

Mrs Nahida Arif

Old School House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 14 May 2018. It was an unannounced visit to the service.

We previously inspected the service on the 19 and 20 October 2016. The service was rated Good at the time. However, the provider was failing to support people in line with the Deprivation of Liberty safeguards (DoLS). We found a breach of the Regulations of the Health and Social Care Act 2008. We asked the provider to complete an action plan to show what they would do and by when to improve the key question, Effective to at least good. At this inspection we found improvements had been made.

Old School House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection ten older adults lived at the home.

The service had 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.

Providers have responsibilities to ensure buildings and premises are safe for people to reside in. We found gaps in some of the required checks to manage and control the risk of Legionella. On the day of the inspection we found some remedial actions were required to ensure bathroom and toilet areas could be cleaned effectively. At the time of our inspection no call bell system was working. One person had been distressed by the delay in staff attending to their needs as a result.

Care providers should ensure medicines are stored within manufactures guidelines. Medicines which require refrigeration need to be kept between a specific temperature range. The records maintained about fridge temperatures did not always demonstrate this was the case. We have made a recommendation about this in the report.

Throughout the inspection we asked to look at documents which could support compliance with the Regulations of the Health and Social Care Act. We found some documents were not available on the day and gaps in record keeping. A number of issues had been highlighted to the registered manager; however, they were unable to provide us with evidence of remedial action taken. For instance, an electrician had issued an unsatisfactory report in November 2017 and no action had been taken.

We found the Old School House presented a homely environment to people. We received lots of positive feedback from people living at the home and their relatives. Comments included "It's fantastic," "The staff are very caring and I could not ask for better," "We are so lucky here," "Everyone [Care workers] are so good here."

People were looked after by staff who knew how to support them in a dignified manner. Staff had good knowledge of people, their likes and dislikes. A relative told us "The staff treat the residents with dignity and there is a lot of warmth and laughter between residents and staff."

People had access to meaningful activities. When day trips were organised family members were always invited. There was a wide range of activities for people to join in with. People who choose to stay in their room had one to one sessions with activity staff.

People and their relatives were involved in decisions about the care. Staff knew how to support people made decisions and encouraged independence.

Staff felt supported by the registered manager and relatives told us "The team is well led." A relative told us "The home is superbly run by [Name of registered manager] and her team, nothing is too much trouble and I am always made immediately aware if any member of the team have any concerns relating to my Mum."

You can see what action we told the provider to take at the back of the full version of the 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 always safe.

Environmental checks were not always carried out as required.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People were supported by staff who had the right skills and experience.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and staff knew their needs as they had got to know them well.

Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making

compliments and complaints about the service.

People had access to a wide range of meaningful activities.

Is the service well-led?

The service was not always well-led.

The provider did not ensure appropriate records were maintained and where remedial action was required this was not always completed in a timely manner.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Requires Improvement 

Old School House

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 site visit took place on 14 May 2018 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector and a specialist advisor who had experience of working with people who were deprived of their liberty.

Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). A Provider Information Return is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider an opportunity to share what it does well and what improvements they had planned to make. We have used the information shared in our judgement. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at Old School House who were receiving care and support, two relatives; the registered manager and three staff. We reviewed four staff recruitment and training files. We looked at seven care plans within the service and cross-referenced practice against the provider's own policies and procedures.

Following the visit to the home, we requested additional information from the provider to help aid our judgements.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in Old School House.

Is the service safe?

Our findings

People and their relatives told us they felt Old School House provided safe care. One person told us "The staff are busy, but they do stop and talk when they can." Relatives told us "I know that they [Care workers] are doing their best" and "I know she is safe at Old School House." Another relative told us "I am very happy that she has a safe place to be."

Providers and staff have responsibilities under health and safety legislation to maintain a safe working environment for themselves and people who they provide support to. One such responsibility is to prevent and manage the risk of Legionella. This is done by having a Legionella risk assessment in place, and identifying a competent person to carry out the required regular checks and maintenance. The Health and Safety Executive (HSE) has produced guidance for care home providers on how they reduce the likelihood of harm to people and staff. The service had a Legionella risk assessment in place, which assessed the risk as low. However, the document lacked some of the required control measures. For instance, it referred to flushing of toilets and running of tap for infrequently used outlets. However, it made no reference to descaling of shower heads. The HSE recommend quarterly descaling of shower heads. We asked the registered manager if shower heads were descaled. They told us staff did this. However, on the day of the inspection they informed us no records were maintained to evidence this. We were told "We just do it." Following the inspection, the registered manager sent through two documents which recorded descaling of some shower heads in February and April 2018. We questioned this with the registered manager. They told us the person responsible for cleaning had records on loose papers. Following our request for information the registered manager had transferred the information onto a recording document. Another control measure which was not detailed in the risk assessment was the requirement to test water temperatures from water storage tanks and water outlets. Hot water temperatures should be taken at the furthest and closest outlet from hot water storage tanks (known as sentinel outlets). The water temperature should have reached 50 Celsius after the water had been run for one minute. Cold water was required to be checked to ensure it was running less than 20 Celsius following two minutes of the water being run. We asked the registered manager if the documents sent to us were all the records of water temperatures made. They told us the records we received were temperatures taken to mitigate the risk of scolding. None of the required water temperature to control the risk of Legionella were made or recorded. The registered manager confirmed this to be the case. The service had mitigated some of the risk as they sent an annual water sample for bacterial analysis. However, they failed to adequately control the risk as water temperatures were not routinely checked.

People were not always protected from premises and equipment that were properly maintained and prevented potential infection. We found floor coverings in one bathroom and one toilet had the potential for inspection to spread. This was because the floor covering was not secured. We discussed this with the registered manager who confirmed after the inspection that remedial action would be taken.

In two bedrooms we found windows could be fully opened. This had the potential for a person to fall from a height. The HSE had produced guidance on how providers can reduce the likelihood of a fall from height. One control measure used is window restrictors. We asked the registered manager how they controlled the

risk of a fall from height. They told us they did not use window restrictors. We advised them one of the other bedrooms and other windows upstairs had them fitted. We asked if a risk assessment had been written for the people who occupied the rooms without window restrictors. On the day of the inspection no risk assessment was shared with us. However, following the inspection the registered manager sent one through.

The service had received an unsatisfactory report from an electrician on 24 November 2017. We asked the registered manager what remedial action had been taken as a result. They advised us "The work will have been completed." We asked to see evidence the work had been completed. No evidence was provided. Following the inspection, the registered manager advised us the work had been booked for 18 June 2018. We found the registered manager was not easily able to provide updates on actions required as record management was lacking. The registered manager told us "[Name of company] electrical work has been booked in for the 18th June 2018 (as it was not urgent) just unsatisfactory."

People told us there was enough staff to support them. We observed mixed practice throughout the day. In the morning, three people were sitting in the lounge. One person had fallen asleep and had unfinished breakfast on a table next to them. We observed this person and they had no staff interaction for over 45 mins. At the time two care staff were on duty. Both were busy supporting people in their rooms with personal care. One person we spoke with was distressed. They told us they had required support from staff with personal care. They told us "I had to wait until she [Care worker] brought the pudding up, as I had no way of summoning help." We questioned this with the person. They told us "There is no call system. They [Care worker] have told me to bang on the floor, but other people complain if I do that." We asked the staff about the call bell system and they told us "If they [resident] are upstairs and they need help, they shout or knock". This was also confirmed by what we observed. We heard a person knocking on the floor above. They knocked the floor a number of times. When the person was attended to by staff they were supported to move downstairs into the lounge. The person told us "I have no issues knocking, they always come." We spoke with the registered manager about the lack of a call bell system. They informed us a new system had been looked into and they were awaiting electrical works to be carried out. We asked what control measures were in place to manage the risk in the absence of a working call bell system. The registered manager told us staff carried out additional checks on people. Due to the layout of the home, some people who required assistance would struggle to summon help when required. For instance, morning staff were often seen in the laundry room where the noise from the machines would have muffled any shouting or knocking. We asked the registered manager to keep us updated with progress on the new call bell system. The person we spoke with had been left in an undignified state longer than was acceptable due to no call bell being available. Interaction between staff and people improved in the afternoon. This was due to the addition of an activity lead. We found there was insufficient deployment of staff while the call bell system was not working and it had had a direct impact on people requiring support.

These were Breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received information following the inspection that the call bell system had been fitted on the 22 May 2018. It had been broken since February 2018.

People were supported by staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. We have asked the provider to ensure all gaps in staff employment history are explored and recorded

Staff told us they felt there were enough staff on duty. One member of staff told us if required additional night staff were rostered on duty following a new resident being admitted. Staff told us they were aware of reporting certain events to the registered manager and had confidence when they did raise concerns they would be dealt with promptly and efficiently. Relatives told us they always see the same staff and staff were knowledgeable about their family member.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff told us they would raise a concern to outside agencies if the management did not respond to an abusive situation. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and their requirement to report this to CQC.

Risks posed to people because of their medical condition had been assessed and systems were in place to reduce the likelihood of harm. For instance, where a person was at risk of falling a risk assessment was written. Risk assessments had been written for Infection control, mobility and eating as examples. We checked if staff followed the guidance in the risk assessment to reduce the likelihood of harm to people. One person's mobility risk assessment stated they needed to walk with a frame and close supervision by staff. We found this to be the case. Another person was a risk of choking and required a soft diet. We found they were provided with a soft meal at lunchtime.

The service had procedures in place to deal with emergencies. Personal emergency evacuation plans were in place for each person. A fire risk assessment was in place dated 8 November 2017. We noted occasional fire drills were undertaken. Weekly fire alarm tests were carried out. On the day of the inspection records relating to fire alarm tests were not available. Records relating to tests carried out since 20 April 2018 were sent through to us after our visit to the service. Monthly checks were carried out on emergency lighting. Incidents and accidents were recorded; staff we spoke with knew when an accident form needed to be completed.

Equipment used by people was inspected routinely. For instance, processes were in place to service bathing equipment. Staff told us they regularly inspected mattresses for any defects. However, they did not make any record of checks or cleaning carried out. Staff were aware of infection prevention and control and had access to personal protective equipment (PPE). An infection control audit was carried out. We noted there were old records for cleaning of wheelchairs and walking frames. However, they ceased being used in 2016. We asked the registered manager what records of cleaning were completed. They advised us "It just gets done. You would know if cleaning wasn't happening."

People's medicines were managed and administered safely. People received their medicines as prescribed. People were supported by staff who had been trained to ensure they had the right skills and knowledge to complete administration of medicines safely. Only staff who had received training had access to medicines. We observed medicine administration staff were calm and unrushed ensuring people received the support they required.

Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. Where people were prescribed medicines for occasional use (PRN) additional guidance was available outlining medication usage and guidance. At the time of our inspection no-one was receiving their medicine covertly. However, guidance was available to staff should it be required. Where medicines required additional storage and recording due to the potential of abuse, we found the storage and records were held securely and were accurate.

Medicine which required refrigeration, were stored in a locked fridge. Fridge temperatures were required to be checked on a daily basis to ensure they are kept between a range of two Celsius and eight Celsius. National guidelines about temperature recording states the minimum and maximum temperatures and the current temperature should all be recorded. Where temperatures are noted to outside of the safe range remedial action should take place. We noted the records showed temperature of 18 Celsius as a maximum. No records were available about the actual temperature. There were no temperatures recorded between 9 April 2018 and 14 May 2018. This meant the provider had not ensured the medicine was stored correctly. We discussed this with a member of staff and the registered manager. There was confusion about what should be recorded. We noted two thermometers were in use. We asked the registered manager if an external audit had been completed by a community pharmacist. They advised us a local pharmacy had visited the service, but they could not tell us when and did not have a report of the visit. The registered manager agreed to forward a report to us when they received it.

We recommend the service seeks support from a reputable source on maintenance of fridge temperatures and records relating to correct storage.

Is the service effective?

Our findings

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the previous inspection carried out on 19 and 20 October 2016, we found the provider did not always comply with the DoLS and MCA. This was because the service did not adequately assess people's ability to consent to living in the home where concerns were raised about their ability to make that decision. At the time the registered manager had not fully completed mental capacity assessments or best interest decisions. No applications had been made to the supervisory body (local authority). It was clear some people were being deprived of their liberty. We asked the provider to send us an action plan informing us how they would ensure improvements were required. At this inspection we checked whether the service was working within the principles of the MCA in relation to DoLS and whether any conditions on authorisations to deprive a person of their liberty were being met.

A number of applications had been made and processed by the supervisory body. We confirmed the registered manager was aware of the need to report all decisions made on applications to CQC in the form of a notification. Staff were able to explain how they applied the MCA, including the assessment and the capacity processes. MCA records in people's files followed these processes, including best interest decision records where people were established not to have capacity for care decisions. Staff reported that they had MCA training. We have been satisfied the provider is no longer in breach of this regulation.

Staff had an awareness of actions which may discriminate and worked together to promote equality. One member of staff told us "We will always respect people's wishes and needs, and a vicar can visit if needed."

We received positive feedback about the food. We observed a lunchtime meal and people looked like they enjoyed the food. One person told us "I was a Chef and I can tell you the food here is great." This was supported by what relatives told us. One comment received was "Food is excellent, all home cooked." Another relative told us how their family member had put on weight since moving into the home.

Prior to people moving into the care, the registered manager carried out an assessment to ensure they could meet their needs. The assessment included finding information about people's communication, how they expressed their sexuality, sleeping and skin care as examples.

The registered manager and staff worked with external healthcare professionals to ensure people were provided with timely support when there was a change in their medical condition. Where a need had been identified people were referred to a physiotherapist as an example. One person was leaving the home on the

day of the inspection. The staff had worked with social and healthcare professionals to try to meet the person's needs. However, it was identified they required more support than old School House could offer. We found communication about people's care needs well organised. A handover meeting each day between each shift ensured important information was shared with staff. A relative confirmed communication was good. They told when they had visited once staff had confirmed they had information from the previous shift about the person's condition.

Staff had access to initial training and ongoing refresher training to ensure they kept up to date with skills and knowledge. New staff were supported to study the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff needs to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person-centred way as examples. Staff told us their induction had prepared them for the role. Staff told us they felt supported. One member of staff told us "I have regular supervision with the manager and we talk about any issues. Training support and personal support and this is a very good supervision." Another member of staff told us they had received training in nutrition, pressure care, and supported each other to ensure people received suitable support.

People had access to different areas within the home and had access to an enclosed garden. We witnessed one person enjoying sitting in the garden. The dining area was spacious and could accommodate all residents if required. The upstairs of the home was accessible via a stair lift. We observed one person operating the lift with the supervision of staff. They told us they had got their "driving license."

Is the service caring?

Our findings

We received positive feedback about how kind and caring staff were to people. We observed some positive interactions between staff and people. Comments from people included "The staff are very caring and I could not ask for better," "We are so lucky here" and "Everyone [Care workers] are so good here." These comments were supported by what relatives told us. One relative said "My mum is really well looked after here, the staff are compassionate and kind. They really take the time to get to know her." Another relative told us "My experience of the home is very good, I am very happy with how they care for her."

We observed staff communication with all residents was warm and friendly, showing caring attitudes. When staff spoke with us about people they spoke compassionately about working with people.

People told us their privacy and dignity was respected, and we observed staff knocking on people's doors before entering rooms. Throughout the inspection it was evident that staff had good relationships with residents and knew the residents well. They referred to them by names and seemed to know their likes and dislikes. A relative told us "The staff treat the residents with dignity and there is a lot of warmth and laughter between residents and staff."

Information about people was stored securely and only accessible to staff who required it.

Staff understood how to promote people's independence. We observed staff gave people time and space to complete as much as they could do. This also was reflected in people's care plans. A member of staff told us "I always ensure that I knock on resident doors before I enter, promote independence by assessing the needs of the resident and let them do things for them self like if someone can brush they teeth but can't put the toothpaste on the brush, I would help with the toothpaste but allow them to brush they own teeth."

Rooms were decorated to personal choice and one person was proud of their room and showed us their photograph's and shared their life history with us. Relatives we spoke with told us rooms were personalised to their family member.

We received mixed feedback from people about how involved they had been in decisions about their care. However, this was probably due to their state of mind. Two people we spoke with could not remember being involved in their care plan reviews. However, another person said, "Yes I think I know what you mean I have seen it". However, relatives we spoke with were all involved in decisions about their family members care. One relative said they had been consulted about their family member's care plan and felt that the "Home was very safe". Another relative told us "They [Care staff] are very quick to consult me; they are keen to involve me in her care."

Relatives felt able to visit the home at any time and told us they always found the staff welcoming and knowledgeable about their family member. Relatives who had provided feedback to the registered manager in a survey had positive observations. Comments included "During the time my mother has been at the Old School House, the dedication, kindness and commitment of the staff has been first class," "All the staff are

very kind and caring" and "There is no aspect of the home or care provided what I am not entirely satisfied with."

Is the service responsive?

Our findings

People told us and we observed they continued to receive personalised care, which responded to changes in their needs. One person used to take a walk outside every day prior to moving into the home. Staff continued to support them with this. The person's relative told us "She gets taken out every day for a walk, she would be very frustrated if unable to do that." The relative went onto to tell us how staff were always asking them what else their relative used to enjoy. This meant staff understood that people required support to engage in meaningful activities.

Each person had a detailed care plan in place. Topics covered a full range of a person's life. Social activity likes and life histories were taken. One person had become withdrawn and needed full assistance with all aspects of daily living. They had ceased to communicate verbally. Staff understood they liked listening to music. Staff told us how they used music to communicate with the person and how they had adapted how they worked with them. This showed creativity in communication and that staff had a desire to provide person centred approach to working with people.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People had access to a wide range of meaningful activities both within the home and in the local area. An activity lead member of staff worked five days a week, working every other weekend. We received positive comments about the member of staff in post. We found the member of staff was energetic and keen to ensure people had choice of activity. They were knowledgeable about people's likes and dislikes. Activities included bingo, gardening, and art. When people choose to remain in their room, one to one sessions were provided to ensure people were not socially isolated. External organisations were invited to the home for exercise and music sessions. Outings were arranged away from the home. A relative told us they were always invited to day trips. On the day of the inspection the activity lead held a music session. On hearing the music one lady got up and danced. It was clear from her body language and smile on her face she was thoroughly enjoying it. Whilst dancing the person said, "I absolutely love this."

The provider had a compliment and complaint policy. Systems were in place to respond to concerns about care and support. People and their relatives told us they knew who to speak to about any concerns they had. They felt any concerns would be dealt with by the registered manager in a timely manner.

The provider was keen to support people remain in the home. Where people had become unwell and end of life care was required. Staffed worked with external health care professionals to ensure they received a dignified death. One person was said to be palliative over a year ago. The person was cared for in bed and had no pressure areas. Staff told us they were always very careful when supporting the person move position and checked pressure points on a daily basis.

Is the service well-led?

Our findings

We received positive feedback from people, their relatives and staff about how the well the Old School House was run. Comments included "The atmosphere is really relaxed," "This is a very well-run home," "Friendly nice atmosphere" and "My manager has always supported me at work and I love working for Old School House that's why I have stayed for so long."

Staff told us they felt valued and supported by the registered manager. Staff told us there was an open-door policy and felt able to address concerns with the management. A relative told us "The team is well led by [Name of registered manager], and she is very caring as well. It is a home from home really, all friends and family are welcome, and can join in with the goings on in the lounge."

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. There had not been any incidents which met the threshold for DOC. We have checked the registered manager was aware of time when the DOC would be triggered.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a decision has been made on an application for a DoLS. This is required even if the application has been declined. The registered manager was aware of this.

Throughout the inspection we sought further clarification from the registered manager. For instance, we asked for a copy of a community pharmacist audit and what actions had been taken as a result of an unsatisfactory electrical report. We found the registered manager did not always have information to hand. A number of pieces of evidence were provided following the inspection.

The registered manager had not adequately assessed all risks posed to people in respect of building health and safety. They were unaware of the required checks expected to control the risk of Legionella.

Other records within the home contained gaps, or where issues had been highlighted it was not always clear what remedial action had been taken. For instance, the record management about fridge temperatures and the failure of the call bell system.

Record management required improvements to ensure the service complied with health and safety legislation. These were Breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager carried out a number of audits to monitor the quality of the service provided. These included care plan audit and a catering audit. Feedback was sought from people and their relatives about the service. Monthly resident meetings took place and staff had meetings on a regular basis.

The home invited the local nursery school to visit on a monthly visit. People we spoke with enjoyed it when the children visited.

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 15 HSCA RA Regulations 2014 Premises and equipment Risks associated with unsafe or unsuitable premises had not been adequately assessed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always maintained within the service.