

Dr Gurkirit Kalkat and Mr GS Nijjar

Sea Bank House

Inspection report

27 - 31 The Esplanade
Knott End on Sea
Poulton Le Flyde
Lancashire
FY6 0AD

Tel: 01253810888

Website: www.apexhealthcare.co.uk

Date of inspection visit:
07 June 2017
21 June 2017

Date of publication:
09 November 2017

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 comprehensive inspection was carried out on the 07 and 21 June 2017. The first day of the inspection was unannounced.

Sea Bank House Care Home is situated in the seaside town of Knott End On Sea. The home is registered to provide care and accommodation for up to 23 older people. Bedroom accommodation is on three floors which can be accessed by a lift. There is a communal lounge and a separate dining area. There is seating in a small garden at the front of the home.

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

We last inspected Sea Bank House in July 2015. We identified no breaches in the regulations we looked at.

During this inspection visit carried out in June 2017 we asked people if they felt safe. People we spoke with told us they did. However, we found that allegations and evidence of abuse were not always referred to external bodies in a timely way. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to make in the full version of the report.

We looked at the auditing systems in place to identify shortfalls at the home and drive improvement. We found checks on medicines, care records and the environment were carried out. We saw evidence that accidents and incidents were monitored and the registered manager could explain actions taken to minimise reoccurrence. However, we found that required checks were not always carried and had not identified the shortfalls we found during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to make in the full version of the report.

It is a statutory requirement that registered providers of health and social care services display their performance assessment from the last Care Quality Commission inspection report. We found the rating from the inspection carried out in July 2015 was not displayed on the registered provider's website. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Requirement as to display of performance assessments.) You can see the action we told the provider to make in the full version of the report.

We found documentation we viewed was not always complete or up to date. We found risks to people were identified, however the action required to maintain people's safety was not always recorded. During the

inspection visit we raised this with the registered manager. Prior to the inspection concluding we were informed documentation had been updated.

We checked to see if people without mental capacity were lawfully deprived of their liberty if this was necessary. We found appropriate applications to deprive people of their liberty were made to the local authorities as required.

We reviewed staff files and found there were processes that ensured staff were suitably recruited. Staff we spoke with confirmed the required checks had been carried out prior to starting work at the home.

Staff told us they met with the manager on an individual basis to discuss their performance. Staff were complimentary of the training provided and told us further training was being arranged to ensure their skills remained up to date.

We discussed staffing with people who lived at the home. People and their relatives told us staff were "busy." During the inspection we saw staff were patient and kind with people who lived at the home. We saw people were supported at a pace appropriate to their individual needs. We have made a recommendation regarding the staffing at the home.

People who lived at Sea Bank House told us they considered staff were caring. One person told us staff were, "alright." We observed people being supported with kindness and compassion.

During the inspection we saw an external entertainer visited the home to provide entertainment for people who lived there. We asked people at the home how they spent their time. We received mixed feedback. We were told, "I read a lot of magazines, I like watching quizzes on TV." And, "I just read, there's not much else to do." We spoke with a member of staff who told us they were completing a qualification in the provision of activities. They said they were keen to build upon the activities already provided.

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

Most people told us they enjoyed the food at the home. We observed the breakfast and lunchtime meal and saw this was a positive experience for people who lived at Sea Bank House. People were able to choose where they ate their meal and alternative foods were provided if people did not like the meal provided.

People who lived at the home told us they could speak with the manager if they wished to do so. Surveys were offered to relatives and people who lived at the home as a way of receiving feedback. The registered manager told us they did not hold 'residents and relatives meetings' as they were poorly attended. They told us the operational manager was developing a newsletter to provide relatives with up to date information.

People who lived at the home and their relatives told us the manager was approachable. People who lived at Sea Bank House told us they would welcome seeing the registered manager more frequently. We passed these comments to the registered manager for their consideration.

People told us they were supported to see health professionals if the need arose and we found this was recorded in care documentation.

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.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose, however these were not always followed.

Assessments of risk were carried out, however care documentation did not always record the actions staff should take to control risks.

Medicines were managed safely.

Staff were suitably recruited, and staffing levels were sufficient to respond to peoples' individual preferences, however we did receive negative feedback from people who lived at the home.

Is the service effective?

Good ●

The service was effective

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

There was a training programme to ensure people were supported by suitably qualified staff.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

Activities were available for people to participate in.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Reporting processes in place were not always followed to ensure external bodies were aware of allegations of abuse.

The service had not displayed their performance assessment on their public website.

Quality systems had not identified shortfalls in the service provided.

The manager consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the manager was approachable and supportive.

Sea Bank House

Detailed findings

Background to this inspection

We carried out this comprehensive 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 comprehensive inspection was carried out on 07 and 21 June 2017. The first day of the inspection was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. The expert by experience who participated in this inspection had experience of older people and people living with dementia. The second day of the inspection was carried out by one adult social inspector and was announced. There was a two week time period between our site visits. This was due to our previous ongoing commitments. We used part of this time to review information gathered on the first day and inform our subsequent visit.

We revisited the home in order to At the time of the inspection visit Sea Bank House provided care and support to eighteen people.

Before the inspection visit we viewed information the Care Quality Commission (CQC) holds about Sea Bank House. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

As part of the inspection visit we spoke with eleven people who lived at the home and two relatives. We spoke with the manager of Sea Bank House, the cook and three care staff. We walked around the home and spent time in the communal areas to make sure it was a safe and comfortable environment for people who lived there. This also allowed us to observe the interactions between people who lived at the home and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documentation. We looked at four care records and also reviewed three staff files, staff rotas and health and safety documentation. As part of the inspection we viewed a sample of

medication and administration records and a sample of accident and incident records.

Is the service safe?

Our findings

We asked people if they felt safe. People told us, "'I've got no worries, they take security at night seriously, I've never felt threatened". And, "At night you're not worried about noises." One person told us they felt safe; however they would like access to a call bell while they were in the lounge. We discussed this with the registered manager who told us they would ensure this was addressed.

Relatives we spoke with voiced no concerns regarding their family member's safety.

We spoke with staff about safeguarding. They told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the registered provider or the registered manager if this was required. Two staff we spoke with also told us they would report concerns to the Care Quality Commission. One member of staff told us they would report concerns to the Lancashire Safeguarding Authorities to enable further investigations to take place. However, we found referrals to the registered manager and external bodies were not always made promptly.

We noted a person who lived at the home had made an allegation of abuse to a staff member who worked at the home. Records we viewed showed the home had responded to this and action had been taken to protect people at the home. However, documentation we viewed evidenced the allegation of abuse was not brought to the registered manager's attention until 21 days after the person had voiced their concerns.

We reviewed the home's policy 'Safeguarding People from Abuse.' We saw this instructed that staff who suspected abuse had occurred should report this to management immediately.

We discussed the allegation of abuse with the registered manager. The registered manager told us they had referred to allegation of abuse to the Lancashire Safeguarding Authority. However, we saw this was 22 days after the registered manager was made aware of the allegation. We discussed this with the registered manager who said they were unsure why the delay had occurred. We also saw a referral to the DBS service had not been made until eight weeks after the investigation carried out by the home had been concluded. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

These demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems and processes were not operated effectively to prevent and investigate, immediately upon becoming aware of any allegation or evidence of abuse.

We looked at staff files to check suitable recruitment processes were in place. We reviewed documentation which showed appropriate recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and references were sought for each new employee.

We asked eight people who lived at the home if they were happy with the number of staff available to meet their needs. Six people told us they considered more staff were required. We were told, "No, when they're changing over they're down to about two." And, "No, the staff are very busy, I have to wait sometimes." Also, "They seem to be understaffed, they rush around. They don't attend to you; they have to come back to you." One person told us, "I think they could do with more, sometimes when you ring your bell they say I'll be another 10 minutes yet. It happens all the time." A further person commented, "There doesn't seem to be enough, I have to wait. Sometimes I have to wait a long time." In addition, we were told by another person who lived at the home, "No, I have to wait a long time when I press my bell." One person told us there were sufficient staff unless a staff member didn't attend for work. A further person told us they felt an extra staff member would be beneficial if a person at the home was ill.

One relative we spoke with raised no concerns regarding the staffing levels at the home. We spoke with a further relative who told us they had expressed their concerns to the operations manager and they understood this was being investigated.

We carried out observations during the inspection visit. We timed two call bells and saw these were answered promptly. We saw staff spent time with people during the day. For example, we saw one staff member sat with a person and chatted with them about the local area. We saw a further staff member had a cup of tea with people and talked about an upcoming community event. Staff we spoke with raised no concerns regarding the staffing levels at the home.

We discussed the feedback we received with the registered manager. The registered manager told us they did not use an assessment tool to help calculate the number of staff required to meet people's needs. They told us they monitored the staffing levels by carrying out observations and seeking feedback from people who lived at the home. We saw evidence that surveys were carried out. At the time of the survey being completed there was no negative feedback relating to staffing.

We recommend the service seeks and implements best practice guidance in relation to the calculation and assessment of sufficient staffing levels.

During this inspection we checked to see if medicines were managed safely. We observed care staff administering medicines to people individually. We noted the staff member was diligent in their duties and were not disturbed by other staff when medicines were being administered. This minimised the risk of incorrect medicines being given. We looked at a sample of medicine and administration records and found these were completed correctly. We checked the stock of five medicines and noted the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw medicines were stored securely.

We reviewed care records and saw risk assessments were carried out to ensure risks were identified. However, one of the care records we saw did not accurately reflect how risks to a person were to be managed. In a further record we saw a risk assessment had been carried out but the care plan did not reflect the care and support the person required. We spoke with staff who were knowledgeable of the support people required to maintain their safety. We discussed this with the registered manager who updated the care records prior to the inspection concluding.

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure. They were knowledgeable of the support people would require to enable them to evacuate the home. Staff explained each person had a 'Personal Emergency

Evacuation Plan' (PEEP's) and we saw documentation which evidenced this. PEEP's are plans which give specific instruction in the support people require to evacuate safely. We asked staff if they knew how to use the emergency evacuation equipment provided. Two staff members told us they did not. We discussed this with the registered manager who told us they would ensure specific instruction was provided.

We looked at a range of health and safety documentation. We found agreements and checks were in place to ensure equipment and services were maintained safely. On the first day of the inspection visit we noted some windows could be opened freely as the window restrictors could be overridden without the use of a key. Prior to the inspection concluding we saw window restrictors had been fitted which were tamperproof. This helped minimise the risk of falls from height.

We viewed the legionella risk assessment pertaining to the home. Legionella is a bacterium which may be found in water systems and may cause ill health. The legionella risk assessment instructed that monitoring action should be carried out. For example, quarterly dismantling, cleaning and descaling of showers, and annual cleaning of parts of the water system. We asked the registered manager if the monitoring action had been carried out. They told us it had not. They explained the temperature of the water was boosted to minimise the risk of legionella developing but not all required monitoring had been carried out. They informed us they would address this.

We checked to see if water temperatures were monitored. We saw documentation which evidenced water temperatures were checked to ensure they were at a suitable temperature to minimise the risk of scalds. However we saw one tap was delivering water at above the temperature recommended by the Health and Safety Executive within 'Managing the risks from hot water and surfaces in health and social care.' The registered manager told us they had purchased equipment to regulate the temperature of the hot water within the home. They explained the fitting of the equipment was currently being arranged.

Is the service effective?

Our findings

We spoke with people who lived at Sea Bank House to gain their views on the care provided. One person told us, "I'm being well looked after." A second person said, "The care here is good." Relatives we spoke with voiced no concerns with the care provided.

Care files we viewed contained contact details of people who were important to those who lived at Sea Bank House. We saw details of doctors and relatives were recorded to enable contact to be made. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the manager and other health professionals as required.

People who lived at the home were referred to external healthcare professionals in order to maintain their wellbeing. Documentation we viewed evidenced people had access to district nurses and doctors if the need arose. One person told us, "If I'm not well, staff ask me if they can call the doctor and sort it out for me." This showed people were able to seek further medical advice if this was required.

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

We found applications to restrict people's liberty were submitted to the local authority if these were required. Staff we spoke with were knowledgeable of the applications in place. This helped ensure people received care and support in accordance with their assessed needs.

During the inspection visit we saw people were asked to consent to care and support before this was given. For example, we saw one person was asked if they wanted to have their meal in the lounge or the dining area. The person chose to stay in the lounge and their wishes were respected by staff. Staff we spoke with told us they sought to gain people's consent before they delivered care. They told us they would report any concerns immediately to the registered manager or registered provider to ensure people's rights were protected.

We asked people if they liked the food provided at Sea Bank House. We were told, "The food's good." And, "It's alright, I'm not too fussy about food, I know what I like and what I don't like. If I didn't like something, I'd be offered something else." One person told us they didn't like the food provided by the home and their family brought meals to them. We discussed this with the cook and the registered manager. We were told alternative meals were provided and in addition meals were provided at a time that was chosen by the person. During the inspection we saw this took place. We saw one person requested an alternative to the main meal of roast chicken. We saw this was provided. In addition we saw a further person asked if they

could have their meal at a later time. We saw this was accommodated.

Documentation we viewed also evidenced people were supported to eat and drink sufficient to meet their needs. We saw people's weight was monitored to ensure their dietary needs were considered as part of the care planning process. For example, we saw recorded that a person who lived at the home needed their food positioned in a certain way on the plate. Staff explained this helped them eat independently.

We viewed the kitchen area and found the fridges and freezers were stocked with a variety of meats, fresh and frozen vegetable, fresh fruits and dried and tinned goods. During the inspection we saw fruit and biscuits were available and offered to people throughout the day. We observed one person requested toast and jam as a snack and this was provided to them quickly. This helped ensure people ate and drank sufficient to meet their needs.

We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff explained they had received training in areas such as safeguarding, MCA, safeguarding and moving and handling. We reviewed the training matrix which confirmed this. A training matrix is a document that records the training staff have completed and the training staff are required to complete. In addition, we saw safeguarding training had been arranged to ensure staff knowledge remained up to date. Staff we spoke with confirmed they were attending this.

Staff we spoke with told us they received an induction prior to starting to work with people who received care and support. In addition, staff explained they received supervisions with the registered manager. These are one to one meetings where staff discuss their performance and any training needs. Staff said these were helpful as it allowed them to discuss any areas of concern and also to plan any further training required. We saw documentation which evidenced these took place.

Is the service caring?

Our findings

People who lived at the home told us that overall, staff were caring. We were told, "I think they're very nice." And, "I get on very well with them, I haven't had a cross word with any of them." Relatives we spoke with voiced no concerns with the staff at Sea Bank Care Home. One relative we spoke with described the staff as, "Very caring."

We found staff were caring. We observed staff talking with people respectfully and offering help. For example, we noted one person was trying to get comfortable in their chair. We saw a staff member noticed this and approached them. The staff member offered to help and we saw this was accepted by the person. The staff member and the person laughed and joked together and we saw the person was more comfortable as a result of the staff member's intervention.

We observed staff were sensitive to people's needs when they spoke with them. We saw numerous occasions where staff spoke to people and ensured they were at their eye level when they did so. We noted staff sat with people when they spoke with them and did not stand over them as they talked. This demonstrated staff considered their approach to people and ensured they were engaging with people in a respectful way.

We saw staff were patient with people who lived at the home. We observed one person being helped to mobilise and saw this was carried out with compassion and understanding. The staff member offered praise and encouragement. We noted this had a positive impact on the person who laughed and joked with the staff member.

Staff knew people's preferences and social history. We observed staff talking with people about their family and things which interested them. For example, we observed a staff member talking with a person about their favourite books. We noted a further staff member talking with a person about their family and how important they were to the person. We saw the person was smiling and laughing as they recounted their memories. This demonstrated staff knew the social histories of people and used these to encourage conversation which was meaningful to the person.

We discussed the provision of advocacy services with the registered manager. The registered manager informed us advocacy support would be arranged at people's request.

During the inspection visit we noted staff took care to respect people's privacy and uphold their dignity. For example, we observed bathroom doors were closed when personal care was delivered. We saw staff knocking on people's doors prior to entering their rooms and waiting for a response before they answered.

We found care records were stored securely. This helped ensure private information was only available to authorised people. We noted if staff needed to discuss people's needs or wishes, this was done in a private area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Is the service responsive?

Our findings

People who lived at Sea bank House told us the home listened to their views. During the inspection we saw evidence this took place. We saw a musical entertainer had been invited to the home and people were asked if they wanted to attend. People who declined had their wishes respected.

People we spoke with told us their personal preferences were considered and respected. One person told us, "I like to stay in my room. Staff ask me to go to the lounge but I refuse. They accept that."

We found that overall, care records documented the help people needed and their preferences. For example we saw one care record which described where a person wished to eat their meal and the help they required to do so. During the inspection we saw the care plan was followed. We also noted the care record instructed the person to be called by a preferred name. During the inspection we saw staff addressed the person by the name the person preferred. We noted two care records required further information to ensure staff that were unfamiliar with the needs of people, could support them appropriately. Prior to the inspection concluding we were informed this had been carried out.

We asked people who lived at the home how they spent their time. We receive mixed feedback. We were told, "Wasting it, it's ridiculous. A chap brings his music, he's very good." In addition, "I just read, there's not much else to do." And, "I read a lot of magazines, I like watching quizzes on TV." Also, "I read a newspaper, I sit here and meditate. I've not got back into drawing yet."

During the inspection we saw a musical entertainer visited the home. We saw staff gently encouraged people to participate. On the first day of the inspection we observed staff asking people what they would like to do. We noted one person wanted to play dominoes and two further people wanted to draw. We saw this was accommodated and was a positive experience for them. Other people did not wish to join in.

We discussed people's comments with the registered manager. The registered manager told us they encouraged people to engage in activities and a member of staff was completing training in this area to enhance the activities provided. We spoke with the member of staff who confirmed this. The registered manager also explained they offered people activities in accordance with people's preferences.

We found there was a complaints procedure which described the response people could expect if they made a complaint. At the time of the inspection visit people told us they had no complaints. We reviewed a completed complaint and saw this had been investigated and responded to. One relative we spoke with told us they had raised a complaint with the registered provider. They explained they had received an initial response and their complaint was being investigated. This demonstrated there was a procedure in place which was used in practice, to respond to complaints raised.

We asked people if they were involved in the planning of their care. Not all the people we spoke with could recall if this took place, however three people confirmed they had been involved in their care planning. One person said, "Yes. And they speak to [my relative] as well."

Is the service well-led?

Our findings

During the inspection we saw the registered manager was known to people who lived at the home. People told us they could approach the registered manager if they wanted to speak with them.

The registered manager told us they aimed to speak with everyone at Sea Bank House once a week. They explained this enabled them to check people were happy with the service provided. People we spoke with said they would welcome seeing the registered manager on a more frequent basis. We passed this to the registered manager for their consideration.

We asked the registered manager what audits were carried out to ensure a high quality of care was achieved. We were told environmental audits were carried out and we saw evidence of this. In addition we were informed checks were carried out on medicines and accidents and incidents. We saw documentation which confirmed this.

Staff we spoke with told us checks were carried out to ensure improvements were identified. They confirmed checks on medicines, care records and the environment took place. Staff explained if improvements were required, they were informed of these through staff meetings and in person by the registered manager. However, we found the quality monitoring systems were not always effective. We viewed the legionella risk assessment pertaining to the home. We saw not all the required monitoring had been carried out.

In addition, we found the systems in place had not identified the feedback from people regarding the staffing provision at the home, that safeguarding referrals to external bodies had not been made promptly and the performance assessment from the last CQC inspection had not been displayed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not established and effectively operated systems to monitor and improve the quality and safety of the service and monitor and mitigate risks.

It is a statutory requirement that registered providers of health and social care services display their performance assessment from the last Care Quality Commission (CQC) inspection report. Registered providers must ensure their performance assessment is displayed clearly at each location delivering a regulated service and on their website. We checked to see the registered provider had met this statutory requirement. We found the rating from the CQC inspection carried out in July 2015 was not displayed on the registered provider's website. This was a breach of Regulation 20A as the registered provider had not displayed their performance assessment in accordance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A (Requirement as to display of performance assessments.) We took regulatory action and issued a Fixed Penalty Notice for this breach in Regulation.

Staff told us they could speak with the registered manager if they wanted guidance or clarity on any areas. They told us the registered manager was approachable and listened to what they had to say. Comments we received included, "[Registered manager] comes in and asks how people are and how we are. If anyone needs anything [Registered manager] will sort it out." Another staff member told us, "If any of us need

anything we can just call [registered manager.]"

We saw people were offered the opportunity to give feedback on the quality of the service provided. The registered manager told us they offered people and relatives the opportunity to complete surveys as a way of monitoring the service provided. We reviewed the most recent survey and saw people had requested alternative meals at teatime. The registered manager told us the menu had been amended as a result of this and people now had a choice of more hot meals at teatime. We viewed the menu which showed teatime meals included corned beef hash, fish cakes and poached eggs.

We asked the registered manager if meetings were held with relatives or people who lived at the home. The registered manager said individual meetings were held at the request of people and relatives. They explained they did not hold group meetings as some relatives found these difficult to attend. The registered manager said they would reconsider this if this was requested.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not operated effectively to prevent abuse of service users and to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. Regulation 13 (1) (2) (3.)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not established and effectively operated systems to monitor and improve the quality and safety of the service and monitor and mitigate risks.</p> <p>Regulation 17 (1) (2) (b)</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The registered provider had not displayed their performance assessment in accordance with the requirements of the Health and Social Care Act 2008 (Requirement as to display of performance assessments.) Regulation 20A</p>

The enforcement action we took:

We issued a Fixed Penalty Notice for this breach in Regulation.