Casterbridge Homes Limited

Deanwood Lodge

Inspection report

Church Road
Maisemore
Gloucestershire
GL2 8HB

Tel: 01452415057

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23 February 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Deanwood Lodge on the 21 and 23 February 2017. Deanwood Lodge is a residential and nursing home for up to 47 older people. 42 people were living at the home at the time of our inspection. The majority of these people were living with dementia. This was an unannounced inspection.

There was a registered manager in position. 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.

We last inspected in July 2016 and found that the provider was not meeting all of the regulations. We found that people were not always supported by staff who had the training and support they required to carry out their roles. Following our inspection in July 2016, the provider issued us a plan of the actions they would make. At this inspection we found appropriate action had been taken to address our concerns.

The provider had systems to monitor and improve the quality of service people received, however these systems were not always effective and did not always identify concerns, or ensure action was taken when concerns had been identified.

People's care and risk assessments were often reflective of their needs; however some people's care and risk assessments did not reflect their need. The registered manager and clinical lead were taking action to address this concern.

People and their relatives were positive about the home. They felt safe and well looked after. People enjoyed the food they received in the home and had access to food and drink. People benefitted from the activities provided to them.

People benefitted from positive caring interactions with care staff. Care staff supported people to make choices and respected their wishes. Care staff took time to engage with people in a positive and meaningful way and ensured that personal care was a positive activity.

People and their relative's views were sought and acted upon by the registered manager and provider. People's relatives were confident their concerns would be responded to and resolved.

Staff were deployed effectively to ensure people's basic needs were met and kept safe. All staff had received training to meet people's healthcare needs. Staff felt supported and had access to a structured supervision (one to one meeting) and appraisal process. Staff spoke positively about the support they received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulation 2009. You can see what actions we told the provider to

take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People received their medicines as prescribed. Nursing and care staff accurately recorded the support they had given people around their medicines and any errors were identified and responded to immediately.

Staff were deployed within the service to ensure the safety of people and protect them from risk. Staff knew the risks associated with people's care and had guidance to manage them.

People felt safe, and staff understood their responsibilities to protect people from abuse. The service ensured the premises were safe and immediate action was taken to address any concerns.

Is the service effective?

Good

The service was effective. Care staff had access to the training and support they needed to meet people's needs. Managers ensured care staff had the information they needed to meet people's needs.

People were supported to make day to day decisions around their care. People's care documents reflected their capacity to make choices about their day. Where people could become anxious, staff were given support to recognise their anxieties and meet their needs.

People received the nutritional support they needed.

Is the service caring?

Good

The service was caring. People were supported to spend their days as they choose. Staff respected people and treated them as equals.

Staff knew people well and understood what was important to them such as their likes and dislikes. People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive. Some people's care assessments were not always current and reflective of their needs. The registered manager had identified the action that needed to be taken to update people's care plans.

People benefitted from a dedicated activity programme and were supported to maintain their independence.

The provider and registered manager responded to complaints and people and their relatives felt confident they could raise concerns to the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well-led. Systems in place to monitor the quality of the service were not always effective at driving improvements.

The views of people and their relatives were now being sought and acted upon.

People, their relatives and staff spoke positively about the registered manager and spoke positively about the service.

Deanwood Lodge

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 was 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 21 and 23 February 2017 and was unannounced. The inspection team consisted of three inspectors and a specialist advisor.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with two healthcare professionals as well as the local authority and clinical commissioning group commissioners about the service. We also sought the feedback of a community nurse who was visiting the service on the day.

We spoke with five people who were using the service and with five people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 19 members of staff which included nine care staff, two activity co-ordinators, two administrators, a maintenance worker, the home's chef, an agency nurse, the clinical lead, registered manager and a representative working on behalf of the provider. We reviewed 14 people's care files, care staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People received their medicines as prescribed. Nursing and care staff had kept an accurate record of when they had assisted people with their prescribed medicines. For example, both nursing and care staff signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's prescribed medicines. Where gaps in recording of people's medicines had been identified by staff, appropriate action was being taken to ensure people had received their medicines as prescribed.

People's medicines were stored in accordance with manufacturer's guidelines. Nursing staff recorded the temperature of the room where the medicines were stored in. These recordings showed the temperatures were within the manufacturers recommended range. People's prescribed medicines were stored securely and there were clear systems in place for obtaining and disposing of people's prescribed medicines. This meant the risk of people's prescribed medicines being inappropriately used was reduced.

People were supported in a calm and patient manner when they were administered their prescribed medicines. For example, we observed one nurse assisting a person with their prescribed medicines. They took time to discuss what the medicines were for and the importance of taking them. Once the person was happy to take their medicines, the nurse ensured the person took their medicines before signing to say the medicines had been administered.

People and their relatives told us they felt the home was now safe. Comments included: "I do feel safe here"; "Very safe, it's all very safe" and "I have peace of mind. I feel happy that they (relative) are safe and looked after."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I would tell the manager or senior person on call." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "If I saw something or one of the staff told me about something, I would follow our policy. This includes informing the local authority and CQC".

The registered manager and provider had raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the service had ensured all concerns were reported to local authority safeguarding and CQC and acted on.

People were mainly kept safe from hazards in the environment. For example a new maintenance worker had been appointed to ensure the home was safe and fit for purpose. They had identified some shortfalls which they were addressing immediately at the time of our inspection regarding fire safety equipment. We identified a concern regarding an internal fire door during our inspection. The registered manager immediately addressed these concerns.

People were protected from the risks associated with their care. Staff had clear guidance regarding assisting people with their mobility needs, and concerns relating to pressure area care. For example, one person's risk assessments provided clear guidance on how staff should assist them to move safely, including the equipment they needed to ensure the person was safe and comfortable.

Where people required assistance to reduce the risk of developing a pressure sore, staff had clear guidance to follow and understood the importance of following these guidelines. For example, one member of staff told us how they followed guidance to ensure people's pressure area needs were met. They also explained how they would involve local tissue viability nurses if they required further support and advice. One member of care staff said, "If you see a mark or anything, we report it straight away, even if it's been reported."

People's mobility equipment was not always stored appropriately, which put people at risk of infection. For example, people's slings were stored together in a storage room. We observed that care staff did not always use people's individual slings. We discussed this concern with the registered manager who took immediate, effective action, which included placing people's individual slings in their rooms. When we visited the home on the second day, staff were aware of how to assist people and we observed them supporting people using their individual slings which protected them from the risk of infection.

People were assisted with their mobility in a safe and effective manner. For example, we observed two care staff effectively transfer a resident from wheelchair to an arm chair. The staff spoke with the person throughout the movement and gave them reassurance. This ensured the person was comfortable throughout. People were also protected from the risk of falling. For example, we observed one care staff patiently assisting a person with their mobility. They spoke to the person in a friendly, supportive and encouraging way. The care staff told us, "They get unsteady when they're tired. We support them to make sure they don't fall". They told us the person had not had a fall since October 2016. Where people required equipment such as crash mats, bed rails or low profile beds to protect them from the risk of falling or harm from falling, this equipment was provided. People's risk assessments showed the need for the equipment and how the equipment should be used. Where possible people's consent was sought or a clear best interest assessment had been detailed.

One healthcare professional spoke positively about how staff protected people from harm and sought prompt advice if people had fallen. They said, "Staff here are very proactive. One person fell. District nurses were contacted straight away. I came to the see the person because they had sustained (An injury). Staff had already put in place a bed alarm and taken action to establish if there was a reason for the fall and to stop the person falling again."

People and their relatives told us there was enough staff deployed on a daily basis to meet people's needs. Comments included: "There are always plenty of staff on, they are so helpful and so kind to clients"; "Never had a problem finding staff. The permanent staff are around" and "I don't think they are ever truly short of staff."

Staff also confirmed there were enough staff deployed to assist them to meet people's needs. Comments included: "There is enough staff now"; "The apprentices really help with the staffing" and "I honestly think we have enough staff, sometimes it's a bit rushed. However the manager steps in and helps and we do have agency staff."

Records relating to the recruitment of new staff showed relevant checks had been completed before they worked unsupervised at the service. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Good

Is the service effective?

Our findings

At our last inspection in July 2016, we found that staff did not always have the skills they needed to meet the needs of people living in Deanwood Lodge. This concern was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager provided us with a plan of the actions they would take to ensure the service met the regulations. At this inspection we found appropriate action had been taken.

People were supported by care staff who had received effective training to meet their needs. People and their relatives felt staff were skilled and trained. Comments included: "The staff have worked very well with her. They're very informative"; "I've never found anything to be critical of with the staff. The staff are well trained"; "They are skilled. So helpful and kind to people" and "The staff know what to do and genuinely care."

Care staff told us they felt they had the training they needed or could access this training on request. Comments included: "My training is up to date"; "I have everything I need I am very happy"; "I have had two days dementia training. It helps you understand a bit more when they're aggressive or call you names" and "I have the skills I need."

Staff told us they could request additional training including national and local qualifications. One member of staff told us they had achieved a level three national vocational qualification in health and social care and they had been supported through this process. Another member of care staff told us they had completed a local recognised dementia link worker course and provided informal dementia training and support to their colleagues. The registered manager spoke positively about identifying senior care staff as being trained to train other staff members. Their aim was to ensure staff had access to dedicated support and training within the home.

Care staff had access to supervisions (one to one meeting) and appraisals with their line manager or the registered manager. Staff told us they had received appraisals which enabled them to discuss any training needs or concerns they had. Staff also told us they could always meet with their line manager, care co-ordinators and the registered manager to discuss concerns when necessary.

People's consent and agreement was asked for by staff before they delivered their care. We observed on many occasions staff asking people if they were happy for staff to support them with specific tasks. For example, when staff assisted one person with their nutritional needs, they asked if they were happy to have support. Staff were aware of the Mental Capacity Act 2005 and the principles that underpin this. 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. Staff spoke about the Mental Capacity Act and how they assisted people with their choices. One staff member said, "You can't say a resident with dementia doesn't have capacity. They can make some

decisions. Sometimes it's difficult for them and you have to make decisions in their best interests but this changes. It should be at the time. One day they may know, the next they may not." Another member of staff said, "You have conversations with people and try to make decisions simple for them. If they do not understand we will do a capacity assessment. An example is personal care. If they are refusing we will check their understanding. It's in a person's best interest to be clean. We will discuss with the people who know them best, try another member of staff later in the day, see if it's because they prefer a male or female carer. Sometimes you can tempt them with a bubble bath. If they have capacity though we still do all this but it's their choice."

The registered manager, provider and representatives of the provider ensured where someone lacked capacity to make a specific decision, a mental capacity assessment and if necessary a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they were to leave the service unsupervised. The provider made a Deprivation of Liberty Safeguard (DoLS) application for this person. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care and nursing staff knew which people had DoLS in place. People's care and risk assessments reflected their DoLS applications and documented how the list restrictive options were taken.

People and their relatives told us they enjoyed their food. Comments included: "I enjoy my food here", "I never go without, if I want something I have it, usually there is more than I need" and "They offer me food when I visit, so I can have a meal with them. I think the food is really good".

Meal times were calm and relaxed. Most people ate in the dining rooms but some preferred to eat in their bedrooms. Staff gave people the option for where they would like to have their meal. People were given a choice of two meal options at the beginning of the meal. A sample of each meal was plated up so people could have more information to make their decision, such as what the food smelt and looked like. If someone declined the options on offer then the chef would prepare whatever the person wanted as long as it was available. Where people needed assistance with eating staff supported them in a dignified way. For example, one member of staff sat down with a person and engaged with them throughout, ensuring the person had their meal in a comfortable and relaxed pace.

Where people were at risk of dehydration or malnutrition clear records were in place of how they were supported. Care staff knew how much people needed to eat and drink and spoke positively about raising concerns. People had drinks available to them throughout the day. One senior care staff spoke positively about how they had changed staff allocations to ensure people were being supported with fluids.

The chef was knowledgeable about the needs of the people and showed us how they kept a record about their likes and dislikes. This included special diets such as diabetic diets or gluten free. The chef said that people can "have what they want within reason." The chef was given clear information of where people required additional food or support. For example, if someone was at risk of malnutrition, the chef was aware and would provide fortified foods (foods where extra calories have been added such as using cheese, cream and milk).

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care.

Good

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of care staff. Comments included: "They (carers) are very nice and do everything"; "They're (staff) all extremely very kind to them"; "I think the home Is good. There is a happy atmosphere. Cheerful and happy" and "I really think it is a caring place."

Care staff interacted with people in a kind and compassionate manner. Care staff adapted their approach with people according to their communication needs. For example, care staff assisted one person with their mobility; they discussed with them how they were going to be assisted and where they were going. The person was happy throughout and afterwards asked for a drink of squash. Staff respected their request and gave them a drink of their choice.

People looked cared for. They looked clean and appropriately dressed for the weather. Personal grooming needs such as hair and nail care needs were met. The activity coordinator contributed towards ensuring people's grooming needs were met. We observed them giving one person a manicure and painting their nails. The activity coordinator was patient and helped the person to choose their preferred colour of nail polish and chatted to the person whilst doing their nails. The person seemed to really enjoy this activity and said "It's lovely". One relative told us, "They (relative) are always clean and well presented. They always look smart, as they always have done."

People were supported to make choices about their appearance. For example, one member of staff assisted one person to pick their outfit for the day. They provided the person two choices and talked through the choices. The person enjoyed this interaction and was happy with the outfit they chose.

Staff spoke to people as an equal and supported them to maintain their independence. For example, we observed one member of care staff assisting a person with their nutritional needs. The person's needs and ability varied on a daily basis. The member of care staff explained how sometimes they needed to support the person fully, and other times the person could assist themselves independently. The staff member told us how they assessed the person on a daily basis to ensure their nutritional needs were met. We observed the staff member take time to sit with the person and encourage them to enjoy their lunch.

People were supported with their personal care discretely. Staff had an appreciation of people's individual needs. People were never rushed and when staff were caring for people they gave them their undivided attention. We heard people and staff engaged in lively and friendly conversations during personal care. Staff explained what they were doing and put people at the centre of their care.

Care staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs with staff, staff confidently spoke about them. For example, one care staff member was able to tell us about one person, including how they liked to spend their days and the things which were important to them. One member of staff told us how they ensured one person was supported if they became anxious by providing them with a soft toy. We observed staff ensure this person had their soft toy with them which helped to reassure them.

People were able to personalise their bedrooms. One person had items in their bedroom which were important to them, such as pictures of people important to them. Staff respected the importance of people's bedrooms. They ensured people's bedrooms were kept clean and knocked on bedroom doors before entering.

People were treated with dignity and respect. We observed care staff assisting people throughout the day. One person was being cared for in bed. Staff regularly checked on this person. They always knocked on the person's door and introduced themselves. They clearly asked the person if they required any assistance. All staff were aware of the person's needs and spoke positively about respecting the person.

People were supported to make advanced decisions around their care and treatment. For example, one person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to go to hospital and have any treatment which would sustain their life. Another person had made a decision with their family that they did not wish to be resuscitated in the event of cardiac arrest, and this had been clearly recorded on a 'Do Not Attempt Resuscitation' form.

Requires Improvement

Is the service responsive?

Our findings

Some people's care records were not always current or reflective of their needs. For example, two people's care files contained conflicting information about the care and support they required. One person's care plans gave different instructions for staff regarding thickened fluids and pureed diets. This meant the person may be at risk of receiving a diet which was not tailored to their individual needs. Care staff and the clinical lead informed us of the diet they provided to the person and that they had not had any incidents of choking or aspiration. The clinical lead made a referral to the Speech and Language therapy team to ensure they were meeting the needs of the person.

For another person, their care plan provided inconsistent information with regard to their mobility needs. We discussed these concerns with the registered manager, who informed us that due to staff absences not all care plans had been reviewed. Following the inspection the registered manager provided us with an action plan which detailed how and by what time they were going to ensure people's care records were accurate.

Before people came to live at the home their needs had been assessed. Peoples care records contained personalised information about their health, social care and spiritual needs. They reflected how each person wished to receive their care and support. For example, one person's pre admission document stated "dislikes baths, prefers a shower". Their preference had been recorded in their personal care plan.

Whilst we found some discrepancies in people's care plans we found that the majority of people's care needs were documented in their care plans. People's care plans included detail on the support each individual needed which included support with their mobility, medicines, personal hygiene, communication and nutrition. People's care plans were detailed and updated when people's needs changed. For example one person's needs had changed regarding the emotional support they required, this was clearly documented to ensure staff had current advice to follow. People's care plans contained detailed information for care and nursing staff to follow and provided them with step by step guidance on how they were to assess the individual person's needs.

The majority of people's care plans were being reviewed on a monthly basis. Nursing staff reviewed all aspects of their care to ensure the care plans were current and reflective of their needs. However where changes had been identified these were not always clearly recorded. For example, one person's health had deteriorated prior to the inspection and the support they required wasn't clearly recorded. However the care staff and the registered manager were able to tell us about the support the person required and how this met their needs.

People's relatives told us they were informed of any changes to their relative's needs or any incidents. One relative told us, "I'm informed and involved. They let me know of any changes or if there are any entertainment events in the service." People's care records showed often showed where staff had contacted people's family to ensure their needs were being met.

People benefitted from a busy and varied activity programme. During our inspection people were engaged in an exercise session. For example, two people were throwing and catching a ball and were enjoying this. Staff engaged people with adhoc activities throughout our inspection, which included arts and crafts, exercises, reading, music and manicures. Staff involved people in tasks within the home, which provided people with a sense of purpose. For example, one person helped a member of staff unpack a delivery into the home. The person led the task, telling the member of staff where to put things. One member of staff told us, "They like being engaged in tasks and little jobs. They also help set the dining room tables. It helps them to keep calm and gives them a purpose." The person clearly enjoyed being involved and was happy after this activity.

The activity co-ordinators supported people to maintain their personal relationships and also access the local community. For example, during our inspection, they supported one person and their relative to go for a walk. Staff had been authorised to deprive this person of their liberty as they were unaware of the risk to their health in the community. Clear risk assessments were in place for this person. We were told they enjoyed going out with their relative and was happy to come back to the home. The person's relative told us, "They're really engaging with her."

The activity co-ordinators carried out a variety of events for people to enjoy. Two relatives spoke positively about a recent valentine's event, where people's relatives were invited to the service. This included a "blind date" play. One relative told us, "They had a valentine's day party. It was well thought out, amazing." Another relative said, "They do put on a lot of entertainment for them."

The activity co-ordinators had a clear vision of how they wanted to further develop activity provision within the home. They had plans to develop a matrix of activities to clearly evidence what activities people enjoyed and then tailor the activities to people's needs. They also had a clear list of events they wished to plan, which included a play performed by staff in the home. As well as this the activity co-ordinators kept a picture based diary of the activities people enjoyed at Deanwood Lodge, which included trips into the community. This record was shared with people's relatives to show them the activities people enjoyed.

The provider had a complaints policy. People and their relatives told us they knew who to contact if they had concerns around the service. Since our last inspection the people's relatives felt confident their concerns would be responded to by the registered manager. For example, one relative told us, "We're working with the registered manager around activity based activities. They are very accommodating."

The registered manager kept a record of complaints and complements they had received. They recorded how many complaints were received on a monthly basis. Where complaints had been received these were recorded alongside a clear response to the concerned party. Where lessons could be learnt, these were discussed with staff.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and provider did not always have effective systems to monitor and improve the quality of the service people received. For example, at this inspection we raised concerns to the registered manager regarding the storage of people's slings and fire evacuation routes. Whilst immediate action was taken to address some of our concerns, the provider's systems to monitor the quality of the service had not identified these concerns prior to our inspection. The registered manager and representative of the provider discussed with us the action they would take to reduce further incidents of concerns in these areas, which included raising staff awareness on the issues.

When concerns had been identified by the registered manager or provider, effective actions were not always documented and taken. For example, the registered manager and a representative of the provider informed us that concerns had been raised regarding some processes in the service, including the care and risk assessments of people, however there was no action plan for how these shortfalls were going to be addressed. For example, we found some people's records had been audited in December 2016 and shortfalls had been found, however no action had been taken to address these concerns. Some people's records were not reflective of their needs and provided conflicting information. Following the inspection, the registered manager provided us with an action plan of how they were planning to address this concern.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were effective at responding to concerns raised to the service. For example, prior to our inspection concerns had been raised to the service regarding quality issues and record keeping. The registered manager had taken effective action to discuss the concerns with care and nursing staff. They had also arranged for training with a legal professional regarding record keeping to ensure staff were aware of the importance of keeping current and accurate records.

However, the registered manager had plans to develop and improve the quality of the service. For example, the registered manager informed us they were sending staff on team building sessions as they wished to develop and promote team work and staff morale. Staff were heading off to the team building event during our inspection. One member of staff who had been on the event told us, "It was good. I think we all get on and work well."

People and their relatives spoke positively about the registered manager and felt they were approachable. Comments included: "They are very good, if you bring up a problem he will deal with it. Before (registered manager) there were issues that didn't get resolved. It is a lot better now"; "I can go to (registered manager) and I'm very confident it would be dealt with" and "(Registered manager) is always available and gives warm words and reassurance. That's been very important."

Staff were positive about their role and the support they received from the team and registered manager. Comments included: "I think we are incredibly supported"; "The registered manager is very approachable"

and "Really supported." They explained that the registered manager was approachable and would always answer their concerns or queries.

Feedback received from a community nurse praised the level of service offered to people and the way the registered manager and senior staff communicated with them. They said "Seniors are very good at highlighting concerns and raising concerns. Communication is very good. We have a good relationship. There are a lot of vulnerable people here and they are very good, very proactive. The manager is very approachable, open and communicates well with us."

The registered manager had effective systems to seek people and their relative's views and monitor areas of care such as management of medicines and incidents and accidents. Where these audits identified shortfalls action was taken to ensure the quality of service was improved.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems established to ensure compliance were not always operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a) (b) (c) (e).