Embrace (England) Limited

Thornbury Care Centre

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 26 January 2016 and 1 February 2016 and was unannounced. We last inspected the home 18 May 2015 and found the registered provider met the regulations we inspected against.

Thornbury Care Centre is registered to provide nursing or personal care for up to 44 people. At the time of our inspection there were 35 people living at the home, some of whom were living with a dementia.

The home 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 registered provider had breached regulations 9 and 17 of the Health and Social Care Act 2008. This was because people's care plans did not reflect their current needs and preferences. Care for people living with dementia needed to be improved. In particular, meaningful engagement for people to help reduce the level of behaviours that challenged. Actions and improvements identified during quality assurance audits were not completed in a timely manner.

You can see what action we told the provider to take at the back of the full version of the report.

Most people and family members were happy with the care provided at the home. People said they were treated with dignity and respect from kind and caring staff. One person said, "They look after me okay." Another person said, "They look after me well." One family member said, "Looks fine to us. [My relative] is always looked after well. I have never seen anything to bother us."

People told us they were safe living at Thornbury Care Centre. One person said, "I feel safe enough, [there is] nothing to worry us."

Staff had a good understanding of safeguarding adults and the registered provider's whistle blowing procedure. They also knew how to report concerns. One staff member said, "I have not needed to use it [whistle blowing procedure]. If I needed to I would definitely use it."

Medicines records were usually completed accurately. There were a small number of gaps in signatures on medicines administration records (MARs). Medicines were stored safely and securely.

We received mixed views from people and family members about whether there were sufficient staff on duty. People said there were enough staff but some family members said there weren't enough. All of the staff we spoke with felt staffing levels were appropriate to meet people's needs.

Staff were recruited in line with the registered provider's recruitment and selection procedures.

We observed a significant number of people did not have access to their 'buzzer' to allow them to call for help if needed.

Environmental improvements were on-going. One family member said, "They have improved it. It is clearly on-going. They could do with brightening up the paintwork."

Regular health and safety checks were carried out to help keep people safe. This included checks of fire safety and equipment staff used to support people.

Accidents and incidents were logged regularly and action had been taken to help prevent the situation happening again.

All staff members told us they were well supported. One staff member said, "Anything you go to Diane [registered manager] with is really dealt with. Diane has been totally supportive."

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA). Deprivation of Liberty Safeguards (DoLS) authorisations were in place for relevant people. Staff knew how to support people with decision making and understood the importance of gaining people's consent before providing care. Formal consent within care records was inconsistent, as some people who were able to had not signed their care plans and other documents.

Most people we spoke with said they were happy with their meals. Although people generally experienced a pleasant lunchtime, people in the downstairs dining room waited a long time before served their meal. Staff ensured people were offered choices, such as a choice of drinks and meals.

People were supported to access the healthcare they needed. One person commented, "I see my doctor if I need to." Care records evidenced regular input from a range of health professionals.

Although people said there were opportunities to take part in activities, some activities advertised for the day of our inspection did not take place.

Some family members felt communication with the home could be improved. People and family members had opportunities to give their views about the care provided at the home. Regular meetings were held and family members had given mostly positive feedback following consultation in December 2015.

Family members said they could visit the home anytime. One family member said, "We can come when we want." Staff described the home as having a good atmosphere. One staff member told us, "I have always said it is a really friendly home."

Staff had opportunities to give their views about the home, through questionnaires and regular staff meetings.

Significant events were monitored to identify trends, including accidents, incidents, hospital, admissions, weight loss and pressure sores.

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 were safe. Although, a significant number of people did not have access to their 'buzzer'. Staff had a good understanding of safeguarding and the whistle blowing, including how to report concerns.

Medicines records were usually completed accurately to confirm which medicines people had taken.

We received mixed views from people and family members about whether there were enough staff. Staff followed the registered provider's recruitment and selection procedure when appointing new staff.

Environmental improvements were on-going at the time of our inspection. Regular health and safety checks were carried out. Accidents and incidents had been analysed and dealt with appropriately.

Is the service effective?

Requires Improvement

The service was not always effective. Staff members said they were well supported and received the training they needed.

Care for people living with dementia needed further improvement and development.

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). Formal consent within care records was inconsistent as some documents had not been signed.

Most people told us they were happy with their meals. Some people had to wait a long time before served their meal. People were supported to make choices.

People were supported to access healthcare professionals.

Is the service caring?

Good

The service was caring. Most people and family members gave positive feedback about the care provided at the home.

People told us staff were kind and caring.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plans did not reflect people's current needs and preferences.

Some planned activities did not take place as advertised. However, people told us there were activities available to take part in.

Some family members felt the registered provider could communicate with them better. People and family members had opportunities to give their views, through meetings and consultation.

Is the service well-led?

Requires Improvement

The service was not always well led. Improvements identified during some quality audits had not been made within the expected timescale.

Family members and staff gave positive feedback about the welcoming atmosphere in the home.

Regular staff meetings and questionnaires provided staff with opportunities to give their views about the home.

Significant events were monitored to identify trends and patterns.

Thornbury Care Centre

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 26 January 2016 and 1 February 2016 and was unannounced.

The inspection was carried out by one inspector 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed information we held about the home, including the statutory notifications we had received from the provider. Statutory notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with eight people who used the service, seven family members and three health professionals. We also spoke with the registered manager, deputy manager and three care staff. We looked at the care records for five people who used the service, medicines records for 15 people and recruitment records for five staff.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe living at the home. One person said, "I feel safe enough, [there is] nothing to worry us." Another person told us, "I told them [my family] there is no need to worry, I am safe here." Family members confirmed they thought the home was safe. One family member said, "[My relative] is as safe as they possibly can be." Staff told us people were safe. One staff member commented, "Safe without a doubt. If any situation comes up it is dealt with straightaway. I have no issues with safety."

We received mixed views about the staffing levels in the home. People using the service said there were enough staff, whereas some family members felt there weren't enough. One person told us, "I think there is enough staff, seems to be." Another person commented, "It's marvellous, you push the buzzer and they come, I had a shower this morning, you ask for a shower and you get one, no bother." One family member said, "There always seems enough staff." Whereas another family member said, "There are not always staff about, you have to go looking for them."

All of the staff we spoke with, including the registered manager, felt staffing levels were appropriate to meet the needs of people who used the service.. One staff member said, "Staffing levels seem to be alright." Another staff member commented, "Staffing levels are great." The registered manager regular monitored people's dependency levels, using a recognised dependency tool, to help determine whether there were enough staff on duty. More care hours were consistently provided than the staff analysis indicated were needed.

We observed throughout our inspection people had to be left unsupervised for short periods as staff were constantly busy. We carried out specific observations in communal areas on the morning and afternoon of our inspection. We saw people were often left on their own whilst staff were busy seeing to other people's needs. As we walked around the home we also saw a significant number of people in communal areas did not have access to a 'buzzer' to allow them to call for help if needed. However, we observed staff did regularly check on people to help keep them safe. This lack of access to 'buzzers' had also been highlighted in the recent feedback from relatives.

People were assessed using a range of recognised tools to help keep them safe. These assessments covered a range of potential risks, such as poor nutrition, falls, mobility and skin damage. These were reviewed regularly to reflect people's current needs. Support plans included a section for staff to identify any 'perceived risks' linked to the area of support and to then complete a 'risk enablement plan'. However, we found a significant number of support plans where perceived risks had not been identified and no risk enablement plan completed. This meant people were potentially at an increased risk as staff did not have access to detailed information about the measures in place to keep people safe.

Throughout our inspection we observed staff assisting people to transfer from wheel chairs into 'comfy' chairs. We saw staff used appropriate moving and assisting equipment. They gave very clear instructions to people throughout the transfer and encouraged people to help make the transfer as smooth as possible. For example, we heard staff say to one person, "[Person's name] lift this foot, lift your leg [person's name] and

put your hand on there." Staff waited patiently for the person to follow each step and offered praise when the transfer was completed.

Staff had a good understanding of safeguarding adults, including how to report concerns. They were able to tell us about various types of abuse and potential warning signs to look out for. This included a person becoming withdrawn, not eating or drinking and appearing frightened. All staff we spoke with said they would report any concerns to the registered manager. There had been nine safeguarding concerns raised during 2015. These had been dealt with through the correct procedures with appropriate referrals made to the local authority safeguarding team.

Staff also knew about the registered provider's whistle blowing procedure. The staff we spoke with said they had never considered using the procedure whilst working at the home. One staff member said, "I have not needed to use it [whistle blowing procedure]. If I needed to I would definitely use it."

Medicines records we viewed supported the safe administration of medicines and the appropriate reduction of associated risks. Trained and competent staff administered people's medicines. Records for the receipt, administration and disposal of medicines were usually completed accurately. We found a very small number of gaps on medicines administration records (MARs) but these all related to 'when required' medicines which were not always needed. Medicines were stored securely in locked medicines trolleys, which were kept in locked treatment rooms. Daily checks of the temperature of the treatment rooms and fridges used for storing medicines were carried out.

The registered provider followed safe recruitment procedures when recruiting new staff. We looked at recruitment records for three staff members. These showed checks had been carried out with the disclosure and barring service (DBS) before they were employed. This was to confirm whether prospective new staff members had criminal records or were barred from working with vulnerable people. Completed application forms, details of employment history and proof of identification were on file, along with two references.

We found the home was clean. Domestic staff were visible throughout the day cleaning. At the time of our inspection improvements to the environment were on-going. One family member said, "They have improved it. It is clearly on-going. They could do with brightening up the paintwork."

The registered provider had health and safety procedures in place to help keep people safe. Regular checks were carried out the ensure equipment was safe for people to use. This included wheel chairs and specialist moving and assisting equipment. Other health and safety checks were completed including checks of fire safety, water quality, electrical safety and gas safety. These were up to date at the time of our inspection. Each person had a personal emergency evacuation plan (PEEP) which described the support they needed in an emergency.

The registered provider managed accidents and incidents appropriately. Accidents and incidents were logged and checked regularly. We saw 26 had been logged throughout 2015, including falls and physical altercations between people using the service. Information was available about the number of accidents, common factors and action taken. For example, we saw one person was referred to the 'falls team' for advice and guidance due to an increasing number of falls. Other action taken included referrals to the 'challenging behaviour team' and the local authority safeguarding team.

Requires Improvement

Is the service effective?

Our findings

People living with dementia did not always receive care that met their needs. In particular there was a lack of meaningful engagement and stimulation between people and staff. Guidance issued by the National Institute of Clinical Excellence (NICE) under quality standard 30 states that, 'It is important that people with dementia can take part in leisure activities during their day that are meaningful to them. People have different interests and preferences about how they wish to spend their time. People with dementia are no exception but increasingly need the support of others to participate. Understanding this and how to enable people with dementia to take part in leisure activities can help maintain and improve quality of life' (quality statement 4). One family member commented, "[My relative's] other power of attorney isn't happy, he thinks they don't engage [my relative] properly, that's why he gets aggressive." On the first day of our inspection there was no sign of organised activity or engagement anywhere throughout the home.

On the second day of out inspection we observed people taking part in an 'Oomph' session (our organisation makes people happy). This is a specific themed exercise and activity programme delivered by trained care staff. This was a lively, upbeat session with people attempting to join in as best they could. Although, this was a positive experience for most people taking part, one person was concerned that another person was overstretching themselves. The person was shouting out and staff did not pick up on the cause of their anxiety quickly enough in order to de-escalate the situation. However, we acknowledge the oomph sessions were still in the process of being fine-tuned following their re-launch into the home.

The registered manager told us more work was needed to raise awareness across the staff team of caring for people living with dementia. We observed one person asking everyone they met "are you from [company name], I need to speak to someone" Staff continually said no they weren't from the company. One staff member said, "Look no one here is from [company name]." The person became distressed and got louder and louder until another staff member distracted the person with an offer of phoning someone.

After lunch on the upper floor we observed staff completed tasks whilst people wandered and shouted. Occasionally residents became angry with each other, then staff intervened and distracted them. The upper floor had some rooms and corridors with pictures and tactile objects but most were incomplete. There was little relevant signage and nothing to distinguish between different doors to aid people's orientation.

When we started the inspection the registered manager was open about the fact improvements were needed to the care and support of people living with dementia. Although the registered provider did not have a specific dementia strategy for the home, the registered manager had clear ideas to improve the care for people living with dementia. This included the appointment of a specific clinical lead for the dementia unit for which recruitment was underway and additional training planned for staff.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they were well supported working at the home. One staff member said, "Anything you go to Diane

[registered manager] with is really dealt with. Diane has been totally supportive." Another staff member said, "I feel more supported, I am getting more training. I feel able to do my job better for service users." Staff received regular supervision. One staff member said they had supervision "every two months." They went on to say, "Supervision is alright, they let you know where you are at." Training records confirmed training was up to date for most staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place for people requiring an authorisation. Staff demonstrated they understood how to apply the MCA when caring for people. One staff member said MCA applied when a person "does not have capacity to make choices for themselves." We saw examples of records showing MCA assessments and best interest decisions had been made on behalf of some people using the service. For example, where people were receiving medicines covertly. However, the application of the principles of MCA was sometimes inconsistent. Although decisions had been made in some people's best interests, a regional manager's audit had identified a number of MCA assessments and best interest decisions were missing from people's care records.

Staff understood the importance of seeking consent before providing care. One staff member said, "If they have capacity we try and prompt and encourage them to have a bit of help. We explain it is for their wellbeing." Staff went on to tell us they would always respect a person's right to refuse. However, they also said they would still try and encourage a person first through offering alternatives. One staff member said, "I would never push it." We observed throughout the day of our inspection numerous examples of staff seeking people's consent. We found formal consent to care and support within care records was very inconsistent. We found numerous examples of consent forms relating to people with capacity where the person or their representative had not signed.

Most people were happy with their meals. One person said, "The food could be better it's a bit so-so, not much choice." Another person said "The food is alright but I am a bit picky, there is a choice and enough of it." A third person told us, "The food is okay, some people complain about it but I don't." A fourth person commented, "The food is lovely."

We observed the lunchtime experience in both the ground floor and first floor dining rooms. In the ground floor dining room the tables had been laid with tablecloths, cutlery, condiments and tumblers. Music was playing in the background to create a pleasant atmosphere. We saw some people had to wait a long time for their meal. For example, we saw some people being brought into the dining room and seated at 11.30am. However, their meal was not served until 12.15. Staff offered people a 'dignity apron' to keep their clothes clean and people chose whether they wanted them. People were sat at tables in friendship groups.

People received the support they needed with eating and drinking. They were offered a choice of tea, coffee and juice. Staff used photo menus to enable people to make a choice of which meal they wanted. This was then was served form a heated trolley by the cook. We observed staff proactively helping people throughout lunch time. For example, one staff member sat between two people requiring help and offered assistance and prompts. They used a specialist cup to assist a person and continually explained what was happening.

Another person was offered a plate guard to enable them to feed themself.

Trays with doilies, cutlery and drinks were taken to some people's rooms. We observed these were carried out of the dining room without covers on, posing a potential contamination risk. People in their own rooms were not given a choice of what they wanted to eat. However, staff showed a good understanding of what people's preferences were and advised the cook accordingly. For example, a meal was being served for a person in their room. The staff member told the cook "oh [person] doesn't eat meat just give [person] the veg and mash with gravy."

In the upstairs dining room, people experienced a pleasant lunch time. People were constantly asked and supported to make choices, such as where they wanted to sit, whether they wanted an apron on and what drinks they wanted. People only waited a short time before the food trolley arrived and were given their lunch without delay. Staff were attentive to people's needs. One person did not want either of the lunch options. A staff member offered various alternatives such as soup, toast or a sandwich. The person chose jam and bread, which was brought shortly afterwards. We saw one person was agitated and shouting out. A staff member discreetly suggested to the person they could go to another room for a chat. The person went with the staff member to the lounge opposite. We saw them sitting and chatting together.

People were supported to access the healthcare they needed. One person commented, "I see my doctor if I need to." Another person said, "I don't see my doctor but I do see the nurses." We saw health and social care professionals were visiting people during the day of our inspection.

Good

Is the service caring?

Our findings

People and family members gave positive feedback about the care provided at the home. One person said, "They look after me okay." Another person said, "They look after me well." One family member said, "Looks fine to us. [My relative] is always looked after well. I have never seen anything to bother us." Another family member told us, "Seems alright they look after her." A third family member commented, "The care and the good heart of the staff is excellent. They are trying to do their best."

People said they received their care from kind staff. A person said "I can't find fault with it, it's grand. I never argue with anyone and the girls are good." Another person said, "I can't complain they look after me lovely." Family members confirmed the staff were kind and caring. One family member commented, "Lovely, nice caring place. The carers are really nice." Another family member told us, "[My relative] just wants to go home but they look after him nice." A third family member commented, "Nice girls, kind".

We observed many occasions throughout our inspection where staff showed their genuine desire to care for people. For example, one person said they were feeling cold. A staff member asked, "Would you like a blanket for your knees." The person replied they would and the staff member went immediately and brought a blanket. They said, "I have brought you a nice thin blanket so it is not too heavy for your legs." The staff member then went and brought the person a hot drink. They prompted the person to be "careful as it is hot, just out of the teapot." There were nice conversations between staff and people and appropriate hugs and kisses.

Staff understood the importance of treating people with dignity and respect. They gave us examples of how they aimed to provide care in a dignified way. For example, keeping people covered when providing personal care or closing the door to allow privacy.

Family members were able to visit the home whenever they wanted. One person said, "My family comes in and I go out with them." Another person told us, "My family come in, [my family member] is coming this afternoon." A third person commented, "My family come as they please." A fourth person told us, "My family just pop in."

Staff described how they supported people to make their own decisions and choices. For example, one staff member said they would show people items of clothing to help them make a choice. To help with meal choices they would show people the photo menu or the actual meal.

Staff supported people to be as independent as possible. One staff member said they would "try and get them to do as much as they can while they can. It is for their own dignity." Another staff member said, "We want them to keep their independence." Staff supported people to make their own choices wherever possible. People's rooms were personalised with their own possessions to help make it feel like home.

Requires Improvement

Is the service responsive?

Our findings

Care plans were not personalised to reflect people's choices and preferences. One person's 'personal care' care plan contained very brief information about the person's support needs when bathing. For instance, 'needs assistance from two staff to wash and bathe.' However, there was no information recorded in the plan as to what the person's preferences were. Another person's eating and drinking care plan stated they needed to eat foods with a certain texture. However, the plan did not go on to guide staff with specific examples of suitable foods. A third person's 'concerning behaviour' care plan identified the support they required as 'developing a therapeutic relationship with the person and engage in meaningful conversation which is not too intense and current'. The plan did not provide any guidance for staff as to what this meant for the person and how it might be achieved. This meant people might not receive care that meets their specific needs and preferences.

The registered provider was not proactive in updating and developing care plans in a timely manner. A person had moved from another of the registered provider's homes four months previously. We saw their care records still included documentation that was relevant to their previous placement. Another person had a 'concerning behaviour support plan' which had been written when they were admitted to the home. The plan was brief and included statements such as 'no identified triggers as yet'. The person had been living in the home for a significant period of time. However, the person's care plan had not been updated and developed as staff found out more about the person's needs. The new regional manager found similar examples during an initial quality assurance check carried out in January 2016. Visiting health and social care professionals also raised concerns with us about the quality and relevance of people's care plans.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said there were opportunities to take part in activities if they wanted. One person told us, "We get things to do in the afternoon." Another person commented, "There are things to do if you want but I stay in here." A third person said, "There are things to do if you want to." A fourth person told us, "I like things clean and I help them [staff] clean sometimes. I like it tidy. But you can please yourself what you do, stay in your room or go about as you please." The list of activities available included cooking, prize bingo and an evening club.

Some advertised activities did not take place. For example, the activities board stated the 'ladies club' was planned for the afternoon of our inspection. This did not take place and we asked a staff member about it. They said, "The activities organiser is off for a few days."

Family members gave us mixed views about how effectively staff from the home communicated with them. A family member said, "No worries they ring us if there are any falls or owt [anything]." A second family member said, "We come in for the care plan reviews and such." A third family member said, "The phone contact is poor and our review has been cancelled." A fourth family member commented staff did not seem to know about the outcome of tests their relative had recently had.

Regular meetings were held to allow people and family members to have their say about the home. One family member pointed out to us the notice for the residents' meeting, which had a date but no time. They said they had asked staff but no-one knew. The staff said they would have to find out. The registered provider had a system called 'we asked you, we did' where people and family members were asked for their views on a topic. For example, the registered provider had asked people if they were happy with the meal choices. Action had been taken to implement a new four weekly menu following consultation with people. The action taken following these suggestions was displayed in the reception area of the home.

The registered provider consulted with people and family members annually. We viewed the results from the most recent feedback from December 2015. Questions asked included views on activities, access to drinks, the meals and staff. Six family members had replied and gave mostly positive feedback. Specific comments made included: "All residents should have a buzzer for health and safety reasons and peace of mind for visitors"; "Very happy with the care my relative gets from all staff. I find them all very pleasant and helpful in every way"; and, "The staff are very good."

Requires Improvement

Is the service well-led?

Our findings

The registered provider was not pro-active in taking action in a timely manner to ensure improvements identified during quality assurance audits were completed. For example, a care plan audit carried out in September 2016 had identified issues with a person's care records. These included a lack of consent to care plans and identifying an additional risk assessment was needed. We saw these actions had not been completed at the time of our inspection in January 2016.

The registered provider had a system in place of 'regional manager monthly provider visits' to check on the quality of care provided at each of its homes. Thornbury Care Centre had a new regional manager. They had carried out their first visit to the service in January 2016. They had found a range of issues with all four care files they checked. For example, one person assessed as at 'very high risk' of skin damage did not have a care plan. Timescales had been given to fully review these and complete the required action. However, we found these timescales had not been met as the actions were still outstanding at the time of our inspection.

The regional manager monthly provider visits had not been carried out consistently. We viewed records of the visits carried out to date. We found prior to the visit carried out in January 2016 the previous visit was June 2015.

A range of other audits had been carried out, such as checks of medicines, the laundry and the kitchen. We saw these were usually successful in identifying areas for improvement. However, the action taken to investigate and deal with concerns was not always documented. For example, the most recent medicines audit had identified five missing signatures from MARs. Although these had been identified during the audit, there was no information recorded to confirm an investigation had been carried out to determine whether people had taken these medicines.

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

Family members said they felt able to visit the home whenever they wanted. One family member said, "We can come when we want." Another family member told us, "We have never seen anything wrong, we come in when we want." A third family member told us, "Always seems alright to me when I come in. [My relative] came in on Christmas day, I had my Christmas dinner here, which wasn't what I expected to be doing, but they were very nice to me. I can come in when I want."

Staff told us the home had a good atmosphere. One staff member told us, "I have always said it is a really friendly home." Another staff member commented, "It is a friendly home." Another staff member commented, "Good at the moment. There is good morale within the staff team. It is better than a year ago."

Staff had opportunities to give their views about the service. Staff had been sent questionnaires asking about various topics, such as supervision and support, training, the environment and the staff team. Five staff had responded giving positive feedback. There were regular staff meetings covering a range of subjects.

These included feedback from audits, reminders about medicines procedures and the current situation with regard to DoLS.

The registered provider monitored significant events to identify any trends. This included accidents, incidents, hospital, admissions, weight loss and pressure sores.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People living with dementia did not always receive care that met their needs and preferences. People's care was not planned to reflect their preferences and ensure their needs were met. Regulation 9 (1) (a), 9 (1) (b) and 9 (3) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective systems to assess, monitor and improve the quality and safety of the service provided to service users. Regulation 17 (1) (a).