

The Bridgings Limited

# The Bridgings Limited (Middlesbrough)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

We inspected The Bridgings on 15 December 2015. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in.

The Bridgings is located in the centre of Middlesbrough and provides a home for up to ten people who have a learning disability. Accommodation is provided in ten single occupancy bedrooms. Communal areas include a kitchen, lounge, dining room and yard to the rear of the property. At the time of the inspection there were ten people who used the service.

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

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The service did not have audit tools for checking care plans, medication or infection control. This meant that we could not determine what checks were made to make sure the service was run in the best interest of people.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. However the registered manager did not keep a record of competency checks undertaken on staff.

People's needs were assessed and their care needs planned in a person centred way. Staff were aware of action to take should a person have an epileptic seizure; however, there wasn't a care plan in place for this. We saw that risks identified with care and support had been included within the care and support plans.

People were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People who used the service told us that staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was in the process of completing decision specific capacity assessments for one person who used the service. At the time of the inspection the registered manager had assessed one person as being deprived of their liberty and was to make an application to the local authority in respect of this.

The service did not have a high turnover of staff. The registered manager and staff that worked at the service had done so for some time. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

People who used the service and relatives we spoke with told us that staff were caring and treated people well, respected their privacy and encouraged their independence. Our observations showed staff and people who used the service were comfortable together and interacting in a friendly and caring way.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted.

People were supported to maintain their health, including access to specialist health and social care practitioners when needed.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. There was a plentiful supply of activities both in and out of the home for people to take part in. Staff encouraged and supported people to access activities within the community. People had holidays.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People and relatives we spoke with did not raise any complaints or concerns about the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

There were arrangements in place to ensure people received medication in a safe way. Checks on medication competency were not recorded.

### Is the service effective?

Good ●

The service was effective.

Staff received training and development, supervision and support. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. People were weighed and were nutritionally assessed.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

Good ●

The service was caring.

Staff had a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

People and relatives told us they were treated in a kind and

compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People told us that if they were unhappy they would tell the registered manager and staff.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

Quality monitoring audits were not used for the checking of care records, medicine systems or infection control.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

# The Bridgings Limited (Middlesbrough)

## **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.

We inspected The Bridging's on 15 December 2015. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service.

The registered provider was not 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.

At the time of our inspection visit there were ten people who used the service. We spoke with seven people who used the service. We also spoke with two relatives. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms.

During the visit, we also spoke with the registered manager, a support worker and a support assistant.

We also contacted the commissioners to seek their views on the service provided. They did not report any concerns on the care or service received.

During the inspection we reviewed a range of records. This included two people's care records, including

care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I've lived here for 26 years and we all just get on with each other." A relative we spoke with said, "We feel sure that they are safe."

The registered provider had an open culture to help people feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "I'm older and I'm wiser. If something was wrong I would report it."

Staff told us that they had received safeguarding training within the last 12 months. We saw records to confirm that this was the case.

We looked at the arrangements in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. We saw that care records highlighted risks associated with behaviours that challenged, going out, choking, scalds and finance. The registered manager and staff told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. The risk assessments and care plans we looked at had been reviewed and updated regularly. We looked at the care records of one person identified at risk of choking. The care records clearly described that staff should cut the persons food up small and sit at the table with them when eating to maintain their safety. This helped ensure people were safe.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We saw certificates to confirm that portable appliance testing (PAT) were up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that staff had developed an 'emergency roll call'. This was a document that listed people who used the service, their bedroom numbers and any special needs. The registered manager told us that this document was kept up to date and provided staff and any others with the information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The registered manager told us that evacuation practices took place every 6 months and records confirmed this. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order. It was noted that although a different zone was tested each week there was no set pattern to the testing of all zones which meant that some zones might be tested more or less than others. This was pointed out to the registered manager who said they would make sure zones were tested as regularly as each other.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences, however had appropriate documentation in which to record an accident and incident should they occur. There has been one accident in the last 12 months.

The service did not have a high turnover of staff. The registered manager and staff had worked at the service for some time. One staff member had been recruited in the last 12 months. We looked at the file for this staff member and saw that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

At the time of our inspection there were ten people who used the service. We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day and evening there were two staff on duty. Overnight there was one staff member on duty who went to bed when the needs of people who used the service had been met. The registered manager told us that staffing levels were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them through the night. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff were available to support one person with writing their Christmas cards, another with wrapping their Christmas presents and another person accompanied staff when they went out shopping. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "We all work really well together and give support whenever needed."

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We asked staff to describe the arrangements in place for the safe administration of medication. We were told that medication was checked by two members of staff when it came into the home and it was then stored securely. In addition the staff we spoke with were able to describe the arrangements in place for ordering and disposal of medication. We were shown how all medicines were organised in the trolley. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. We saw that patient information leaflets were available for all

medicines prescribed. This meant that staff had information available to them to ensure that medicines were given safely.

We checked the medication administration records (MAR) for two people who used the service. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We found these were fully completed, contained required entries and was signed. Staff responsible for administering medicines had received medication training. This showed us there were systems in place to ensure medicines were managed safely.

The registered manager told us they checked staff competency to administer medicines on average twice yearly, however didn't keep a record of this. They told us that for all future competency checks a record would be kept.

We saw that staff kept a record of the temperature of the fridge and room in which medicines were stored to make sure that medicines were stored at the correct temperatures.

# Is the service effective?

## Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I've lived here the longest I am the boss." They laughed as they told us how they took control of the remote control. Another person said, "I like living here."

The registered manager told us about the training and development opportunities staff had completed at the service during 2015. They told us that staff had completed training in fire safety, first aid, manual handling, health and safety, health and nutrition, safeguarding, infection prevention and control and training on pressure area care. The registered manager told us that any new staff would now complete the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered manager said that storage was limited and as such individual supervisions records and appraisals were not available, however there was a list of when staff had received supervision during the course of 2015 and when they had received their appraisal. Records indicated that staff had received regular supervision and an annual appraisal. The registered manager said that they were to speak with the registered provider to request more locked cabinets so that all documentation was available for inspection. A staff member we spoke with said, "I have regular supervision. We talk about anything and everything." The staff member described the supervision as "Meaningful."

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 and hospitals 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. At the time of the inspection the registered manager said that they had been in discussions with the local authority and had assessed one person as being deprived of their liberty. They told us they were to submit the application to the local authority the following day. The registered manager told us they were aware of the need to inform the Care Quality Commission of the outcomes of DoLS and any conditions which might be attached.

The registered manager showed us the mental capacity assessments they had commenced for this person. We saw that the mental capacity assessments were specific to a particular decision, for example finance,

going out, health and medicines. The registered manager told us that care plans would be updated over the next few days.

The registered manager and staff we spoke with told us that they had completed training MCA and DoLS in September 2015. They understood the practicalities around how to make 'best interest' decisions.

People who used the service told us that they were involved in making choices about the food that they ate. One person told us that each Wednesday night all people who used the service and staff plan the menus for the week ahead. They told us that they sometimes went shopping with staff for the food on a Thursday. Staff told us they gave each person who used the service an opportunity to go food shopping with staff.

People who used the service told us they also helped with the preparation and cooking of food. The registered manager told us about a recipe that people had seen on a television advert and that they had wanted to try. A person who used the service showed us and told us that this was a fish finger pie. They told us how they put fish fingers on the bottom of a large casserole dish and layered this with peas, mash and cheese. People told us how much they enjoyed this. One person told us how they liked helping to make panaculty and told us how they liked to independently make a bacon sandwich.

The registered manager told us how they encouraged healthy eating by ensuring there was a plentiful supply of vegetables and fruit.

We saw that people made their own or were supplied with a plentiful supply of hot and cold drinks during the inspection.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us the service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals.

We saw records to confirm that people had visited the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and district nursing and learning disability service. One person said, "Whenever I'm poorly I go straight to the doctors."

# Is the service caring?

## Our findings

People and relatives we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, "I couldn't be happier. " Another person said, "It's good living here." We asked a relative if staff at the service were caring, they said, "It's fantastic. I've had lots of support over the last few years."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw that staff showed affection but also ensured that professional boundaries were maintained. We saw one person who used the service hugged the registered manager from behind. The registered manager responded by moving their head towards the person to show affection. When another person who used the service returned from day services they also gave the registered manager a hug who responded to their request for affection.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example we saw one person being helped by staff to write their Christmas cards. We saw that staff asked people who they wanted to send a card to and wrote their name on an envelope but then staff encouraged the person who used the service to sign the card. When this person had finished they showed great delight at giving some of the cards out to other people who used the service.

Sometimes people were in need of reassurance and affection. Staff took time to talk and listen to people. We saw that staff provided reassurance to people and praised them for their achievements. We heard staff praising one person and telling them how good they were at cleaning. They told another person how good they were at their job as a kitchen assistant at a local hotel. People clearly appreciated the praise and responded by smiling.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. The staff member helping the person to write their cards knew all of the person's family. During the card writing they respectfully reminded the people of who they could send a card to in their family.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their

own. At lunchtime some people chose to eat their meal at the dining table and others chose to sit in the lounge. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection one person showed us their bedroom. They told us this had been recently decorated and they had chosen the seaside theme for this. Staff had supported the person to make their bedroom very personalised. They told us they especially liked the little lights that had been put on their wall that they liked to put on at night time. Another person told us their bedroom had been decorated and as they liked wildlife staff had helped them with this theme in decorating their bedroom. Another person told us how they liked to decorate their bedroom at Christmas and staff had helped them to do this. This showed that staff took time to find out what people liked and ensure that people were happy.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. People went out independently at different times during the day. When one person returned from day services they told us they were going to the local shop to buy a newspaper. Another person liked to have a bet and another person told us they liked to have two cans of beer on a night. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

## Is the service responsive?

### Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "I go out all the time." The same person told us they worked three days a week as a kitchen assistant. They showed us photographs of where they worked and told us how much they enjoyed their job. They also told us they were pleased to be invited to the staff Christmas party. They told us that all of the food and drink had been paid for by their employer.

One person had celebrated their birthday by having a party at a nearby hotel. Family and friends had been invited to the party and people told us they had enjoyed this very much.

Three people had been to the Coronation Street studios. One person said, "We went to Coronation Street and I had my photograph taken in the Rovers Return pulling a pint."

Staff and people who used the service told us they had been on holiday to Tunisia and that this had been good fun and enjoyable.

Some people who used the service went out independently to Middlesbrough town centre, Redcar, Whitby and Scarborough. People used buses and trains to get to and from where they wanted to go.

People were encouraged with their hobbies and interests. One person liked sewing and cross stitch, another liked word search and another person liked going out for walks.

During our visit we reviewed the care records of two people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care and support plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing the person centred plans. One person said, "I did all of my own care plan." We looked at this plan of care and saw that the person who used the service had written about their past history and all of their care plans including their likes and dislikes. This meant that staff were provided with the information on how people wanted to be cared for and supported. However, one of the care plans we looked at during the inspection identified that the person had epilepsy. Staff were able to tell us the action that they would take if the person was to have a seizure but there wasn't a plan of care in respect of this. The registered manager told us they would develop a plan of care as a matter of importance.

Each person had a key worker whose role it was to provide one to one support, make sure people were in contact with their family, attend appointments and support the person with goals.

We found that care and support plans were reviewed and updated on a regular basis. Care and support plans were person centred and contained detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The registered manager said that they spoke with people on a daily basis to make sure they were happy. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months. People and relatives told us they felt comfortable in speaking with staff should they wish to raise a concern.

## Is the service well-led?

### Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us a number of checks which were carried out on a monthly basis. We were shown a care plan audit; however this was just a tick box and did not detail what checks were actually taking place. The registered manager told us that regular checks on medicines and records relating to the management of medicines were checked. However there was no formal audit detailing the actual checks that were taking place. Checks were made to ensure staff were competent with hand hygiene; however there wasn't a formal audit for infection control.

This was a breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that a twice yearly audit was completed to check on mattresses to make sure they were fit for use. The registered manager also completed a weekly health and safety check in which they made sure that fire alarms had been tested and fire exits were clear.

We saw that surveys were sent out to people who used the service and their relatives in August 2015 to seek their views on the care and service received. The results of the surveys still needed to be analysed and a report of findings completed. However, surveys we looked at during the inspection indicated that people and relatives were happy.

The registered manager told us that a registered manager from another nearby service in the organisation visited The Bridgings every other month to monitor the quality of the service provided. We saw records of visit in September and November 2015. Both staff and people who used the service were spoken to during the visit to seek their views on the care and service provided. During the visits we saw that checks were made to ensure staff files and supervision were up to date. Checks had also been made on medication and the environment.

People who used the service spoke positively of the registered manager. One person said, "[The registered manager] is really nice."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "You can talk to [the registered manager] about anything she will always listen." The registered manager told us, "For me it's about working as part of a team and leading by example. It's about appreciation not just expectation."

Staff told us the morale was good and that they were kept informed about matters that affected the service.

One staff member said, "I like working here it is a really happy home." They told us team meetings took place regularly and that they were encouraged to share their views. We saw records to confirm that this was the case. Topics of discussion included record keeping, maintenance, activities and inspection.

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis.

The registered manager told us that people who used the service met with staff on a regular basis to share their views and ensure that the service was run in their best interest. We saw records to confirm this was the case. Topics discussed included cleaning and keeping bedrooms tidy, activities, trips out and Christmas.

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 did not take formal enforcement action at this stage. 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 17 HSCA RA Regulations 2014 Good governance</p> <p>People who used the service and others were not protected against the risks associated with ineffective monitoring. There wasn't any formal audits to check care records, medicines and infection control.</p>