

Bestcare Ltd

# Willows Court

## Inspection report

107 Leicester Road  
Wigston  
Leicester  
Leicestershire  
LE18 1NS

Tel: 01162880223






Date of inspection visit:  
30 January 2018

Date of publication:  
12 March 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We inspected Willows Court on 30 January 2018. The visit was unannounced. This meant the staff and the provider did not know we would be visiting.

Willows Court provides accommodation and support for up to 29 younger and older people. The service specialises in caring for people with dementia, learning disabilities and/or physical disabilities. The home comprises of 15 single bedrooms, 14 of which have en-suite facilities and seven double bedrooms with en-suite facilities for people who prefer to share. There is an enclosed garden for people to use. On the day of our inspection there were 25 people living at the service. At the last inspection in December 2015, the service was rated Good. At this inspection we found the service Required Improvement.

The service had a registered manager. 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 concerns with regard to the environment in which people's care and support was provided and with some of the equipment used. We noted windows in some of the upstairs rooms and corridor did not have functional window restrictors and a trip hazard was noted at the entrance of the conservatory. Not all areas of the service were clean and hygienic. This included communal areas, bathrooms and toilets. Some of the equipment used including wheelchairs and the stair lift were soiled and stained.

People using the service told us they felt safe living at Willows Court. Relatives and friends we spoke with agreed they were safe living there.

The staff team were aware of their responsibilities for keeping people safe from avoidable harm and knew to report any concerns to the management team.

Risks associated with people's care and support had been assessed to enable the staff team to provide the safest possible support. Where risks had been identified these had, wherever possible, been minimised to better protect people's health and welfare.

Appropriate pre-employment checks had been carried out on new members of staff to make sure they were safe and suitable to work there. Suitable numbers of staff were deployed in order to meet people's needs.

New staff members had received an induction into the service and ongoing training was being delivered. This enabled the staff team to gain the skills and knowledge they needed to meet people's needs. The staff team felt supported by the registered manager and were provided with the opportunity to share their views of the service through, supervision, appraisals and team meetings.

People were supported with their medicines in a safe way. Though, ointments prescribed by people's doctor's had not always been dated when opened to make sure it was not used longer than the manufacturer's guidelines.

The staff team had received training in the prevention and control of infection and the necessary protective personal equipment was available.

The registered manager had assessed people's care and support needs prior to them moving into the service to make sure they could be met by the staff team.

The staff team supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 and Liberty Protection Safeguards (LPS) ensuring people's human rights were protected.

Where people lacked the capacity to make their own decisions, documentation to show decisions had been made for them in their best interest was not always completed. Where people required additional support to make decisions, advocacy support was available to them.

People's food and drink requirements had been assessed and a balanced diet was being provided. Records kept for people assessed as being at risk of not getting the food and drinks they needed to keep them well were kept up to date.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors and community nurses and they received on-going healthcare support.

The staff team were kind and caring and people's privacy and dignity was respected and promoted.

People had plans of care that, on the whole, reflected their care and support needs. Whilst some plans of care needed updating to reflect changes to people's care, the staff team knew the needs of the people they were supporting.

A formal complaints process was displayed and people knew who to talk to if they had a concern of any kind. Complaints received by the registered manager had been appropriately managed and resolved.

Relatives and friends were encouraged to visit and they told us they were made welcome at all times by the staff team.

Surveys were used to gather peoples thoughts of the service provided.

A business continuity plan was available to be used in the event of an emergency or untoward event and personal emergency evacuation plans were in place should people using the service need to be evacuated from the building.

Systems in place to monitor the quality and safety of the service being provided were not effective.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Not all areas of the home or equipment used were clean and hygienic.

People told us they felt safe and the staff team knew their responsibilities for keeping people safe from avoidable harm.

Risks associated with people's care and support had been appropriately assessed.

An effective recruitment process was followed.

People received their medicines in a safe way.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Whilst the staff team understood the principles of Mental Capacity Act 2005, Required documentation was not always completed.

People's needs had been assessed before they moved into the service.

People received support from a staff team who had the necessary knowledge and skills.

People were supported with their nutritional and healthcare needs.

### Is the service caring?

**Good** ●

The service was caring.

The staff team were kind and caring and they treated people with dignity and respect.

People had been involved in deciding what care and support they needed.

Information about people was kept confidential.

### Is the service responsive?

Good ●

The service was responsive.

People who were able had been involved in the planning of their care with the support of their relatives.

The majority of people's plans of care reflected the care they required.

There was a formal complaints process in place and people knew what to do if they were unhappy about anything.

Whilst people's wishes at the end of their life had been explored; these had not always been recorded.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Monitoring systems used to check the quality of the service being provided were not effective.

The staff team working at the service felt supported by the registered manager.

People were given the opportunity to share their thoughts on how the service was run.

The registered manager worked in partnership with other organisations including the local authority and safeguarding team.

# Willows Court

## 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 30 January 2018. Our visit was unannounced. The inspection was carried out by an inspection manager, one inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was people with dementia.

We contacted the health and social care commissioners who monitor the care and support of people receiving care at Willows Court to obtain their views of the care provided. We also contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback about the service. We used this information to inform our inspection planning.

At the time of our inspection there were 25 people living at the service. We were able to speak with three people living there and seven relatives and friends of other people living there. We also spoke with the registered manager, the deputy manager, two senior support workers, two support workers, the activities leader, the cook, a student on day release from the local college and a visiting health professional.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included seven people's care plans. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three support workers and the quality assurance audits the management team had completed.

# Is the service safe?

## Our findings

On the day of our visit concerns were identified with regard to the cleanliness of the service. It was evident that a number of areas around the service were in need of attention. For example, we observed layers of dust on skirting boards, on the dining room chairs, on the radiators beneath the radiator covers and around the organ/keyboard area in the lower lounge. The conservatory was not clean and the window sills and tables were dirty. There was a soiled raiser seat on the ground floor toilet and the toilet itself was soiled and had accumulated a layer of debris over a period of time. Bathroom floors were soiled and the flooring in the bathroom at the top of the service had been crudely cut to expose the drain for the shower. Debris was evident within the drain. We noted that a number of rooms including the conservatory and a number of bedrooms had an unpleasant odour. A relative told us, "The cleanliness could be better, but it's not too bad."

Pieces of equipment used to support people to move safely were found to be dirty and unhygienic. We observed a soiled wheelchair in a person's bedroom and soiled bumpers on a person's bed rails. There was a dirty hoist on the top floor of the service and the stair lift seat and footplate were stained and soiled.

The infection control audits we saw had not identified the areas of concern we found.

There were aspects of the environment which presented a risk to people using the service. For example, windows in some of the upstairs rooms and corridor did not have functional window restrictors. A trip hazard was noted at the entrance of the conservatory where part of the concrete flooring had come loose. We also saw a socket or call bell without a plastic casing with exposed wires in the conservatory. We were told it was not live. The registered manager immediately attended to these issues to make them safe.

The environment was cluttered and there were areas where broken/ disused equipment had been abandoned. For example we saw a broken footplate from a wheelchair on a music stool and a broken sink in the garden. The garden area was not well maintained.

We brought our concerns to the attention of the registered manager who assured us these issues would be addressed. Following our visit we were informed that the concerns raised had been dealt with however, we are unable to assess whether they have been sustained over a period of time.

The provider failed to ensure that people were protected from the risks associated with unclean premises and equipment. These matters constituted a breach of Regulation 15, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

Whilst the staff team had received training in infection control, It wasn't always evident that this learning had been put into practice. Personal protective equipment was being used. We noted whilst some staff members were wearing plastic gloves when serving meals, others were not. We asked staff whether gloves were to be used when serving food. Whilst one staff member said they should, another told us they shouldn't. The staff team would benefit from clarification with regard to the process to follow when serving

food.

People felt safe living at Willows Court and felt safe with the staff team who supported them. A relative told us, "Yes, I feel [family member] is safe here, we don't worry and they always contact [relative] if there are any concerns."

Staff members were aware of their responsibilities for keeping people safe from avoidable harm. They had received training in the safeguarding of adults and knew the process to follow if they were worried about anyone. This included reporting their concerns to the management team. One staff member told us, "I would tell the manager and if they didn't take any action I would talk to safeguarding."

Both the registered manager and deputy manager were aware of their responsibility for keeping people safe. They knew the procedures to follow when a safeguarding concern had been raised with them. This included referring it to the local authority who have responsibility to investigate safeguarding concerns and CQC.

When people first moved into the service, the risks associated with their care and support had been identified and assessed. This was so any risks could, wherever possible, be minimised and properly managed by the staff team. Risk assessments had been reviewed on a regular basis and covered areas such as people's mobility and their nutrition and hydration.

Fire safety checks had been carried out and the staff team were aware of the procedure to follow in the event of a fire. There were personal emergency evacuation plans in place for the people using the service. These showed how each individual must be assisted in the event of an emergency and an emergency plan was in place in case of foreseeable emergencies.

The provider had a thorough staff recruitment process in place. Recruitment files checked contained documentation recording details of a Disclosure and Barring Service check (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. The provider had ensured these checks were repeated every three years or sooner if needed. New staff employed who were successful at interview did not start work until the DBS had been returned and checked to ensure it was clear. There were at least two references for each member of staff employed. The providers system for recruitment showed that all checks and interview notes were stored at their head office which wasn't easily accessible; however, the registered manager was able to source the information we needed during our inspection.

Staff rotas were planned in advance and demonstrated there were enough staff members allocated on each shift to provide the care and support people needed. People felt there were enough staff members available to meet their needs. A relative told us, "There always seems to be staff around, they don't seem short staffed at all." Whilst we saw staff were available throughout our visit, we did note the people using the bottom lounge were rather left to their own devices, particularly on the morning of our visit.

People were supported with their medicines safely. Medicines were appropriately stored and processes were in place for the regular ordering, supply and returns of medicines. Medicines administration records (MARs) contained a photograph of the person to aid identification and a record of any allergies was included. When people were receiving a medicine which required a blood test to be carried out regularly and the dose adjusted, we saw this was being undertaken and the correct dose of the medicine was given. Protocols were in place for medicines which were prescribed to be given only as required. These gave clear instructions as to when and why the medicines were to be given. The temperature of the rooms where medicines were stored was recorded daily and was within acceptable limits. We did note that ointments had



not always been dated when opened. Recording the date makes sure the ointment is not used longer than the manufacturer's guidelines. Staff members responsible for supporting people with their medicines had received the appropriate training and their competency had been checked on a regular basis to make sure they continued to support people safely.

The staff team understood their responsibilities for raising concerns and reporting any issues to the registered manager.

## Is the service effective?

### Our findings

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Liberty Protection Safeguards (LPS).

We noted one person's care records contained a consent form to be signed by the person to document their consent to their care plans, photographs and medicines administration. These were signed by the person's close relative. A person cannot consent for another person unless they have a power of attorney for health and welfare. It was not evident that they did. The person was unable to make some decisions for themselves and had a LPS authorisation in place. However, there were no mental capacity assessments or best interests' decision making documentation for decisions such as the use of a sensor mat or medicines administration. Another person had bed rails in place. There was again no evidence that a mental capacity assessment or best interests' decision making document had been completed for the use of the bed rails.

These matters constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for Consent.

The staff team had received training in MCA and LPS and they understood their responsibilities around this. One staff member explained, "We don't assume people don't have capacity, we have to go through the proper assessment process. People often have some capacity and can make small decisions like what to eat."

People using the service had their care and support needs assessed. The registered manager explained that whenever possible an assessment would be carried out prior to a person moving into the service. This made sure their needs could be met by the staff team. A relative told us, "The registered manager assessed [family member] whilst she was in hospital, before she was admitted here."

A range of guidance was displayed in the registered manager's office. This included the Leicester, Leicestershire and Rutland safeguarding thresholds guidance, and guidance on falls management. These provided the staff team with the relevant processes to follow should they need it.

The staff team had a good understanding of the needs of the people they were supporting. A relative explained, "They know the support [family member] needs. They are very good in that respect."

New members of staff received a comprehensive induction, supervision, appraisal and observed practice. During supervisions complaints and whistleblowing matters were discussed if relevant, to ensure each staff member was aware of their roles and responsibilities. Regular reviews of performance were undertaken by

the registered manager and her deputy to ensure the staff team were meeting the required standards expected of them.

Staff had completed the relevant modules of the care certificate over the course of two full days. (The care certificate is the benchmark that has been set for the induction of new support workers and is therefore what we should expect to see as good practice from providers). This enabled the staff team to be up to date with relevant topics such as dementia awareness, managing challenging behaviour and end of life care. The registered manager also assessed individual's knowledge and understanding of certain topics. After completing any training such as moving and handling, staff were expected to complete and pass a test using a number of questionnaires. These tests were devised by the registered manager as a way to assess the staff teams understanding and knowledge for any given subject. A staff member explained, "I've done all the mandatory training and my care certificate."

People were supported to eat and drink and maintain a healthy and balanced diet. One person told us, "Food? You get what you like, there's plenty of food." When asked at lunch time if they were enjoying their pudding, another person told us, "Very, very nice, and I'm old enough to know." For people who had specific dietary needs, these were catered for. For example, where people had been assessed by a health professional as being at risk of choking, a soft diet was provided.

Mealtimes were on the whole relaxed. People were able to choose where to take their meal and people who required assistance were supported appropriately. We did note one person was seated well away from their table and was struggling with eating their meal, dropping some on their lap. This wasn't noticed by the staff team so we informed a passing staff member. The staff member assisted the person to move in closer to the table enabling them to continue eating their meal. For people identified at risk of not having enough to eat or drink, monitoring charts were used to document their food and drink intake. These were completed after each meal to make sure the information was accurate.

The staff team monitored people's health and wellbeing and when concerns about people's welfare had been identified, these had been reported and acted on. A relative told us, "They always call the GP. [Family member] had a chest infection a fortnight ago, they contacted the GP and then called [their daughter] to inform her of what they had done." A visiting professional explained, "The staff are always very helpful when I visit to carry out any nursing care."

People were supported to make choices about their care and support on a daily basis. During our visit we saw people choosing how to spend their day, whether to join in a game of hoopla or have their nails painted and what they wanted to eat and drink. A staff member told us, "We talk to them [people using the service] and ask them what they want. We know people's routines and always give them choice."

People had access to both indoor and outdoor spaces. There were spaces available for people to meet with others or simply to be alone. Whilst these spaces were available, not all of the spaces including the enclosed garden, were well maintained.

## Is the service caring?

### Our findings

People told us the staff team at Willows Court were kind and caring and they looked after them well. A relative told us, "Yes, the carers treat [family member] with respect, certainly when we are here." Another explained, "I feel [family member] is treated with respect, they [staff team] always seem respectful."

We observed the staff team supporting people and saw that support was carried out in a caring way. The staff members spoke to people in a friendly way and offered support in a relaxed manner. We saw staff members getting down to people's eye level, calling people by their preferred name and engaging in conversation, which people clearly enjoyed. We did note however there were also periods of time when people were left without any interaction particularly in the lower lounge, which resulted in people falling asleep or simply watching the day go by.

The staff team spoke kindly and gently to people and showed an understanding of them. They protected people's privacy and dignity when providing care. A staff member told us, "I close the doors and curtains when I am providing personal care to protect people's privacy." Another explained, "When I go to people's rooms, I knock on the door, I always close the curtains for their privacy and dignity and I always ask them what clothes they would like to wear." We observed the staff team knocking on people's doors during our visit.

The staff team knew the people they were supporting well. They knew their preferred routines and the people who were important to them. People's plans of care included their likes and dislikes and personal preferences. For example the name they preferred to be called, their religious beliefs and whether they preferred a male or female carer to support them. The staff team knew these preferences. One explained, "We respect people's belief and culture and feel people are treated equally."

Two members of the staff team had recently attended training to become dignity champions. We were told they were in the process of arranging training for the rest of the staff team to refresh their understanding of the importance of promoting people's dignity.

Advocacy services were made available to people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's policy.

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "They always make us welcome and they bring us a cup of tea if we want one."

## Is the service responsive?

### Our findings

People who were able had been involved in the planning of their care with the support of their relatives, though not all of the people we spoke with could remember this. A relative told us, "[Family member] came from hospital; I believe they [registered manager] visited her there."

The registered manager explained whenever possible, people's care and support needs were assessed prior to them moving into the service. By carrying out this assessment the registered manager could be confident that people's needs could be met by the staff team working there. From the initial assessment, which was included in the records we checked, a plan of care had been developed.

The plans of care were detailed and had personalised information about the people in them, including information about preferences in daily living. We did note however, not all included information about the person's personal history. The registered manager explained that people had been asked but had declined to complete. We recommended this be recorded in the plans of care to demonstrate that this information had been requested but declined.

A document entitled, 'at a glance' was included in the plans of care we looked at. This document included information about the person and what was important to them. For example one person's, 'at a glance' told us their pet dog and their sons were most important in their life and they liked porridge, toast and banana and yogurt for their breakfast. When we asked staff members what was important to this person, their answers matched the information recorded.

People's plans of care covered their health and support needs including nutrition, personal care and pressure area care. The majority of the plans of care we looked had been reviewed however, one person's care records were not well organised and contained several plans of care for the same issue within the record. This made it difficult to be sure which was the current plan of care. For example, they had a plan of care for their nutrition dated August 2017 and one dated September 2016; this had been updated with further information in September 2017. One of the plans of care indicated the person required thickened fluids but the other didn't. Neither contained information about the person's weight loss in 2017 and the fact they had been referred to their GP who had asked for the person to be given fortified food. This was confusing and could potentially give incorrect information to the reader. This was immediately addressed on the day of our visit.

We also noted for a person who had been prescribed a cream to be applied to their legs, their plan of care stated this was to be done daily. However we were informed this had changed to 'as and when required'. Their plan of care had not been changed to reflect this, nor did it include the name of the cream to be applied. This was again addressed on the day of our visit.

Whilst the plans of care were not up to date, the staff team were aware of the needs of the people they were supporting well. The registered manager explained they were in the process of updating the documentation held.

When people had distressed behaviours that others might find challenging, their plans of care provided information for the staff team about the action to take and the best way to calm them. Staff members we spoke with described the way they calmed the person who showed distressed behaviours. In doing this they demonstrated a good knowledge of the person.

It was not always clear within people's plans of care as to whether people had been involved in the reviews, consulted about their on-going care, or whether checks had been made with them to show they were satisfied with the care they received. The registered manager told us they would record people's involvement within their plans of care going forward.

People were able to take part in activities they enjoyed. One of the support workers was also employed as the activities leader and they provided activities on a daily basis during the week. We were told when the activities leader was not on duty; support workers would take up this role and offer activities. On the day of our visit there was also a student from the local college supporting the activities leader. In the morning people were supported to join in a game of hoopla which they were clearly enjoying and a game of dominoes and a nail painting session was enjoyed in the afternoon. Records showed other activities offered included, arts and craft sessions, book club, movie day and a cooking session.

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. We saw that the staff team made sure someone was available during doctors and community nurse visits to aid communication between them and the person using the service. A pictorial tool was used to remind someone of how to take their medicines and we saw that Information about the service was available in large print if needed.

A formal complaints process was in place and this was displayed for people's information. When we asked people what they would do if they had a complaint or concern of any kind, a relative told us, "I would tell the manager." The staff team were aware of their responsibilities if someone had a concern and told us they would pass it on to the registered manager or deputy. When a complaint had been received, this had been handled and investigated appropriately and in line with the provider's complaint policy.

Plans of care were in place for when people came to the end of their life. We did note one person's did not include personalised information about their wishes or the actions the staff team were to take to meet their request. The registered manager told us this would be addressed. For people not wanting to be resuscitated, do not attempt resuscitation forms were in place within their records informing the staff team of their wishes. Staff members were aware of how they were to look after someone at the end of their life. One explained, "We just give them the care they need, we give them mouth care to keep their mouth moist and we sit with them and talk with them."

## Is the service well-led?

### Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a number of quality assurance documents that looked at different aspects of the service. However, these were not being completed well and did not identify the issues we found with infection control. For example there was an audit for the checking of mattresses however, we found a number of issues with the mattresses and pressure relieving cushions that needed to be replaced. The wheelchair audit conducted in December 2017 showed that all the wheelchairs were ok and clean, however we identified that many of the wheelchairs were dirty and dusty. The audits had also failed to identify the failing window restrictors and the shortfalls identified in people's records and plans of care.

The provider failed to ensure that there were effective systems in place to monitor the service. These matters constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

People told us the registered manager was welcoming, open and approachable. A relative told us, "[Name] is very approachable, I would talk to her, I wouldn't hesitate. You can't fault them really."

The staff team felt supported by the registered manager and the management team. They explained there was always someone available to speak with if they needed to discuss anything. One explained, "I feel listened too, [name] is a really nice manager. She is friendly and helpful. She does help us." Another told us, "I do feel supported, yes I do."

During our inspection it was evident staff were comfortable interacting with the registered manager and a positive and open working atmosphere was present. The staff members we spoke with were aware of their roles and responsibility, and understood what was expected of them.

The registered manager had developed a newsletter. This was made available to everyone involved with the service. The most recent newsletter was seen and included information regarding the registered manager's open door policy. It encouraged relatives to meet with the registered manager to discuss their relatives care and support.

People had the opportunity to feedback on the quality of the service. Though not all the relatives we spoke with were aware of this. Annual surveys had been sent out in 2017. Of the 25 sent out, 11 had been returned. Comments received included, 'Great home, friendly and welcoming.' We did note the responses from the latest surveys sent out had yet to be collated. The registered manager told us the results of the latest surveys would be included in the next newsletter.

The registered manager also carried out surveys with the people using the service. Recent surveys completed included people's thoughts on living in the home, the activities offered and the food provided. The results showed people were happy with the service provided.

The staff team had the opportunity to feed back their thoughts of the service provided. Staff meetings had been held every three months and they had been given the opportunity to raise issues and discuss things openly. One staff member told us, "We have staff meetings. We had one last Thursday." Topics discussed at the last meeting included, activities, dignity and respect, Infection control and confidentiality. Team meetings provided the registered manager with the opportunity to remind the staff team of the provider's visions and values.

The registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate to ensure people's safety.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

During our inspection we saw the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.



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 11 HSCA RA Regulations 2014 Need for consent  People's consent had not always been obtained in accordance with the 2005 Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not ensured that people were provided with a safe and hygienic place to live.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems used to monitor the service were not effective.