to communicate. Staff did not use Makaton to communicate with people and had not been trained in using it. It was highlighted in a person's care plan that routine was very important to them and staff spoke about how they liked to do things in a specific order. Their care plan lacked detail to support this. For example 'staff need to support person to wash their hands in the correct way' there was no further information detailing what the correct way was.

The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, care plans gave staff a clear description of how to understand what people were trying to communicate when they could not do this verbally. For example if a person chose to go to bed they would go to their room and begin getting ready for bed, and if they wished to communicate something they would make various vocal sounds and put out their hands to indicate they wanted something. The new manager had made some updates to the care files to improve them and reflect people's current needs. A person's pen picture had been update to reflect their current physical needs in March 2016.

It was important for one person to spend time out of the service to help them remain calm. On both days of the inspection they were supported by staff to attend outside activities. They would go for drives in the company vehicle, swimming or walks around the park. The new manager had planned for this person to try out sensory, exercise and art taster sessions at a nearby day centre. A staff member said, "(Person) loves people watching, we try most days to get them out". People could have reflexology and aromatherapy sessions by a healthcare professional who visited the service. During the inspection the aromatherapist visited and gave treatments to people that chose to have this. People had National Trust tickets which allowed them to visit various Trust properties. During the inspection people left the service to go for drives in

the vehicle, attend medical appointments and have lunch out. People were offered activities to do in the service and staff frequently engaged them with interaction and communication. People were participating in some arts and crafts with staff in the lounge and were painting pictures during the inspection.

People had key workers, their responsibilities included conducting communication sessions with people, checking their rooms for faulty equipment, discussing and reviewing their monthly plans, reflecting on what had been achieved by or for the person, researching new activities, completing monthly health reviews, reviewing the 'My plan' and 'Healthy plan' documents, arranging special days out, recording weights and updating inventory lists.

People were protected by a robust complaints procedure. There was a complaints procedure in place for people and their representatives. A relative commented, "They do a good job, it's not easy. I know how to contact them and you (CQC) if I'm concerned". When people or their representatives made complaints these were responded to. One complaint had been made in March 2016 which had been forwarded to the provider to respond to.

Is the service well-led?

Our findings

A visitor said, "I have no concerns, and have nothing but praise. There was no change with the client's throughout the changes to the management that I have noticed. In my opinion it was business as usual for the clients even with the changes". The staff team welcomed the arrival of the new manager who had taken up post in February 2016. Staff felt positive about the future of the service and were positive in the feedback they gave about the new manager who they found supportive and approachable.

A staff member said, "The old manager left just before Christmas. We managed but it's so nice to have a manager of our own". The new manager had not applied for their registration with the Commission at the time of the inspection. There is a legal requirement that this service should have a registered manager for accountability. The new manager told us they would start the process of registering with the Commission.

Some documentation was out of date and had not been reviewed since 2014. This was recognised by the new manager who had started to make improvements to some of the documentation. There were references to the previous manager and information did not reflect the current needs of people to inform staff of the best way to support them. Risk to people was reduced because of the diligence and knowledge of staff, but documentation needed to be improved to record health needs better. Although staff clearly knew people well and the care people received had not been impacted upon by poor records; new staff would be reliant on other staff informing them of people's needs and could not be reliant on the documentation available to guide their practice. This posed a risk to people's safety.

Some records were not easy to locate and there was duplication of the same information in several documents. It was not always clear which document should be used, some records gave conflicting information. This made recording information difficult for staff and took up their time unnecessarily; an example of this was the daily handover documents which were repetitive. The new manager said, "We need to use what is adequate and get rid of other forms. There are so many bits of paper".

Accurate, complete and contemporaneous records had not been maintained. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new manager recognised the key challenges of the service and had started to put into action areas requiring improvement. They told us they had arranged for future staff meetings to be off site as people's personal information had been discussed in front of others during the meetings held in the service previously. They told us they did not want to rush in and make lots of changes which would unsettle the staff team further.

The new manager had spent time since their appointment, getting to know people and staff to work out what the main areas of improvement were. They said there were many areas to improve in terms of the paperwork. They planned to improve the staff rotas to allow more flexible support for people and allow a better hand over for staff to be able to communicate with one another information of importance. Currently staff worked long days with long gaps between shifts. The new manager said, "The rota doesn't work, there's

too long a gap when staff are off, there's no consistency. It's like starting from scratch again when other staff come on shift, there's no continuity".

Audits of the service were conducted by the locality manager. They would discuss their findings with the new manager and make timescales to implement improvements in areas identified. They had visited in February 2016 and identified that personal evacuation plans needed to be updated; care plans needed to be reviewed and research into food allergens was needed to meet the food safety standards.

The service had received several compliments including, 'I would like to extend my thanks and those of the service users for the wonderful Halloween party put on by staff. The room was nicely decorated and the singer/guitarist was great. The food was plentiful'. Another compliment said, 'Just a line to say how impressed I am with all the staff. They are always very caring and attentive to the service users' needs in every area'.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. Regulation 9(1)(3)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonable practicable to mitigate risks. Safety checks had been missed to ensure equipment and systems were effective in keeping people safe. Care plans, guidance and records lacked sufficient detail to ensure people were receiving person centred care and treatment appropriate to meet their needs. Regulation 12(1)(2)(a)(b)(d).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People did not benefit from an environment which was suitable for the purpose for which it was being used. Regulations 15(1)(c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Accurate, complete and contemporaneous records had not been maintained. Records were not accurately completed, reviews to monitor this were lacking Regulation 17(1)(2)(a)(b)(c).