

Country Court Care Homes 3 OpCo Limited

Lostock Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 7 and 8 June 2017 and the first day was unannounced.

This was the first inspection of the service since it was registered with the Care Quality Commission on the 17 January 2017.

Lostock Lodge comprises a 66-bed care facility over three floors. It offers accommodation and personal care to adults with a physical disability or those living with dementia. Additionally, it offers respite care for individuals who need a short break away from their home, are uncertain about moving into a care home permanently, or require support following hospital treatment. At the time of the inspection there were 20 people using the service.

There was a registered manager 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.

We found that there were Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that related to Staffing and Good Governance.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

At the start of their employment staff underwent a period of induction and this included the shadowing of other staff. We found that some staff had not been provided with training in key aspects of their role such as moving and handling, first aid, safeguarding, fire safety and infection control. This meant that there was a risk that staff did not have the appropriate knowledge and skills to provide support in a safe and effective way.

People received care and support from staff that had been through recruitment procedures to ensure that they were of suitable character to work in this setting. However, we found that there were occasions where staff had started prior to all the checks being made.

People told us that the building was clean, warm and comfortable. We found that improvements were needed to ensure that the building was 'dementia friendly'. We made a recommendation that the registered provider take due consideration of best practice guidance in regards to this.

The registered manager and registered provider ensured that audits were carried out on a regular basis in order to monitor the quality, safety and effectiveness of the service. Where issues had been identified action was taken to minimise further occurrences or to make improvements to the service. However, we found that

the audits were not robust enough to pick up all of the issues found on inspection. When these matters were raised with the registered manager she responded quickly and positively to ensure changes were made.

Care plans and risk assessments were in place to help staff deliver support in line with a person's wishes, preferences and personal history. Not all staff had read these to help them develop awareness and understanding of a person's needs. Staff had relied on handover to discuss a person's needs and any changes to the support required. This meant that the correct support may not be delivered. The registered manager was taking steps to remedy this.

Updates were made to care plans and risk assessments where there was a change in a person's support requirements. We spoke to the registered manager about the need to complete a new care plan where there were significant changes in order to clearly direct staff in managing certain aspects of a person's care.

People and their relatives made positive comments about the care received and were complimentary about the food. Observations indicated that people were happy at the service and there were warm and friendly interactions with staff. People had the opportunity to take part in a number of activities of their liking.

Where people were not able to indicate what they wanted, staff knew them well enough to anticipate their needs. The requirements of the Mental Capacity Act 2005 were met and staff helped people to express themselves and to seek consent. People told us that they were given choices, allowed to take risks and staff included them in decision making. Applications had been made under the Deprivation of Liberty Safeguards where it was felt a person's liberty was being restricted or deprived.

Staff were aware of what was meant by safeguarding adults and aware of what things they needed to report. They said they were confident to report matters of concern.

People were aware of how to make a complaint. They said that the staff and the registered manager were always available and would have no hesitation in going to them with worries and concerns. The registered manager responded in a timely manner to any complaints or concerns and was open and transparent where issues had arisen.

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 completely safe.

Support had not always been provided in a safe manner which had placed people at risk of harm. Staff recruitment had not always been robust and people had started without the required checks being in place.

Accidents, incidents and safeguarding matters were identified, investigated and responded to.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

Not all staff had been provided with the training, skills and knowledge they required in order to provide safe and effective care.

Staff demonstrated an understanding of the Mental Capacity Act and decisions were made with the consent of the relevant person.

Staff monitored a person's health and wellbeing and sought appropriate advice from health professionals.

Is the service caring?

Good ●

The service was caring.

People said that the staff were kind, considerate and looked after them very well.

Staff were observed to deliver support whilst promoting a person's dignity, privacy and independence.

People were encouraged to participate in making decision about their care and the service they received.

Is the service responsive?

The service was not fully responsive.

People had support in line with their preferences and wishes. They told us staff responded to their changing needs. Some improvements were needed to records in order to reflect this and to ensure people had the support required.

There were lots of opportunities for people to be involved in activities and social events. People were encouraged to come together and had started to make friendships.

A complaints procedure was in place which people were aware of. People had confidence that their concerns, grumbles and complaints were taken seriously and responded to.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The registered provider had failed to ensure that staff had the training they required in a timely way. Not all of the learning from safeguarding matters had been resolved.

Quality audits were in place but they had failed to highlight all of the matters raised on inspection. □

People and staff had confidence in the registered manager and told us she had an active role within the service.

Requires Improvement ●

Lostock Lodge Care Home

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 7 and 8 June 2017 and the first day was unannounced.

The inspection was carried out by an adult social care inspector.

Prior to the inspection, we reviewed information that we held on the service such as notifications, complaints and other relevant feedback.

We talked to 14 people using the service and 12 of their relatives and friends and a visiting professional. We also interviewed nine staff who were on duty. We spoke with the local authority's 'Safeguarding and Commissioning Team' to seek their view on the service.

We undertook some pathway tracking; this involved speaking to people and undertaking a review of all records of relevance to them. We also reviewed a sample of eight other care plans and twelve medication administration records.

We reviewed information in relation to the running and management of the service. This included seven recruitment files, supervision and training records, quality audits, policies and procedures, and minutes of meetings.

We also took into account information that the registered manager sent to us following the site visit.

Is the service safe?

Our findings

People told us that they had no concerns about the safety of the service or the support that they received. Comments included "I am very safe here as the staff keep an eye out for me", "I have every confidence in all of the staff: even the new ones are watched to make sure they know what to do" and "I am able to do things under the guidance of staff and that keeps me safe".

Relatives supported this view and comments included "This is an exemplary service: things go wrong sometimes but it's what they do about it is the important thing" and "I walk away knowing (relative) is well looked after and safe. I can't tell you how good that feels".

Staff had an understanding of safeguarding adults and what were the types of abuse they needed to be alert to. They also knew how to report this internally and externally. The registered manager submitted to the local authority information on monthly basis information about incidents that had occurred where care and safety had been compromised: this included medication errors, repeated falls, inter-resident issues or situations where the care plan had not been followed.

Prior to the inspection we were aware of incidents where people had come to harm or had been exposed to a risk of harm. We found that staff had not followed a risk management plan and failed to use equipment appropriately. Although care plans and risk assessments were in place, there were inadequate processes in place to ensure that staff read them and understood the support that was required. Following this incident, the registered manager had given staff a deadline by which they were to read and sign all existing care plans. We found that staff had not met this deadline. A directive had also been sent out to state that staff should not provide support to a new person unless they have read and understood the information in the care plan.

More detailed information was also included on a handover summary. This provided staff with the key aspects of a person's care and acted as a prompt for staff to provide any updates or changes to care, support or equipment required

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not robust systems in place to ensure that care and treatment was provided in a safe way.

The premises were new and well maintained. Systems were in place to ensure that safety standards were maintained with checks and audits on a regular basis. Emergency plans were in place for individuals in the event of having to evacuate the building or where the continuity of the service was compromised.

Staff were aware of what constituted good infection prevention and control. Housekeeping staff had knowledge of what was required from them in order to maintain the premises and laundry systems. Staff were observed to use personal protective equipment such as gloves and aprons. This meant that people were protected from the risks of acquired infection.

There was a process in place for the reporting and investigation of accidents and incidents. A record was kept of the key factors such as what had occurred, when, where and whether it had been observed. An investigation was carried out after each occurrence and steps taken, where applicable, to minimise risks as far as possible. For example: a number of people had repeated falls and so falls sensors, pendant alarms, increased monitoring or changes to the layout of bedrooms were implemented. We found, for some, this had reduced the number of recorded incidents. The registered manager reviewed this information and was able to identify themes and trends with individuals or throughout the service.

People told us that staff were "Prompt", "Always available" and "Quick to come". There were adequate numbers of staff to meet the needs of people living at the service. The registered manager reviewed call bell response times regularly to ensure that people did not have to wait an unacceptable amount of time for staff. As the service was new, as occupancy and dependency levels changed, staffing levels were being reviewed regularly to ensure that they continued to meet the needs of people.

Staff undertook the management and administration of medication for people who lived at the service. People said they had been given the option to manage their own medication but preferred the staff to do this on their behalf. Medication was stored securely and appropriately in line with manufacture's guidance. A Medication Administration Record (MAR) was in place and the sample we reviewed were correctly completed and reflected the stock available. There was information available to staff to ensure that creams or patches were applied appropriately. Where mistakes or discrepancies had been highlighted through internal audit, matters were raised with staff concerned and a review of their knowledge and competency undertaken.

Sometimes staff supported people with medicines that were prescribed to be taken as when as required (PRN). People did not have a care plan in place to indicate to staff the circumstances in which this medication should be given. Where a variable dose was prescribed, there was no guidance as to how much medication should be given. It is important that this information is recorded and readily available to ensure people are given their medicines safely, consistently and in line with their individual needs and preferences. We brought this to the attention of the registered manager and corrective action was taken promptly to ensure that appropriate care plans were put in place.

Some people's records indicated that on occasions they may refuse to take their medication. There were no risk assessments in place to demonstrate if a person had the mental capacity to make that choice or what staff should do if they refused. We brought this to the attention of the registered manager and corrective action was taken promptly to ensure that appropriate care plans and risk assessments were put in place.

Staff had completed an application form and from our sample we found these to be detailed. A full employment history was required and any gaps were discussed and verified. References were taken up and checked to ensure they were true and accurate. Staff had a check from the Disclosure and Barring Service (DBS) to ensure that they were of suitable character and skill to work within the service. We noted that some staff had initially started work prior to this check having been completed. A risk assessment had been put in place and staff had not worked unsupervised. However, no adult first check had been completed in line with guidance from the DBS service and this was contrary to the registered provider policy. We spoke to the registered manager who informed us that recruitment checks now took place at a local level rather than by 'head office' and this no longer occurred.

Where there had been performance issues or concerns with staff, appropriate advice and support had been requested from Human Resources (HR) department and matters addressed in an appropriate manner.

Is the service effective?

Our findings

People told us that their wishes and views were respected; they were offered choice and consulted in decisions about their care. People also said that they had confidence in the staff and felt they were competent. Comments included "The staff seem to know what they are doing", "Some staff have done this job for years and are very good" and "Some of the newer ones need more training but they are always under scrutiny".

We found that staff had not all received the training deemed by the registered provider as essential to their role. Some staff told us that they drew upon skills and knowledge they had developed in previous employment as they had not yet received the required training at this service. The training records provided following the inspection identified that 78 % of staff had completed Moving and Handling training, 79% Safeguarding, 96% Mental Capacity and Deprivation of Liberty Safeguards (DoLS), 78% Fluids and Nutrition, 88% Health and Safety, 82% Infection Control, 52% COSH, 85% Record Keeping, 89% Equality and Diversity and 99% Person Centred Care. The registered provider had included in these figures training that staff had received post inspection, in previous employment or whilst undertaking a vocational certificate. Whilst, some staff may have received training previously, the registered provider cannot be assured of the quality of that training or staff application of that knowledge. Following the inspection, the registered provider provided details of training planned up until the end of 2017.

A concern had been raised by an external agency that staff did not have the skills to provide first aid when a serious injury had occurred. The registered manager had acknowledged that staff on shift at the time had not received appropriate training. At the time of the inspection, we were informed and confirmed that there were not enough staff having completed emergency aid training to ensure that a suitably trained and competent person was on each shift. Following the inspection, further training was provided to remedy this situation. We were informed subsequent to the inspection that 74% of staff had completed Basic Life Support training and 55% had completed Emergency First Aid training. The rota is now completed monthly and first aiders are allocated on each unit to ensure there is at least one first aider on shift.

We had noted from some of the incidents that occurred within the service that some people had behaviours that challenged staff and other people. Some of the interventions from staff were not always appropriate to the situation and it was clear from reports that some staff had a greater understanding than others as to how to react in a given situation. 48% of staff have completed training in dementia awareness but none had received training in managing behaviours that challenged. Following the inspection, we were informed that the registered provider had taken steps to make arrangements for training staff in regards to managing challenging behaviour

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not ensured that they had suitable numbers of staff with the competence, skills and experience to provide care and treatment in a safe way. Staff had not received appropriate training and support to enable them to carry out duties.

Some people at the service had specific needs that required staff to have greater knowledge and understanding such as diabetes or the prevention and management of pressure ulcers. No specific training or information had been provided for staff. Following the inspection, the registered manager informed us that she had sourced training material and this was to be cascaded to staff over the forthcoming weeks.

Staff told us that they felt well supported and that they had the opportunity to discuss matters of concern or seek guidance from more senior members of the staff team. Staff had received an initial supervision during their induction period to ensure that they were developing the competence to carry out their work independently. All staff were being enrolled on the Care Certificate. This is a set of standards that all staff should adhere to. Staff were to be given the opportunity to obtain qualifications such as the Diploma in Health and Social Care (QCF).

We were informed that the service was 'purpose built' to meet the needs of people with physical disabilities but also people who were living with dementia. We found that the needs of those with a physical disability were catered for as there were appropriate facilities in place to promote independence such as shower rooms, sensor lighting and wide corridors. A number of people had electric scooters which were manoeuvrable around the building and allowed people to be independent in getting about. Kitchenettes were in place on each floor and people could make themselves or visitors a drink at any time. There was also a hairdressing room, relaxation suite, library, piano, cinema and gym.

The registered provider had stated they are also a dementia specialist service. During our inspection we found that the environment was not dementia friendly. There was no clear signage to help aid orientation of people living with dementia. We saw no evidence of any items of interaction or stimulus in the environment which could be used to support reminiscence and way finding such as memory boxes or personalised room signs. There were no items of familiarity in place to support people living with dementia to understand what a room, cupboard or space was used for. An example of this may be where pictures of food and drink in the environment are used to help people to identify the dining area. The décor consisted of a number of different patterns and colours both within the flooring, walls and accessories such as curtains. This meant that people were at risk of increased confusion and distress and their independence being limited as the environment did not specifically cater for their needs.

We recommend that the registered provider seek guidance and take action in regards to the best practice guidance on making an environment suitable for people living with dementia.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes is 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.

Staff had a basic awareness of the MCA and DoLS. Staff were able to tell us what they understood by a DoLS and in what circumstances it may be required. We found that the registered manager had applied to the

local authority for authorisation where it had been identified that restrictions on a person's liberty were in place such as in relation to access to the building or outside, use of bedrails and levels of supervision. Where restrictions or restraints on a person's freedom were in place, staff had considered all other least restrictive options first. For example: the use of crash mats and extra supervision as opposed to bed rails.

People told us that staff asked their permission and sought their consent to care. Comments included "Staff always ask me before they start to assist me" and "They would never make me do something I would not want to do". Where people may not be able to make a decision for themselves, staff were aware that they had to act in a person's 'best interest' and a record of this was kept. For example: some people could not consent to their medication but were 'happy' to take it as prescribed. A mental capacity assessment in regards to this decision had been undertaken and a best interest decision recorded.

Some people wanted to do things that placed them at risk such as not summoning assistance, walking without aids, refusing to have thickened fluids and being at risk of choking. Staff spoke about the dilemma about people taking risks as they had a right to self-determination where deemed as having the capacity to decide.

Some people had a Lasting Power of Attorney. Staff knew that this meant and a copy of this was placed on a person's file. This meant that staff could be more assured of making decisions with the consent of the relevant person.

Relatives told us that staff were prompt and vigilant in recognising when someone was unwell or required a visit from the GP. One commented "My relative can have water infections but the staff are really great at recognising the signs and they get advice quickly". People were supported to ensure that they had adequate dietary and fluid intake. Care plans outlined what actions were required where people were deemed to be 'at risk' and required monitoring and oversight. We observed staff encouraging people throughout the day to eat and drink. Records were kept of a person's intake as well as things offered, to allow for a greater oversight where there was a risk. This information was used to inform on-going levels of support or to trigger where additional advice was required from a Dietician, GP, Speech and Language Therapist etc.

Is the service caring?

Our findings

People were all very complimentary about the staff and how they were supported. People said the staff were "Caring", "Responsive", "Attentive", "Helpful" and "Welcoming". One person said "From the minute I came through the door, I knew I would be happy here as it is such a cheerful place". Relatives and friends confirmed this view. One explained that their relation had previously been at a different care home but had not settled whilst another spoke about a person's reluctance to initially consider a move. Both said they believed it was the staff's kind and caring approach and the environment that had made all the difference to their relative's current experience.

People had the opportunity to be involved in the recruitment process so they had 'a say' choosing in the staff that could support them. People had the opportunity to ask prospective staff about the things that concerned them such as punctuality, balancing home and work life, interaction with others and reliability.

Upon admission, staff spoke with people about aspects of their support where they may have a strong preference such as what they liked to be called or the gender choice of staff to provide their support. This was recorded in care plans and people confirmed their wishes were met.

Relatives said that one of the good things about the service was the communication between themselves and the staff. They said that they were kept informed about significant events or concerns in regards to their relation. One person said "It's hard to let go when you 'hand over' the reins but staff make sure I am fully involved and keep me updated as to how [relative] is" and another said "I feel completely included in my relative's care"

There were monthly 'residents meetings' and everyone was encouraged to take part. People's views were sought on food, entertainment and activities. Any suggestions were taken on board.

People had a pleasant dining experience and were encouraged to sit at the table. People said that the food was "Excellent", "Plentiful" and "Tasty with a choice". We observed that people had started to forge friendships and meal times were seen as a good opportunity for people to get together.

People told us that staff maintained their dignity by ensuring that they were given the opportunity to use the bathroom in private and ensured that doors were always closed during personal care interventions. One person said "Staff always knock before they come in, they would never just walk in on me" and another commented "Staff do whatever they can to 'protect my modesty' when they are helping me wash or use the bathroom".

Staff maintained confidentiality when speaking together about people ensuring that conversations were held away from people who could overhear. Records were kept securely in order to ensure privacy of personal information.

Is the service responsive?

Our findings

People told us that staff met their needs and responded well to any changes. Comments included "They already know me well and they help me with lots of things", "Staff help me to be independent and they have helped me get moving after a recent fall".

Prior to coming to live at the service, a member of the staff team carried out a 'pre-assessment'. Staff told us that it was essential that they had the right equipment and information to ensure they could meet the needs of everyone who came to live there.

People had a care plan in place to direct staff as to how to best meet their needs. This included information about personal preferences, likes and dislikes, equipment required and health and support needs. People confirmed they were involved in the writing of their care plans.

Some people's needs had changed since admission and care plans contained numerous updates and changes of need. We spoke to the registered manager about the importance of compiling a new care plan when a person's needs had significantly changed as there was a risk that key information could be lost within all of the additional entries.

Some people had current or previous medical conditions that had specific associated risks. Care plans did not always provide specific information in regards to the monitoring of health conditions. For example, records indicated people received support from staff to monitor their diabetes. There was no information to guide staff as to what are the risk factors for someone with diabetes, the symptoms of high or low blood sugars or the actions they would take should someone appear unwell. Others took medication that placed them at risk of excessive bleeding or bruising. However, there was no information to direct staff as to what precautions or actions to take. We found another person had a history of an infection disease but there was nothing to highlight this to staff as it could reoccur and staff needed to be vigilant to this. This meant that the care provided may not be safe and effective in highlighting or addressing concerns. Immediately following the inspection, the registered manager took corrective action and forwarded to us some completed care plans which covered these areas of concern.

People's care needs were appropriately monitored. Charts were kept for the purpose of monitoring or oversight of people's health and wellbeing such as food and fluid intake, elimination and weights. These were consistently completed. They were reviewed by a senior member of staff in order to identify if there were any new or on-going concerns. This meant that records were used to enable staff to monitor people's health and welfare or to make changes to ensure that people received the care and support they required.

There was a wide range of activities that people could join in with and due to current occupancy levels; staff had the time to spend one to one time with people. Relatives told us that staff had spoken with them and their relation to find out the things they liked doing previously. Staff found that interests included crown green bowls, skittles, table tennis, quizzes and reading. All these were catered for within the service. People were also supported to go out for meals, to watch a football game or to get a paper from a local shop.

The registered provider had a complaints policy in place. People and families said that they had not had cause to make a formal complaint but would go the management team if they needed to. It was felt that most issues could be dealt with informally and people felt able to speak about concerns openly. They said that the registered manager was approachable and listened to any issues. A record was kept of 'complaints, concerns and grumbles' along with any investigation and written response.

Is the service well-led?

Our findings

People we spoke with said that the service was good and that the registered manager was always available to talk to. Relatives told us the service was well run and all of the management team were approachable. One said "The manager's office is right by the front door and she has a window onto the hallway... so there is no escape for her from anyone. She is always available".

There was a registered manager who was registered at the service from 18 May 2017. During the inspection we saw the registered manager was active in the day to day running of the service. She carried out a 'walk about' of the service regularly to meet people and relatives. She also carried out night visits to check on activity outside of 'normal hours'.

Quality Audits were in place to review and monitor the overall safety and effectiveness of the service. These included medication, care plans and records, the environment, infection control, accidents and incidents. We found that these audits had been effective in picking up some concerns and ensuring that corrective steps were taken. For example: medication audits had highlighted errors in recording and administration.

However, the process was not robust enough to highlight or address all of the issues raised in the process of the inspection. Once matters were brought to the attention of the registered manager corrective action was taken where she was able. The registered manager informed us that she was not able to directly address the issues in regards to training or the environment as these were matters for the registered provider that had been brought to their attention.

We found that the systems in place had not identified or addressed the concerns and risks we found in regards to staff training. The registered provider had failed to ensure that systems were in place to provide staff with training in a timely manner.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider failed to ensure that the systems and processes in place were robust enough to identify where quality, support or safety could be compromised.

The registered manager was aware of her responsibilities. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was knowledgeable about these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events.

People and relatives informed us that the registered manager was "Open", "Honest" and "Fully transparent". They told us that she was quick to apologise verbally and in writing when things went wrong. Where significant incidents had occurred we found that the registered manager had been open and transparent with the person and interested parties. The registered manager spoke with us about the "Duty of Candour". The registered manager and staff were aware of the requirement to be open and honest about a person's

care and treatment if things have gone wrong and the importance of making an apology.

Meetings were held on a regular basis with people who used the service to ascertain their views on the support they received. An action plan was devised following each meeting and circulated with the minutes. This was reviewed at the next meeting: issues raised and resolved included a suggestion box, activity planner, better use of the garden area and improvements at meal times. Currently, meetings were not held with relatives but the registered manager stayed late on a Monday night so people could ring or pop in to see her.

A newsletter had been produced to let people, relatives and friends know about things of interest within the service and the plan was for this to be done on a regular basis. People were encouraged to contribute items for inclusion.

Meetings were also held with staff groups. These were used to discuss wider issues that were pertinent to the running of the service, matters relating to staff training and development, learning from incidents as well as concerns in regards to people who lived at the service. A weekly memo had also been introduced for staff to cascade information on a more frequent basis.

The registered provider made policies and procedures available to staff in order to assist them to follow legislation and best practice. Not all staff had yet signed to confirm they had read all applicable policies and procedures.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure that care and treatment was delivered in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective governance, including quality assurance and auditing systems in place.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure that staff received appropriate training to enable them to carry out the duties they are employed to perform. There were insufficient numbers of staff suitably skilled and competent.

The enforcement action we took:

We issued a warning notice and told the registered provider to be compliant with the Regulation by 31 August 2017.