

M J Flynn

# Parkfield House Care Home

## Inspection report

Thwaites Brow Road  
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West Yorkshire  
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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?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This inspection took place on 16 May 2017 and was unannounced. The last inspection took place on 20 April 2016 and at that time we found the provider was in breach of Regulation 17; Good Governance. This inspection was carried out to see what improvements had been made since the last inspection. At this inspection we found the provider was in breach of Regulation 12; In safe care and treatment, Regulation 13; Safeguarding service users from abuse and improper treatment and Regulation 17; Good governance.

Parkfield House in Thwaites Brow, Keighley provides nursing care for up to 24 people aged over 65 years. It is a converted house which has 17 bedrooms comprising of eight doubles and nine singles. There are two lounges on the ground floor and one lounge upstairs. The home has a large conservatory overlooking tiered gardens and a patio area. There is a passenger lift for access to the upper level as well as stairs. All food is prepared on the premises and there is a laundry.

At the time of our inspection the service was without a registered manager. The previous manager left in April 2017. In the interim a manager from the provider's other home is overseeing the service until a new manager can be appointed. 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.

People told us they felt the service was safe. Staff had a good understanding of safeguarding and knew how to report any concerns about people's safety and welfare. We found safeguarding concerns were being referred to the local safeguarding team and the Commission.

The provider followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. Staff training had improved and the majority of staff were up to date with training on safe working practices. However we found staff supervision was not regular or consistent and appraisals had not been completed this year.

Overall we found people's medicines were managed safely. Although records did not always show when creams and lotions known as 'topical medicines' were applied and how often; we were told this issue would be addressed by the interim manager during the inspection.

We found staff were not working in accordance with the Mental Capacity Act which meant people's rights were not always protected.

We found people's health care needs were met and relevant referrals to health professionals were made when needed.

Although staff generally responded to people's individual needs; this was not always reflected in people's

care records. People's care plans and other records required improvement.

People had their nutritional needs met and were offered a choice at every meal time. People were offered a varied diet and were provided with sufficient drinks and snacks throughout the day. People with specific nutritional needs received support in line with their care plan.

A range of activities was offered for people to participate in and people told us they enjoyed these.

There were systems in place to ensure complaints and concerns were fully investigated. The provider had dealt appropriately with all complaints received.

We found some areas of the home would benefit from refurbishment. Equipment were appropriately maintained and we noted safety checks were carried out regularly.

People, relatives and staff spoken with had confidence in the service. We found there were systems to assess and monitor the quality of the service, which included feedback from people living in the home and their relatives.

Although there were quality monitoring systems in place they had not been effective in achieving the required improvements in the service. This showed us that further improvements were still required to the governance systems in place at the home.

In addition to an on-going breach of regulation in relation to good governance (Regulation 17) we found two new breaches of regulations in relation to safe care and treatment (Regulation 12) and safeguarding service users from abuse and improper treatment (Regulation 13).

You can see the action we have asked 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?

**Requires Improvement** 

The service was not always safe.

People told us they felt safe. Staff understood safeguarding issues and how to protect people from any harm or abuse.

There were sufficient numbers of staff to meet the needs of people living in the home. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People were supported with their medicines in a safe way by staff. However we found a number of gaps which included care staff not having signed to show they had applied cream or ointment as prescribed.

Some area of the home would benefit from refurbishment and made more dementia friendly.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

Staff were not always working in accordance with the requirements of the Mental Capacity Act 2005.

People were supported to have an adequate dietary intake and their preferences were catered for.

We found staff had received appropriate induction to work and staff training was kept up to date. However we found staff supervision did not take place on a planned and regular basis and appraisals had not been undertaken this year.

### Is the service caring?

**Good** 

The service was caring.

People were supported by staff that were caring and compassionate.

Staff knew about people's individual likes, dislikes and preferences.

Relatives could visit at any time and told us they were always made welcome.

### Is the service responsive?

The service was not always responsive.

Care plans were not always person centred to reflect people's individual needs.

People were supported to take part in a range of activities in the home.

People knew how to complain and said they would raise issues if this was necessary. Previous complaints had been responded to appropriately and in a timely manner.

**Requires Improvement** 

### Is the service well-led?

The service was not always well-led.

Staff we spoke with told us they enjoyed their work. People we spoke with told us they were well cared for.

At the time of inspection there was no registered manager in post. However, the organisation had been proactive in recruiting a new manager who was due to take up post shortly after the inspection.

There were systems in place to monitor the quality of the service which included feedback from people living in the home and their relatives. However the system was not robust to ensure people receive safe, effective, responsive care and treatment

**Inadequate** 

# Parkfield House Care Home

## 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 16 May 2017 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

At the time of our inspection there were 19 people using the service. During the inspection we spoke or spent time with 11 people who used the service and 6 visitors. We spoke with five care staff, the interim manager, and the manager from another of the provider's homes, the administrator, the care quality manager and one of the providers. We spent time looking at documents and records related to people's care and the management of the service. These included quality assurance processes, four staff recruitment files and training records. We looked at six people's care plans and medication records.

Before our inspection we reviewed all the information we held about the home including previous inspection reports and statutory notifications. Before inspections providers are usually asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed the PIR and returned it to us in a timely manner. We also contacted the local authority contracts and safeguarding team.

# Is the service safe?

## Our findings

The people we spoke with said they felt safe in the home. These were some of the comments people made, "I feel safe because you can talk to people." "It's a friendly group to be in." "They are nice people here; I know nearly all of them."

All the visitors we spoke with told us their relative/friend was safe. One visitor told us this is because "There is a lot of staff around." Another visitor said, "Because they have 1-1 care and it is always in place when I visit. They have two main carers who have been excellent with them. My relative tends to bump into things and has bruises sometimes but there is always an explanation." This visitor also told us there is a mat by the bed for their relative which is alarmed to alert staff if the person gets out of bed.

The interim manager told us the current care staffing levels were one nurse and five care staff throughout the day and one nurse and two care staff at night. Duty rotas we looked at showed consistency with these staffing levels.

Staff we spoke with said there were enough staff to meet people's needs. One staff member told us, "We have enough staff. There are times that we cover for people who are on sick." Another told us, "Yes, they ensure adequate staffing at all times."

Our observations and discussions with people who used the service as well as staff showed there were sufficient staff members on duty to meet people's needs and keep them safe. The quality care manager reported the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. This was confirmed by our observation during the inspection and the staff rotas we looked at.

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff started employment. These included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

In the Provider Information Returned [PIR] the provider stated, 'Medication needs are assessed on admission and re assessed monthly or sooner if needs change. Only trained staff administer medications which are kept in a locked cupboard within a locked room only trained staff have access to this.' We found this was the case.

We inspected medication storage and administration procedures at the service. We found medicine trolleys and storage cupboards were secure and clean. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. We saw drug refrigerator temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures.

We saw most medicines were administered via a monitored dosage system supplied directly from a

pharmacy. This meant that the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments in a blister pack.

We observed the morning medication round and the qualified nurse on duty administered the medicine correctly and always asked if people required medicines administered on an 'as and when required' [PRN] basis. The records we looked at clearly showed under what circumstances PRN medicines should be given.

We found systems were in place to ensure medicines prescribed to be administered before or after food were given correctly. The qualified nurse on duty told us no one who used the service received their medicines covertly.

We looked at medication administration records [MARs] and reviewed records for the receipt, administration and disposal of medicines. We conducted a sample audit of four medicines dispensed in boxes to check their quantity. We found on all occasions with one exception the medicines could be accounted for. However, we saw one tablet prescribed to be administered to a person on the night of the inspection had already been removed from the blister pack. The interim manager was unsure why this had happened and confirmed they would investigate the matter.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the contents of the controlled medicines cabinet and controlled medicines register. We found all controlled medicines accurately recorded and accounted for.

We looked at the topical medication administration record [TMAR] and found body maps were in place to ensure staff applied the cream or ointment to the correct area. However, we found a number of gaps where care staff had not signed to show they had applied the cream or ointment as prescribed. This was discussed with the qualified nurse on duty who confirmed they would address this matter.

The home had policies and procedures for safeguarding adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence the provider had notified the local authority and the Care Quality Commission (CQC) of safeguarding incidents. The service had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

The staff we spoke with told us they were aware of how to detect signs of abuse. They were aware of the whistle blowing policy and felt able to raise any concerns knowing they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

We looked at the accident and untoward incident records and found all accidents, incidents and falls were being recorded. However, we found no audit system in place to analysis the data gathered. This meant there was no evidence to show the service had looked for themes and trends around accidents and incidents and had not carried out a lessons learnt exercise. The majority of risk assessments were seen to be in place, however not all provide accurate and up to date information. Although the assessments were generic, these were personalised to reflect the individual.

We looked at the systems in place for the safe keeping of people's money. We cross referenced the money



held for some people with their financial transaction sheet and found no discrepancies.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provide staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

We looked round the home and inspected a random selection of bedrooms, bathrooms and communal living areas. We found some areas of the home would benefit from refurbishment although the bedrooms and communal areas were generally clean and tidy. However, we found the only sluice disinfectant was not in working order and the nurse on duty confirmed this had been the case for some time.

We also found the pathways outside two fire exit doors were covered in moss or other vegetation which might have impeded people's exit from the building in an emergency situation. This was discussed with the provider who confirmed immediate action would be taken to clear all pathways around the building.

The provider information return [PIR] showed the home was in the process of being decorated with emphasis being placed on creating a more dementia friendly environment. For example, the interim manager was aware the signage around the home was not always clear for people living with dementia to understand. We asked the interim manager if the provider had taken specialist advice about the planned refurbishment of the home and were told to the best of their knowledge they had not done so. They said they would speak with the provider about seeking advice and guidance from an external agency to ensure they created the best possible environment for people living with dementia.

We inspected maintenance and service records for the lift, gas safety, electrical installations, water quality, and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required.

## Is the service effective?

### Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent when helping people with their needs.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The interim manager initially told us five people were subject to an authorised DoLS and seven applications had been submitted for authorisation. However, during the course of the inspection we found contradictory evidence about the number of people with a DoLS in place. For example, we looked at the authorisation for one person we had been told had an authorised DoLS in place and found it had expired in March 2017 so was two months out of date. We also found the authorisation had two conditions in place which the interim manager and qualified nurse on duty were not aware of. This potentially might have led to the person being deprived of their liberty unlawfully.

We looked at the DoLS authorisation for a second person and found it had expired in April 2017 so was one month out of date. We had been informed it was still active. This was discussed with the interim manager who confirmed they were not really sure which people living at the home actually had a DoLS in place or if any conditions had been imposed.

This breached Regulation 13 (5) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 210. You can see what action we told the provider to take at the back of the full version of the report.

We saw staff explained to people what they were proposing to do and ensured they had the person's consent before proceeding to help them.

People told us they were given choices within the home regarding when they got up, what they ate, where they sat, what activities they participated in and when they went to bed. For example, one person told us, "I go to bed when I want and get up when I want. No one tells me when that is."

Care plans were not signed by people or their representative to show they agreed with the contents and consent documentation for areas such as administration of medicines, living at Parkfield House and photography for medical and other purposes were not always signed. These were raised with the interim

manager who agreed to address the short falls.

There was evidence of input from health professionals documented in the care plans. Care plans showed people were routinely referred to community health professionals. The outcome of these visits was documented to assist staff in meeting peoples' needs. This showed people received additional support when required for meeting their care and treatment needs. The records we looked at showed staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. These services had included GPs, hospital consultants, community nurses, tissue viability nurses, dieticians and dentists. Health care professionals we spoke with said they had no concerns about the standard of care and treatment people received. They told us staff were quick to refer people if they had concerns and followed their advice and guidance.

We looked at staff records and the training matrix. We saw training was either completed, booked, or in the process of being signed off as completed. Staff were required to complete a number of courses including fire safety, moving and handling, infection control, safeguarding, health and safety, nutrition, dignity and respect. Staff we spoke with told us the training was good and equipped them to carry out their role.

We asked people and visitors whether they thought staff were competent in their role. One person told us, "I think they're competent enough. They seem to be very good." Another visitor said, "I can't fault any of them."

We saw staff supervision was not regularly planned and appraisals had not been undertaken this year. However the care quality manager was aware this was an area for improvement and had started to rectify this in their improvement plan. They had a schedule for the remaining staff appraisals and supervisions.

In the PIR the provider stated, 'They have food and fluid balance charts in place and staff spend time with residents that require assistance to encourage a healthy and well balanced diet.' We saw this during the inspection.

We observed the lunchtime meals and saw people were given time to eat their meals. People told us the meals were very good and there was always plenty of choice. We saw if people required assistance or prompting to eat their meals staff sat with them and encouraged them to take an adequate diet.

We saw people were offered and shown a choice of meals and pictorial menus were available to assist people to decide what they wanted to eat. Hot and cold drinks were offered to people throughout the day.

We saw people were encouraged to consume a healthy diet. We spoke with the cook and found they were knowledgeable about people's individual dietary needs and worked with the care staff to ensure people received a healthy and balanced diet.

# Is the service caring?

## Our findings

Members of staff spoken with told us they provided people who lived at the home with good care. Staff were able to tell us how individuals preferred their care and support to be delivered. They also explained how they maintained people's dignity, privacy and independence. They told us about the importance of knocking on doors before entering people's bedrooms and making sure curtains were closed when supporting people with personal care. We noted that this was routine during our observations on the day of the inspection. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people.

We saw people looked well dressed and cared for. For example, women were wearing jewellery and had their hair styled and the men were shaven. This indicated to us that staff had taken the time to support people with personal care in a way which would promote their dignity.

The home was considered by people living there and their relatives as caring. Typical quotes included, "Staff are friendly. I'm happy with them all." "The staff are kind and gentle." "It's wonderful here. I'm so well looked after. I really am."

One person visiting and their relative said they thought that people's independence was promoted by the staff. The visitor told us they were always made to feel welcome by staff and could visit at any time.

Another visitor we spoke to told us, "Staff seem to really care about my relative, they reassure them a lot. They have quite a bond with some of the staff. I have never seen anything untoward. One staff member went to visit my relative when they were in hospital quite a few times."

Another told us, "It's a very friendly, caring staff team, they know you by name and are very welcoming."

We saw staff took every opportunity to engage with people and knew people's individual needs and preferences. People were comfortable around staff and we observed interactions were respectful, caring and kind.

In the PIR the provider stated, 'All staff respect the privacy and dignity of the residents by knocking on doors prior to entry and using the residents' preferred name to address them. Staff are always welcoming and accommodating towards families and visitors.' We saw this taking place at the inspection.

We saw people's privacy, dignity and human rights were respected. For example, staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; including age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

## Is the service responsive?

### Our findings

We spoke with people visiting the service. One visitor told us the standard of care was good. The person said, "If there are any concerns the staff are in contact straight away e.g. when my mum fell." "The problem is mum is so independent she won't always use a frame. However the staff try and encourage her to use zimmer frame." "We have residents meetings and can bring up anything and it will be acted on."

Another relative was impressed with the action of the home. They said they had been concerned that their relative was not changing their clothes regularly. "I mentioned it to the staff and a carer worked to help my mum to be more accepting of support."

We looked at daily notes that recorded the care and support delivered to people. Overall these showed that needs and preferences were being met. The care records we looked at contained some information about people's likes and preferences for care and support. This included foods they liked to eat, clothes they liked to wear, hairstyles and sleeping arrangements.

We looked at the care records for six people and saw in most cases sufficient information was available to staff about people's needs. Some care records contained a good level of person centred information and others required further personalisation to reflect people's personal preferences. We saw that actions staff were taking in practice were not always captured within people's care records.

For example, we looked at the care documentation in place for one person who had just started to use the service for day care. We found that although the interim manager was aware they may present behaviour that challenged the service they had failed to put an appropriate care plan or risk assessment in place. We observed this person receiving appropriate care and had a member of staff with them at all times which minimised the risk to other people. However the lack of a care plan meant that not all staff had been provided with the information or guidance they required to manage the person's needs and to ensure both they and other people living at the home were safe. This was discussed with the interim manager who confirmed this matter would be addressed immediately.

This breached Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw care plans were reviewed, although most did not evidence how people and their families or other representatives had been involved in the process. We saw the reviews did not always contain details of any changes to people's care and support needs.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people required any support. Staff were very vigilant and reacted quickly when a person needed support. For example, one staff member realised a person sitting in the lounge was in some discomfort and wanted to return to their bedroom for a rest; they discreetly asked them if they needed assistance and escorted them back to their bedroom. Whilst people at the home living with dementia sought constant reassurance and asked staff questions repeatedly, we saw that staff remained patient.

We saw some photos of outings people had participated in around the home and some of their craftwork. Staff told us about outings the home had organised. We observed a 'sing song' in the lounge/bar which people enjoyed. Music was played in the lounge and dining area. Care plans included a lifestyle passport which was used to develop some activities. One care plan we looked at stated that the person liked their nails to be painted and this had occurred. We saw a list of planned dates for social events and relatives' meetings was displayed on the notice board. The current activities coordinator who worked a few days a week at the service plan to further develop activities as well as train a new coordinator specifically to work at Parkfield House. The interim manager told us the provider was experiencing difficulties in recruiting to the new activities coordinator post but they were hopeful that this situation would be resolved in the near future.

In the PIR the provider told us, 'The home actively encourages suggestions, compliments or complaints and these are dealt with proactively and in a timely way.' We found there was a complaints procedure in place and relatives of people who used the service told us they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose.

One person told us they had never had concerns about the standard of care provided. They felt the management and staff were approachable and would resolve any concerns quickly and without them having to make a formal complaint. We looked at the two complaints received since the last inspection and found they had been investigated appropriately although in one instance a letter had not been sent to the complainant to close the complaint. However, they had been informed verbally of the findings of the internal investigation and were happy with the outcome.

A discussion was held with the interim manager about how staff recorded concerns raised by people that were not dealt with through the formal complaints procedure. The interim manager told us at the present time there was no system in place to record such information. However, they confirmed they would address this matter and feed the information gathered into the quality assurance monitoring system.

We saw 'thank you' cards and compliments were displayed. Comments included, 'We are grateful for all the care and attention you have given to [name of person]', 'your care and thoughtfulness throughout was exceptional.'

## Is the service well-led?

### Our findings

At the time of inspection there was no registered manager in post as they had recently left the service to undertake another position in the caring profession. However, the organisation had been proactive in recruiting a new manager who was due to take up post shortly after the inspection. We were told by the provider that the new manager would apply for registration with the Care Quality Commission once in post.

One visitor we spoke with told us they would recommend Parkfield House because, "I am not worried about leaving my relative. Staff keep me in touch and tell the truth. They are really caring and supportive of me also. I can phone anytime if something is worrying me." Another visitor said they would also recommend Parkfield House because, "There is a happy, family atmosphere, and I have no concerns at all." However one person commented, "Not sure who the manager is; they are always changing."

Although there were quality monitoring systems in place they had not been effective in achieving the required improvements in the service.

In the previous inspection we found the audits were limited as they did not identify patterns or themes. There was no evidence to show any analysis had been undertaken or used to look at 'lessons learnt'. At this inspection however we found some improvements had been made. Despite this new internal audit system being implemented we found some shortfalls in the service had not been identified and addressed prior to this inspection. This included the quality of information within care records and systems to ensure staff met the conditions attached to DoLS. Risk assessments and care plans were not always up to date. This showed us that further improvements were still required to the governance systems in place at the home.

We concluded the provider remained in breach of the regulations about good governance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that although the provider was clearly committed to improving the service the pace of improvement was slow. This meant people continued to experience a service which fell below the required standards for a good service.

The interim manager told us they were currently being supported by the manager from another home and the care quality manager to review the quality of the care and facilities people received.

In the PIR the provider said, 'The home has an open culture and staff are not afraid to voice any concerns they may observe. Regular staff meetings are held where staff can and do voice any concerns collectively and concerns are responded to.' We found resident and staff meetings were in place, which were an opportunity for staff and people to feedback on the quality of the service. Staff and residents both spoke positively about these meetings and said management listened to and acted on their comments.

The home used survey questionnaires to seek people's views and opinions on the care and support they received. The 2016 resident/family survey showed that most people were very happy with the service. Where negative comments had been received, the survey showed the action taken to address these. This showed



people's comments and suggestions were valued and used to improve the service.

We saw the rating for the service was displayed in the home as required. We saw forthcoming meetings for residents and staff were advertised in 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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	We found that for someone who may present behaviour that challenged the service, the provider had failed to put an appropriate care plan or risk assessment in place.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	We found contradictory evidence about the number of people with a DoLS in place. We also found the authorisation had conditions in place which the interim manager and qualified nurse on duty were not aware of.
Treatment of disease, disorder or injury	

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	We found the audit system was not sufficiently robust.
Treatment of disease, disorder or injury	

### **The enforcement action we took:**

We have served a warning notice in relation to regulation 17 (1) and (2)