

Runwood Homes Limited

# Alexandra House - Harlow

## Inspection report

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Date of inspection visit:  
25 March 2019

Date of publication:  
15 May 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Alexandra House – Harlow is a residential and nursing home providing care to up to 106 people, across three floors, in one purpose built building. Two floors provide residential care and one floor supports people with nursing needs. At the time of this inspection there were 104 people living at the service including older people, people with physical disabilities, people with long term medical conditions and people living with dementia.

### People's experience of using this service:

People told us that they felt safe but we found recorded guidance about how to keep people safe was inconsistent. Care records sometimes lacked detail about people's needs and preferences, including information about their healthcare needs. Information about people's background, culture and identity was not always clearly captured and recorded.

People told us they did not always have access to meaningful activities and our findings supported this. We found the providers systems to check and audit the service were not always picking up or addressing the shortfalls that we found during this inspection. We found information to calculate and monitor staffing levels was not always accurate, but people told us there were enough staff and our observations supported this.

People received their medicines safely and where nursing care was required, this was delivered competently by trained staff. The service had developed links with local health services and had a clear process for assessment and admission that was followed. There were links with the local community that had led to fundraising initiatives including for activities and development of the home environment. The home environment was suited to people's needs with clear signage and areas for people living with dementia to engage with.

People told us that staff were well trained and kind and caring. We observed pleasant interactions between people and staff and that people were supported in a way that they could be independent. Staff told us they felt supported by management and records showed they received training and support suited to their roles. Recruitment checks had been carried out to assess the suitability of staff for their roles, but one piece of information had to be provided after our visit due to inaccurate record keeping.

People said they liked the food that was prepared for them and information about their dietary needs and food preferences were recorded. People had regular meetings and told us they felt any issues they raised would be addressed. There was a complaints policy in place and any concerns that had been raised were investigated and responded to by management. The service regularly sought the views of people and relatives to identify improvements.

Rating at last inspection: Good (Published 14 June 2016)

Why we inspected: This was a planned comprehensive inspection.

Enforcement: Please refer to the action we told the provider to take at the end of the full report

Follow up: We will ask for an action plan from the provider and continue to monitor the service closely. We will return in line with our policy to check that improvements have been made and sustained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Alexandra House - Harlow

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors, an assistant inspector, a directorate support co-ordinator, a specialist advisor in nursing care and two experts by experience with experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Alexandra House – Harlow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Alexandra House – Harlow accommodates up to 106 people in one purpose built building. Care is provided across three floors. Two of the floors provide residential care and one floor provides nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before Inspection: We reviewed feedback we had received about the service. We checked statutory notifications that we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We contacted commissioners and reviewed information submitted to us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During Inspection: We spoke with 18 people, 10 relatives and a visiting healthcare professional. We spoke with the registered manager, two care team managers, an activities co-ordinator, a kitchen assistant, two nurses and five care staff. We reviewed care records for 13 people and checked medicines records. We also reviewed the providers records of accidents and incidents, complaints and surveys. We checked five staff files and looked at records of staff training and meeting minutes. We also reviewed a variety of checks and audits at the service.

After Inspection: We received further evidence from the provider by email.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe living at Alexandra House. One person said, "I feel safe, there's too many staff around to feel otherwise." Another person said, "I feel very safe. All the staff are my friends, this is my home."
- Despite this feedback, we found responses to risk were not consistent. Whilst we identified examples where proactive measures were taken and accurate records were kept, we found instances where records regarding risks lacked detail.
- One person was assessed as at very high risk of pressure sores. The plan to reduce this risk did not contain detailed guidance for staff around repositioning or equipment to use. The person had a pressure cushion and involvement of healthcare professionals to reduce risk, but this was not recorded accurately within their care plan. Their records also lacked detail about the nature of involvement of healthcare professionals and risks associated with blood thinning medicine. This person had measures in place to reduce the risk, but the records were not accurate. After the inspection, we received an updated care plan for this person which showed an improved level of detail about how to reduce this risk.
- Another person's care plan showed they frequently displayed behaviour which indicated they were in distress or pain. Records showed staff sought additional support from healthcare professionals in response to the risk. However, there was limited guidance for staff to follow to support this person if they were distressed. Another person's care plan stated they were diabetic, but there was a lack of information about how it affected them and foods they could eat. Information about how to identify and respond to high or low blood sugar was not clearly visible within the care file, but the provider sent us evidence of this after the inspection. Whilst we could see staff responded to risks, records about them were unclear.
- Where people had clinical risks and involvement of external professionals, recorded information about this was lacking. For example, staff told us one person was receiving regular input from nursing staff regarding an aspect of their continence care. This was not recorded in their continence and skin integrity care plan despite these being areas of care that could be affected by the nature of this treatment.
- The provider had systems in place to monitor risk and escalate concerns and records showed there were low numbers of incidents, infections or pressure wounds. However, our findings showed that records relating to risk were inconsistent and will require action from the provider.

The lack of consistency in risk plans was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other instances, we saw risks were responded to appropriately. For example, one person had suffered repeated falls and in each instance staff implemented new measures to reduce risk. The person had a detailed risk assessment and plan to guide staff about how to support them to mobilise safely with equipment. We also saw separate examples of detailed planning around skin integrity and medicines risks.

- The service had systems to monitor risks such as accidents, incidents and pressure wounds. Records showed that these checks were frequent and had prompted action where staff had noticed increase in falls or changes to mobility which increased risk of pressure sores developing. The governance systems in the home meant care team managers on each floor escalated concerns or changes promptly to the registered manager who had oversight of risk at the service.

#### Staffing and recruitment

- People told us that there were enough staff at the service. One person said, "If I press my buzzer they are very quick to come and answer it." Another person said, "If I ring my buzzer they come quickly." A relative said, "If [person] wants anything and you pull the cord they come very quickly, I have no worries about her safety here."
- During the inspection we observed staff were present with people in communal areas and responded promptly to requests for assistance. Where two people required regular checks to ensure their safety, records showed these were taking place as planned.
- The service calculated staffing levels based on people's needs and rotas showed that numbers exceeded what had been calculated each day. We did identify inconsistencies in the dependency calculation for one person, which we raised with the provider and they rectified. We also found anomalies in call bell audits that had not been identified by the provider. We have reported on record keeping and audits further in the Well-led domain.
- Staff had received checks before they came to work at the service. Checks included references, health declarations and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal records checks and hold a database of potential staff who would not be appropriate to work in social care. We identified one instance where a risk assessment about a staff conviction was missing. This was provided to us after the inspection which showed the risk had been assessed, but the records had not been kept accurately.

#### Using medicines safely

- People's medicines were managed and administered safely. People told us they received their medicines when they expected them and that staff followed their preferences.
- Medicines were stored securely in line with best practice, daily checks were carried out of the temperature of storage areas to ensure medicines were stored in line with the manufacturers guidance.
- Records related to people's medicines were accurate and up to date. Staff documented administered medicines on medicine administration records (MARs) and these were up to date with no gaps.
- People's care plans contained details about what medicines they were prescribed and when to administer them. For example, one person was prescribed medicine on an 'as required' basis and there was guidance in place which records showed staff had followed.
- Where people required medicines administered by nursing staff, this took place as planned. Care plans documented where medicines required clinically trained staff to administer them and records showed this took place as planned. We observed nursing staff administering medicines to a person using a specialist device and this was done competently and in line with best practice.

#### Preventing and controlling infection

- People told us the home environment was clean. One person said, "My room is cleaned well every day, sometimes I go out so they can clean it properly." Another person said, "My room is very clean."
- Staff had received training in infection control and we observed there was personal protective equipment (PPE) available throughout the home for staff to use. Staff had a good knowledge of how to reduce the risk of the spread of infection. For example, one staff member told us how they washed their hands before and after providing personal care, we observed there were hand washing facilities with liquid soap and paper



towels available throughout the home.

- The home was clean and free from malodour. Domestic staff were observed cleaning communal areas and people's bedrooms throughout the day. Cleanliness was checked on a daily basis by deputy managers as well as the provider's audits.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of local safeguarding procedures and how to escalate any concerns that they had. There was a safeguarding policy in place as well as information displayed around the home to inform staff, people and relatives about how to escalate concerns.
- Records showed that where there had been concerns, they had been escalated appropriately by staff and the provider.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us that they were supported to access healthcare professionals when needed. One person said, "I feel my health needs are met very well, I have ulcers on my legs and the nurses dress them." Another person said, "If you have to go for a hospital appointment a member of staff will always go with you."
- Aside from the examples we've reported on in Safe, people's healthcare needs were met. Care plans contained information about people's medical conditions and any support they required to ensure they maintained good health. Where one person had a variety of complex needs including epilepsy, there were detailed care plans in place which had input from healthcare professionals.
- People were supported to attend healthcare appointments and referrals were made to ensure people had access to appropriate healthcare services. Staff recorded the actions taken by visiting healthcare professionals in the notes. One person had a long term condition and their care notes contained information about healthcare appointments they had attended, including the outcomes and any changes to care that were required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received a thorough assessment before moving into the service and people told us staff knew their needs well. One person said, "The consultant at the hospital said how impressed he was at the care given to me." We saw evidence of positive feedback from healthcare professionals about the care that people received after discharge from hospital.
- We observed a person arriving at the home for the first time and they received a warm welcome from staff. A detailed handover took place and this included personalised information such as the person's background, what they liked for lunch and what times they liked to go to bed.
- People regularly came to the service from local hospitals and, aside from the examples above, we saw evidence of strong communication between healthcare professionals and the service when people were admitted. Assessment documents were thorough and captured people's needs as well as any preferences they had.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and the environment was spacious and well lit. There were lifts to enable people to access all areas of their home environment. Consideration had been given to people living with dementia with clear signage and sections of the environment that they could interact and engage with.
- Regular checks were undertaken on the home environment and any shortfalls were picked up and addressed.

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke positively about the food that was prepared for them. One person said, "They are very good with the food here and will always give me what I like. They bring drinks into me frequently." Another person said, "The food is excellent."
- The chef told us they followed a seasonal menu which rotated throughout the year. They told us people could request meals that were not on the menu if they did not like any of the main options. The home had consistently received the highest rating on their food hygiene inspection by the local authority.
- The chef had information about people's dietary needs and preferences easily available and knew who required the consistency or calorific content of their meals adjusted. Where one person was living with diabetes, their care plan contained detailed information about how this affected them and the types of foods they liked that could consume safely.
- People had dietary requirements sheets within their care files where staff recorded their dietary needs and preferences.

Staff support: induction, training, skills and experience

- People told us they were supported by competent staff. One person said, "All the carers are very competent, and nice. They always help me if I need it." Another person said, "I think the staff are well trained and are kind to you." A relative told us, "They understand [person] very well, she has never had any bedsores."
- Staff told us they received training which was regularly refreshed. They also said they received an induction before starting work. One staff member said, "On induction they taught me where everything is, I shadowed the carer and the nurse. I met everyone and got to know everyone."
- The provider kept track of staff training and it showed staff were up to date in areas such as health and safety, fire safety and food hygiene. Staff told us they received regular one to one supervisions and appraisals which the provider also kept track of, records of these showed they were up to date.
- Nursing staff spoke positively about the support they received to stay up to date with current practice. There was a clinical lead at the service and there were regular sessions for clinical staff to develop their skills. For example, where there had been limited numbers of tissue viability nurses in the local community the provider supported one of their clinical staff to undertake specialist training. This ensured people benefited from this expertise in-house which reduced the numbers of referrals to community services. There had been no pressure wounds acquired at the service for over a year and where people had been admitted with them, we saw examples of wounds healing quickly.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People had consented to their care where they were able to and this was documented.
- Where people were unable to consent, we saw evidence of an assessment of their mental capacity and a

documented best interest decision. Where best interest decisions involved restrictions being placed upon people, an application was made to the local authority DoLS team. We identified one instance where a person had a DoLS application submitted but we did not see evidence of the legal process having been followed due to a lack of record keeping. We have reported on record keeping further in the Well-led domain.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were not always sure if they had been involved in their care. One person said, "I think the staff know what I like and don't like." However, another person said, "Care plan, what is that?" Whilst we saw people took part in reviews, this feedback showed more work was required to involve people in their care.
- The level of detail recorded about people's preferences and backgrounds was inconsistent. Two of the care files reviewed contained no information about people's cultural background, spiritual beliefs or personal history. There was not always information recorded about what people's religious beliefs or cultural identity were. Recorded information about how people liked to be supported in these areas was inconsistent.
- Care assessments did not contain any information about people's sexual orientation or gender identity. This meant there was a risk that people may not feel safe to disclose this information as it was not clear that the home had a welcoming and open attitude because this had not been explored.

We recommend that the provider seeks best practice from a reputable source about how to identify people's protected characteristics and ensure care is planned around them.

- People told us they were supported by staff who treated them kindly. One person said, "They [staff] are kind and caring to everyone. They are very nice and do whatever you ask." Another person said, "My care here is very good, I feel I am well looked after." A relative told us, "I feel that the staff have got to know her personality. They know how to deal with her when she gets agitated."
- During the day, we observed interactions between people and staff that were pleasant and caring. In the morning, a staff member was overheard discussing music with a person in which they showed a good understanding of their preferences. We observed multiple instances of staff and people spending time together and chatting which made a pleasant atmosphere in communal areas.

Respecting and promoting people's privacy, dignity and independence

- People told us staff provided care in a manner that respected their privacy and dignity. One person said, "I am undoubtedly treated with dignity and respect." A relative told us, "They absolutely treat [person] with respect at all times."
- We observed staff providing care discreetly when it was required, with personal care taking place behind closed doors. We observed one person having a dressing changed with a door open. The provider showed us evidence that this care was planned this way as it was the person's preference due to distress. However, this did not completely preserve the person's dignity and that of others because they could be observed by

people and visitors in the corridor.

- Care plans documented people's strengths and tasks that they could do themselves. For example, where one person was able to feed themselves they had a care plan that recorded this. Where another person could complete some personal care tasks independently they had a care plan that made this clear for staff. However, this was not consistent and the level of detail about people's strengths varied between care plans. We have reported further on care planning in the Responsive domain.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- People told us they did not always have access to meaningful activities. One person said, "I did enjoy the visit to the garden centre." However, another person said, "There are not enough activities, it used to be much better." A relative told us, "[Person] could do with some stimulation here and does not get it." Seven out of ten people and relatives we asked about activities gave us negative feedback.
- We saw evidence of a timetable of activities at the service which included outings, but people and relatives said they often had to fund outings themselves and they were not sure what was funded by the provider. The registered manager told us there was a budget for activities, but our findings showed clearer information needed to be provided to people so they knew what to expect.
- Records were kept of activities people had taken part in, but these were often 'watching TV' or taking part in group activities. For example, one person had a visual impairment and told us they liked music. Their care plan lacked detail on the types of activities they liked and how staff could support them to engage in them. Their activity log showed most days they were 'relaxing in the lounge' with only one recent entry showing they listened to music. We saw positive examples of activities and initiatives with the local community, but our findings showed day to day meaningful activities were not always available to people.
- People's care was not always planned in a personalised way. Whilst we saw examples of personalised care planning, the level of detail within care plans was inconsistent and in some cases people's preferences were not clear. There was insufficient personalised information such as at what times they liked to receive care and their preferences regarding toiletries. Another person's care plan described what personal care tasks care workers were required to complete. There was no information about how to complete these tasks in line with this person's choices.
- End of life care planning was not always personalised. Whilst we did see some end of life care plans that contained information about people's wishes and preferences, this was not consistent. For example, where one person had a care plan that showed they may require end of life care in the future their care plan lacked detail. It documented they wished to be 'comfortable' but there was no evidence of their preferences having been explored further. The service was working towards getting Gold Standards Framework accreditation and we saw evidence of staff training in this area. After the inspection we received examples of end of life care plans. However, these detailed functional arrangements and funeral plans and did not contain detail about people's wishes and preferences in the time before they passed away.

The shortfalls in activities and care planning were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People told us that they knew how to complain and felt confident that any issues they raised would be

taken up by management. There was a complaints policy in place that was displayed throughout the home. Records also showed people were given opportunities to raise concerns or make suggestions at meetings and reviews.

- The provider kept a record of complaints and documented what the issues were and the actions that were taken. Records showed complaints were responded to and had prompted action from the provider when needed. For example, a relative had raised a complaint about information provided after an incident and the provider investigated and gave them a full account of what happened and the actions they had taken.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a system of checks and audits in place at the service but they had not always addressed issues they found. Recent internal and regional audits had picked up issues we found during this inspection, such as the recruitment information missing from a staff file and a lack of detail within some care plans. However, we found continued shortfalls in these areas which showed the action taken to address them was not robust.
- The registered manager's internal audits had failed to identify and address issues with the quality of care plans and records of care. This audit included checks of a sample of care files. This included at least one of the care files reviewed during the inspection which was found to have significant shortfalls in the quality of information captured.
- An audit completed in January 2019 had identified there had been no checks of call bell response times since October 2018. An audit had been carried out of call bells for one 24-hour period in February and the audit had identified only three calls which exceeded 5 minutes and an explanation had been sought for these results. However, our review of the data showed 17 calls which were over five minutes, including one of 28 minutes and one of nearly 30 minutes. Whilst we found no concerns with staffing levels, this audit had not sought an explanation for this data which could have identified if there were any staffing or practice issues that would require a response from management.
- After the inspection, the provider informed us that they had decided to monitor call bell responses through daily walkarounds and observations. We will require further action to ensure people's experiences are monitored proactively.

The shortfalls in governance and record keeping were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a system to monitor and respond to potential risk. The provider monitored accidents and incidents at the service and these were escalated to the provider who also had oversight of these. Records showed these were monitored monthly to identify any patterns and trends.
- The management structure ensured there was oversight of clinical risks at the service. There were care team managers on each floor and systems were in place to ensure oversight across the service. Daily meetings took place between team managers where any changes to people's health or risks were discussed and any concerns escalated. Monthly reports monitored clinical risks at the service such as infections or wounds to ensure these were tracked and monitored.

- The registered manager had systems to ensure timescales were met, such as trackers to follow complaints, healthcare referrals and DoLS applications to ensure deadlines were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had developed links with the local community that people benefitted from. The registered manager showed us examples of where they had worked with local companies to bring about improvements to the care people received. For example, there was a large garden which was well presented. A local gardening shop had sponsored this and provided funding to develop it. A relative regularly tended to the garden as they enjoyed gardening and wanted to help the service whilst visiting their loved one each day.
- As well as funding initiatives, we saw evidence of links with local schools and scouts' groups. This had led to activities at the service where children had visited and we saw photos of people happily engaging in these activities. An 'age exchange scheme' with a local college had led to a variety of activities and engagements including one person going sky diving.
- Care files contained evidence of partnership working with health and social care. As reported, the service had developed strong links with local hospitals and community services and had filled gaps in specialist expertise where they found it in relation to skin integrity. A visiting healthcare professional gave positive feedback to us about the quality of the communication they had with the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives spoke positively about the registered manager. One person said, "This place is well organised, the manager is very approachable." Another person told us, "The manager will always have a chat to you." A relative said, "The manager is very much on the ball."
- People and relatives were regularly asked feedback through surveys and the results of these were analysed and responded to. Records showed that people were asked about the care they received, food and activities. Recent records showed most people had given positive feedback. However, our findings around activities was that people felt there was not enough to do. This showed more work will be required to identify and respond to this feedback in future.
- Staff spoke positively about management. One staff member said, "[Registered manager] is very nice, she is flexible with us and has an open-door policy."
- Records showed regular meetings took place which provided staff with opportunities to make suggestions and share good practice. Records of meetings showed they were used to discuss care delivery as well as to keep staff up to date with best practice and training.
- The registered manager understood the responsibilities of their registration. Records showed that where required, the provider had notified CQC of events that they were required by law to do so. The registered manager demonstrated a good understanding of when to report to CQC and the local authority. Incident records showed that relatives and healthcare professionals had been informed where incidents had occurred.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People did not always have access to meaningful activities.  Care was not always planned in a personalised way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records relating to risks and healthcare needs were not always accurate.  The providers audits had not addressed the issues we found during this inspection.