

Yad Voezer Limited

Yad Voezer 1

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out this inspection over two days on 13 and 14 October 2016. This inspection was unannounced on the first day, and was carried out by a single inspector.

At our last inspection in December 2014 we found this provider was meeting the regulations, but made two recommendations about the maintenance of the building and the use of communication tools.

Yad Voezer 1 is a small care home which is registered to provide accommodation for up to 10 people with learning disabilities and people with autistic spectrum conditions. The service provides care for men in line with Orthodox Jewish practices. The building consists of 10 bedrooms over three floors, a large communal dining area and living room, kitchen, three bathrooms and staff office and sleeping in room. There is a large kitchen which is divided between dairy and meat sides in accordance with Kashrut law, and an additional Pesach kitchen upstairs to aid compliance with religious requirements at Passover which was closed at the time of our inspection. At the time of our inspection eight men were living in the service and one man was staying for respite.

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.

The service provided culturally appropriate support in a caring manner. There were tools in place to support people to express their views to staff and to consent to and make decisions about their care. Care plans clearly outlined people's needs, preferences and wishes and contained information for staff about how to promote daily living skills and independence. Health action plans were in place to support people to maintain good health and people received extensive support from staff to attend appointments. People chose their own food and were consulted about the weekly menu. Where people were at risk of poor nutrition there were measures in place to monitor and mitigate this.

The provider had made considerable improvements to the building, including to the standard of cleaning, replacing worn carpets and refurbishing bathrooms, although one was still due to be refitted. There were still some outstanding maintenance issues, which were recorded by staff who liaised with the landlord to address these, however we found that important remedial work on electrical fittings had not been carried out.

There were detailed plans in place to manage risks to people who used the service. These included reviewing incidents and unusual occurrences to learn from events and to reduce people's behaviour which may be unsafe. The provider had measures in place to promote a safe environment, including nightly and weekly checks of the premises. Where the provider stored money on behalf of people, there were not documented checks of this. Fire processes were in place, including an evacuation plan, checks of equipment

and regular fire drills, although there were not personalised evacuation plans for people who needed staff support to evacuate. Medicines were safely managed and stored, and staff maintained accurate records of administration which were audited by senior staff and managers.

People benefitted from a stable staff team who had been in post for many years. Safer recruitment processes had been followed when staff were recruited. Staffing levels were adequate to meet people's needs, and varied in response to activities, needs and festivals. Staff training records were incomplete, and some staff had not received recent training in areas including fire safety, food hygiene and infection control. Where supervisions and appraisals were carried out these were effective, however supervisions were not always carried out regularly. The provider's policies did not state what the requirements were for training or for supervision, and were often generic and not specific to the service. There were not accessible versions of policies available for people who used the service.

We have made a recommendation about how the provider plans for the evacuation of the service in the event of an emergency. We found two breaches of regulations relating to premises and staff training. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe in all respects.

Although extensive checks were in place to promote a safe environment, we found that important remedial work had not been carried out on the electrical systems. Fire safety processes were in place, however personal emergency evacuation plans were not in place for people who needed support to evacuate in the event of emergency. There were measures in place to manage the risks to people who used the service, but there were not documented checks of money the service held on behalf of people, which may put people at risk of financial abuse.

Staffing levels were adequate to meet people's needs, and these were planned around events, activities and festivals.

Medicines were safely stored and managed.

Requires Improvement ●

Is the service effective?

The service was not effective in all areas.

We found that there was not a comprehensive training record in place for staff and the provider's policies did not outline training requirements. Although an effective system of supervision was in place, this was not always taking place regularly and there was not a clear expectation for how frequently supervision was required.

People received support through health action plans and regular appointments to maintain good health. There were measures to ensure that people had adequate nutrition. The provider was meeting its responsibilities under the Mental Capacity Act 2005.

The environment had been extensively upgraded since our last inspection, although some work was still outstanding.

Requires Improvement ●

Is the service caring?

The service was caring.

People benefitted from a staff team that had been in place for

Good ●

many years. We observed caring and respectful interactions between people and staff who knew them well.

There were appropriate communication tools in place to support people to express their views, and keyworking meetings and residents meetings took place regularly to support people to speak up. People had personalised activities plans in place, and we saw that people were supported on a daily basis to undertake activities of their choice.

People were dressed appropriately in line with their cultural needs and staff were knowledgeable about how to support people with their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained detailed information about people's needs, wishes and preferences, and were reviewed regularly. People were supported to develop life skills and become more independent. The support provided was culturally appropriate.

The provider had a complaints policy and a system in place for recording complaints, but none had been received.

Is the service well-led?

Good ●

The service was well led.

Staff were positive about the support they received from managers, and relatives felt they communicated well. The registered manager maintained an open door policy, and carried out regular team meetings to consult with staff and ensure that staff were working together in line with the provider's expectations.

The registered manager had suitable systems of audit and checking to ensure that standards were met.

Policies were sometimes generic, and did not clearly explain what the provider's expectations were.

Yad Voezer 1

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 13 and 14 October 2016 and was unannounced. On the second day the provider knew that we would be returning. The inspection was carried out by a single inspector.

Prior to carrying out this inspection we reviewed information we held on the service, including notifications of serious incidents and events that the provider is required to tell us about.

We reviewed records of care relating to three people who used the service and medicines records for everyone who used the service. We spoke with three care workers, the registered manager and the deputy manager. We carried out observations of care and spoke with one person who used the service and two relatives of people who used the service. We reviewed records relating to staff training, supervision and recruitment and records relating to the management of the service, including rotas, health and safety checks, audits, training, staff meetings and policies and procedures.

Is the service safe?

Our findings

People were not always protected from avoidable harm as the provider had not taken appropriate steps to ensure that the environment was safe. The service did not have an up to date certificate of electrical safety. The previous check was carried out in January 2013, and made five recommendations. This included remedial works to extractor fans in the bathrooms, and identified this as a danger, and another finding was identified as 'potentially dangerous'. There was no record that further action had been taken to address these issues. The provider told us they had consulted with the landlord who believed that the work had been carried out, but that they were unable to provide a record of this. They arranged for a new electrical safety check to be carried out.

This constituted a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives told us that they thought the service was safe. One person told us "Yes I feel safe here, I like it." Staff we spoke with understood their responsibilities to safeguard people who used the service and accurately described the signs that a person may be being abused and their responsibilities to report this. One staff member said "Everybody here is watching everybody else", and another said "If you know [the people you are supporting] well, you know when they're troubled." All staff told us they were satisfied that if they had concerns their managers would take this seriously.

The provider had measures in place to ensure people's safety. For example, temperatures of the fridges and freezers were checked daily. Meals were delivered to the service and reheated by staff who checked food was reheated to a safe temperature using a thermometer. The service had been inspected for food safety in May 2015, and had received a four out of five rating.

Night staff carried out checks of the building, including checking that doors and windows were secured and that the fridge had been checked for out of date food. In addition, the provider carried out monthly health and safety checks of the building, such as testing water temperatures in people's rooms, although there was no clear guidance for staff on what were suitable temperatures. Up to date checks had taken place of the gas and portable appliances.

A satisfactory fire safety inspection had been carried out in May 2015, and the fire risk assessment was reviewed regularly. All fire equipment was being serviced yearly. Weekly checks were taking place of the fire panel and fire evacuation drills were taking place four times a year. There was a fire evacuation plan, including an assembly point and this identified alternative premises in the event of an emergency. However, some people did not evacuate the premises at the time of the fire drill, and the provider told us that two people would require support to leave the building in the event of a fire, but there was not a personal emergency evacuation plan (PEEP) in place for these people. We recommend the provider take advice from a reputable source on implementing personal emergency evacuation plans where necessary.

Where the provider managed or stored people's money on their behalf, we saw that transactions were

recorded on a finance sheet and that appropriate receipts were stored. The registered manager told us that he carried out checks of people's balances and transactions, however there was not a record kept of these, which meant we could not be certain that this was taking place.

Risk assessments were in place for known situations which may be unsafe for people. These were reviewed regularly, and included risk management plans in order to mitigate these risks. For example, where a person was known to attempt to run into the road, risk management plans included providing one to one support when accessing the community and using tools such as social stories to teach people about danger and reduce anxiety. For each person there was a detailed list of areas of concern and a behavioural monitoring record which documented what had taken place, which factors may have contributed to the risk and what intervention staff had taken in response. There was evidence of positive risk taking being used to promote people's independence, such as risk assessments for people to use the oven and hob.

Incidents and accidents were also recorded by the provider. This included recording information such as antecedents, what action was taken in response and whether risk assessments needed reviewing as a result of the occurrence. This information was reviewed and signed off by the registered manager. People's whereabouts were verified at each staff handover, during which shift leaders also verified the day's programme and whether any significant events had occurred.

Staffing levels were high relative to the number of people using the service, and there were additional staff available in the morning to support people with personal care. Rotas showed that there was additional staffing put in place during religious festivals. The service maintained a minimum of one waking night staff and one member of staff sleeping in, and the provider told us that this could be increased to two if necessary. Shift plans were compiled twice daily, and included allocating staff to support individuals with particular appointments and activities.

There was a stable staff team, and all staff had been working in the service for a minimum of four years, with several in post for over 10 years. The provider had not recruited any new staff since our last inspection, so we were unable to judge whether the provider's recruitment policy was being followed correctly. However, staff files we reviewed showed that the provider had followed safer recruitment processes when staff had been recruited, including obtaining evidence of each staff member's identity and their right to work in the UK, obtaining a detailed work history and two references. Checks were carried out with the Disclosure and Barring Service (DBS) prior to staff starting work in the service. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. Staff were required to inform the provider if there was a change to their DBS status.

The provider was managing medicines safely. The medicines room had locked cupboards with a key held by the shift leader. A safe with a key and combination lock system was used to store controlled medicines securely, and stocks of these were checked by the shift leaders each day. A risk assessment covered the safe and appropriate storage of medicines, and guidelines were in place and easily accessible for staff for medicines which were taken as needed. The medicines file contained information on what medicines were prescribed and possible side effects and precautions. Medicines recording charts were being completed correctly and these were verified at handover each day. Where medicines required refrigeration, these were stocked in a dedicated locked fridge, the temperature of which was recorded daily. The provider maintained a list of specimen signatures of staff who had received training in medicines and were authorised to administer these in order to aid the audit process and ensure that people received their medicines as prescribed.

We saw evidence that when people were taking medicines on a long term basis that these were reviewed

with GPs and consultants to ensure that the medicines were still suitable to meet people's health needs.

Is the service effective?

Our findings

At our last inspection, we found that the environment was in need of improvement. The registered manager told us "We've been working hard to rectify that problem." We saw that communal areas were in good condition and many areas of the building had been repainted. Out of the three bathrooms, two had been comprehensively refurbished and refitted with non-slip flooring and grab rails. The top floor bathroom was due for refurbishment, and the floor was in poor condition. We found that repairs and maintenance issues had been recorded and raised with the landlord, although in some areas there were tasks outstanding, such as a minor leak in the conservatory roof. There was a stairlift in place to allow a person with mobility difficulties to access their room and continue living in the service. Flooring was often in poor condition, and was dirty and discoloured in some areas, but was free from trip hazards. The provider told us that they had arranged for the replacement of the carpet after the festivals, and we saw photographs after our inspection to confirm that new flooring was now in place in some areas.

People we spoke with made positive comments about staff. A relative told us "Generally I'm very impressed with the staff." Staff told us that they received adequate training to meet their needs. One staff member said "I enjoy training, it is rewarding."

However, we found that the provider's training policy did not clearly outline what training staff were expected to receive, and whether refresher training was required. The policy had been purchased externally, and included a section on outlining the service's objectives and skills requirements. We therefore were unable to say whether the provider was meeting its own training needs.

The provider's training record only covered the past two years, with limited evidence of training carried out before this point. For example, it recorded that infection control training had taken place in October 2015 and that eight out of 11 staff had attended this, however this record did not show whether the remaining three staff had previously attended this course. Four out of 11 staff had attended food hygiene training, but it was not clear when the rest of the team had attended this. Six out of 11 had attended moving and handling training and seven staff had attended fire safety training in November 2014, but it was not clear if other staff had attended these and when. Therefore we could not be assured that staff had received adequate training to enable them to meet people's needs effectively.

These issues constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to a recent incident in another service, the provider had booked moving and handling training for the entire staff team. All staff had recently been registered to undertake the Care Certificate. The provider told us that as a small organisation they had a limited budget for training, and often found it difficult to ensure that all staff attended training whilst maintaining staffing levels. At the time of our inspection we were unable to see evidence that staff had undertaken first aid training, but satisfactory evidence of attendance was provided to us after the inspection.

Staff Supervisions were not always taking place regularly. Typically these had taken place within the last six

months, although for some staff who did not have front line roles they had not received supervision in the last year. The provider's policy did not specify how frequently supervision should take place, and stated 'supervision should take place at least times a year'. We were therefore unable to say whether the provider was meeting its own requirements. Supervision was used to review staff performance, agree future work targets, provide feedback from keyworking sessions and review training, support and personal needs. Staff told us that the registered manager was accessible, and they were able to obtain support and advice when required.

The provider was carrying out staff appraisals on a yearly basis. Staff were rated in areas of competence by both the staff member themselves and their manager, in areas including job knowledge and problem solving, and appraisals were used to identify future objectives and recent accomplishments. The provider told us they were moving to a new system of appraisal based on staff achievement levels.

The provider was meeting its responsibilities under the Mental Capacity Act 2005 (MCA 2005). The Act 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. Where appropriate people had signed their care plans, and there was evidence of people's consent to changes to their care through minuted and signed discussions, which in some cases were written by the person themselves. We saw that assessments had been carried out where it was thought people lacked capacity to make particular decisions for themselves, and there was a record of best interests processes being followed. For example, where a person lacked capacity to consent to hospital treatment, a discussion had taken place with hospital staff and family members on what was in their best interests. Where people had Deputies or were under the Court of Protection, this was clearly documented in care files.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had sought advice from the local authority for interventions which may restrict people's liberty, such as installing keypad locks on their bedroom doors where a person was entering other people's rooms. There was a keypad lock on the front door, and the code for this was given to people where they were able to operate this independently. Where people were not able to do so, the provider had made an application to the local authority in line with DoLS and had worked with the local authority to explore less restrictive options.

We saw that people received appropriate support with their nutrition. Staff told us that generally everyone ate meals together, although some people chose to eat meals alone in their rooms. We saw people being supported to eat breakfast at a time of their choosing. The kitchen had separate areas and fridges for meat and dairy in line with Kashrut law, this was under the supervision of the provider's religious advisor. The service also had a separate kitchen for Pesach, which meant that Jewish dietary requirements could be more easily adhered to during this festival. We were unable to view this as we inspected the service between the festivals of Yom Kippur and Sukkot, and were advised that opening this room would not be culturally appropriate. The main kitchen was an open facility, which people were able to access at any time. One person's plan had extensive information on their dietary routines and how they related to their mental health needs, and showed measures staff were taking to support them to supplement their food intake and monitor their weight. There were guidelines in place for this person for seeing the GP in the event of weight loss.

We saw evidence of support for people to maintain good health. Everybody had a health action plan which

contained details of recent appointments and steps that needed to be taken to improve and maintain peoples' health. We saw evidence of regular health appointments and reviews with specialist health services. Records were kept of appointments, including a summary of what was discussed and outcomes from the appointment. We saw that when staff had concerns about people's health, appropriate actions were taken. For example, staff expressed concerns about a person's gait, and they were supported to attend their GP and appointments with specialists.

Weight monitoring charts were in place for people who used the service, and where people were at risk other logs such as nutritional and bowel charts were maintained in line with the organisation's risk assessments. For example, where a person was at risk from constipation, staff recorded their bowel movements, with clear instructions for staff to follow on particular days to ensure that health input was sought promptly to meet the person's needs.

Is the service caring?

Our findings

At our previous inspection we made a recommendation about how the provider could improve communication with people who used the service. People now had communication plans with detailed information about the most effective ways to communicate with people. For example, one person's plan stated they preferred to use pen and paper to write their views and choices of what they wanted to do, and that they needed time to do this. We saw that this person had written their own keyworking sessions, and there were extensive records of when they had given their views on their care and activities. This person was also receiving training from staff in order to use the phone independently.

People and their relatives told us that the staff team were kind and caring. One person told us "Staff are kind to me" and a relative said "There's a happy atmosphere." One relative told us "They bought a trampoline for my relative, it was very nice of them to do that."

We saw that the service benefitted from a very stable staff team. Staff we spoke with had worked there for at least four years, and some staff for over 10. This meant that they knew the people who used the service very well. We observed staff listening patiently and respectfully to people and providing reassurance. For example, where a person was anxious, a staff member sat with him and encouraged him to talk about the reasons for his anxiety and what they could do together to alleviate this. In another case we observed a staff member patiently establishing what a person with limited communication wanted to have for lunch, and then provided support to them to prepare this.

People were supported to make decisions through key working sessions, residents meetings and day to day support. Keyworking sessions took place monthly and were also held in response to incidents and unusual events. Sessions covered topics such as what the person had done and achieved in the past month, what they weren't happy with and what they would like to do in the coming month. Keyworking sessions were also used as an opportunity to check the condition of the person's room, record if any repairs were outstanding and whether the person needed to purchase any personal items. One relative said "He's got a good relationship with his keyworker."

We saw that each person had a personalised activities plan which illustrated activities they liked to do with photographs of them carrying out this activity. These included going out for lunch, going bowling, and attending workshops such as music and soap making. People were supported to go cycling weekly and to attend a day service which was culturally appropriate, and activities plans were used to support people to make choices about their activities. On both days of our inspection, people who used the service were out for the majority of the day attending activities with staff. We saw limited evidence of accessible communication tools displayed on the walls, and one relative told us "[My relative] likes photos, they should use more pictures with him."

Residents' meetings were also taking place regularly, although the provider told us it was sometimes necessary to schedule the next meeting after a major religious festival. These were well attended by people who used the service, and supported people to express their views about food, leisure activities and items

that they needed. The registered manager had recently added a section to the minutes to record his views on the meeting and what actions had been taken in response to people's views. For example, people had requested fans in order to stay cool during hot weather, and the registered manager recorded that these had been purchased, which we saw in place in the building.

Staff we spoke with described at length the measures that they took to ensure that people's dignity and privacy was protected. One staff member said "I make sure they are involved as much as possible" and another said "I ask, if I was receiving care how would I like to have this provided." Another staff member told us how they would support people with discretion and dignity if they required personal care whilst accessing the community. People who used the service were dressed in clean and well maintained clothing which was appropriate for the time of year and in line with Orthodox tradition.

Is the service responsive?

Our findings

People's care plans were detailed and person centred, and had all been reviewed within the past six months. We saw that there was information on people's likes, dislikes and preferences. Care plans contained information about how people were developing their daily living skills, and people's skills were reviewed every three months. There was information about people's preferred routines and activities, and information for staff on how people's routines were affected by their mental health needs and how people could be best supported without disturbing their routines. For one person it was important to be able to leave the building several times during the day in order to touch certain items outdoors, and there were guidelines for staff to support the person to do this safely.

Where particular activities were planned for people with behaviour which may challenge others, there were detailed guidelines in place for how to support people, including areas to avoid, possible triggers for the behaviour and ways in which staff could deescalate the situation. The provider had looked at reasons for people's behaviour by recording triggers, and had used this to attempt to prevent the risk of recurrence. For example one person was attempting to leave the service at night and could become agitated. The registered manager explained that they had determined the person felt trapped, and had provided them with the code for the front door and made it clear that they had the freedom to leave at any time, and this had resulted in the behaviour stopping.

Relatives told us the service provided culturally appropriate support. In line with Orthodox custom, the service was staffed entirely by men, and the provider had a religious advisor who ensured that support was appropriate and that kosher requirements were maintained. The provider told us that they had a television, which although not permitted by some interpretations of Jewish law was requested by a person who used the service in order to be able to watch football. We saw that the kitchen was divided between meat and dairy sides, and there was a cooker which could be used to reheat food during Shabbos. The service had an extensive library of books appropriate to the Jewish faith, and we saw people being supported to read and pray. There were mezuzahs affixed to doorframes in accordance with Jewish law.

Our inspection took place prior to the festival of Sukkot, and staff showed us an outdoor dining area which had been erected in order to fulfil the custom of dining "in the booth". There was also a roof made of natural materials above the conservatory, which staff told us was to give people the choice to eat indoors whilst maintaining the tradition. Rotas detailed upcoming festivals for staff and contained sunrise and sunset times in order to facilitate observance.

The provider had a complaints policy which was displayed on communal noticeboards. There was not an accessible policy in place, however signs around the service asked people who used the service and their visitors to inform staff if they had any complaints, concerns or suggestions. The suggestion box was usually placed by the front door, however the provider told us this had recently fallen down. We saw that there was a process in place for recording and investigating complaints, this included actions taken by managers in response, however it had not been completed, and the registered manager told us that there had not been any recent complaints. Relatives we spoke with confirmed that this was the case. Compliments were also

recorded extensively by the provider, for example we saw a letter from a relative thanking staff for all their help in supporting their family member to settle into the service.

Is the service well-led?

Our findings

At our previous inspection we found that policies were not always customised to meet the needs of the service. The provider told us on this inspection that they had recently purchased a new set of policies and were in the process of implementing these. We saw that policies were comprehensive in their scope, however they were still not specific to the needs of the service, and in areas such as supervision and training did not set out clear expectations to staff and managers. There were not accessible versions of policies available for people who used the service.

Staff were positive about the support they received from their managers. One staff member said "Managers are fantastic", whilst another said "I have a very supportive manager. ...I look forward to work in the mornings."

Staff meetings were taking place monthly and were well attended by staff. These were used as an opportunity to discuss issues such as the rota, staff development, cleaning, infection control and punctuality. Staff also discussed people's individual needs and upcoming activities and festivals. There was evidence of consultation with staff, for example the registered manager told us that he was planning to implement a new system of appraisals, however some staff had concerns that this did not give them sufficient opportunity to express their views. The registered manager had planned a staff meeting to discuss this as he did not want to impose this on staff, adding "We discuss things here and give staff the opportunity to contribute."

The registered manager was also responsible for a neighbouring service, and spent some of his time based there, however staff felt that they could always contact him whenever necessary. The registered manager maintained an open door policy, and during our inspection we saw many instances of staff, people who used the service and relatives calling in to discuss concerns with the registered manager. The registered manager made time to speak with people and discuss their concerns. For example one person's relative had requested they be given their family member's bank book, and the registered manager spoke with the person to obtain their consent and ensure they understood the responsibility of staff to obtain consent before acting on their behalf.

Relatives of people who used the service were generally positive about managers, telling us "They do keep in touch" and "When I request for things they are very nice." One person felt that managers could be better at keeping in touch, adding, "there should be someone to take charge and make sure things are followed up after a meeting."

There was an effective system of checks in place to monitor the quality of the service. For example, the registered manager carried out weekly checks of medicines to ensure that these were safely administered. There were weekly checks of the environment and the health and safety of the service, menus, fire and food safety and incidents and accidents.

The registered manager had carried out a quality control survey in 2014, and feedback from this had been

noted and acted upon. For example, one person had suggested that Jewish music be played more often in the service, and the registered manager noted that appropriate CDs had been purchased in response to this. The provider had recently sent out a new survey to family members of people who used the service, and were awaiting feedback from this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises used by the service provider were not properly maintained 15(1)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive appropriate training as necessary to enable them to carry out the duties they are employed to perform. 18(2)(a)