Aston Care Limited

Glebe Villa

Inspection report

Glebe Villa
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Date of inspection visit:
06 September 2017

Date of publication:
12 October 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Glebe Villa provides accommodation, for seven people. People who live at the home have a learning disability. There were six people living in the home at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. This inspection took place on the 6 September 2017.

There was a registered manager in post. 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.

At the last inspection, the service was rated Good. We found during this inspection, some improvements were required to ensure the service was effective and well led. The registered manager must seek support and training, about current legislation in respect to the Health and Social Care Act 2008 Regulations 2014. This was because the registered manager and the provider were still working with the previous legislation. Many of the policies and procedures required updating. The induction of new staff was not meeting the current standards as set down by Skills for Care with staff completing the Care Certificate.

People remained safe at the home. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Glebe Villa. Staff were proactive in recognising when a person was unwell and liaised with the GP and other health professionals.

The home continued to provide a caring service to people. People, or their representatives, were involved in making decisions about the care and support they received. Staff were knowledgeable about the people they supported. People were treated with kindness and there was a happy atmosphere in the home.

The service remained responsive to people's individual needs. Care and support was personalised to each person. People were assisted to take part in a variety of activities and trips out.

A relative and staff spoke positively about the commitment of the registered manager. They told us the registered manager was open and approachable. The registered manager and provider had monitoring systems in place. However, these would benefit from a review to ensure they are in line with the Health and Social Care Act 2008 Regulations 2014 and the key lines of enquiry. This would enable the provider to check whether people were receiving safe, effective, caring and responsive service, which was well led.

We found there were one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full copy 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?

Good

The service continues to be safe.

Is the service effective?

Requires Improvement

The service continues to be effective. However, we recommended that the provider review the induction to ensure meeting current good practice based on Skills for Care.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Good

The service continues to be responsive.

Is the service well-led?

Requires Improvement

The service was not always well led because the provider and the registered manager had not kept up to date with the changes in legislation and practice. Checks on the quality were being completed however, this would improve if they were in line with the legislation.

Staff were clear on their roles and aims and objectives of the service and supported people in an individualised way.

The staff and the registered manager worked together as a team. Staff were well supported by the management of the service.

Glebe Villa

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 an updated rating for the service under the Care Act 2014.

This was an unannounced inspection, which was completed on 6 September 2017. One inspector carried out this inspection. The previous inspection was completed in March 2015 and there were no concerns.

Before the inspection, we asked the provider 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 planned to make. This was returned to us.

We reviewed the information included in the PIR along with information we held about the home. This included notifications. Notifications contain information about important events, which the service is required to send us by law.

We contacted the local community learning disability team, three health professionals and the GP to obtain their views on the service and how it was being managed. We received one response. You can see what they told us in the main body of the report.

We spoke with five people living at Glebe Villa, a relative, two staff and the registered manager. We looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and training records for staff. We spent time observing people and their interactions with staff.

Good

Is the service safe?

Our findings

The service continues to provide safe care. People told us they felt safe and they liked the staff who supported them. People told us there was always enough staff to support them if they wanted to go out and when they were in the home.

Staff described to us how they kept people safe. They told us about specific risks and how they responded to these. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. There was information to guide staff about these risks in people's care plans and the action staff should take to reduce these. These had been kept under review and other professionals such as speech and language therapists had been involved in advising on safe practices and any equipment required.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Control of Substances Hazardous to Health (COSHH) risk assessments were in place and cleaning materials were locked away when not in use.

People were protected from the risk of unsafe premises. The building was well maintained. Appropriate measures were in place to safeguard people from the risk of fire. We saw evacuation plans had been written for each person, which outlined the support they would need to leave the premises in the event of an emergency. Routine fire testing was undertaken at the service. From looking at the record of fire drills, it was not clear whether all staff had completed a fire drill. This was because the record stated, 'all staff on shift'. The expectation set down by the Fire Authority states that each member of staff should complete a fire drill every six months or if they worked nights then this should be completed every three months. The registered manager told us this would be addressed immediately.

Other checks were completed on the environment including moving and handling equipment and routine checks on the electrical and gas appliances. Certificates and records were maintained of these.

The provider had a safeguarding adults and whistle blowing policy and procedure in place along with the local authority's multi-agency safeguarding procedures. This informed and guided staff in what their role and responsibilities were to protect people from potential abuse. Staff described to us their role in reporting allegations of abuse. They were aware of the role of the local authority safeguarding team. They said they would report to the registered manager and they knew she would do the right thing to safeguard people. People told us generally they all got on well. Staff told us there was a mutual respect between people living in the home. However, they did tell us that sometimes people could be verbally aggressive towards the staff.

One person's care plan indicated that they could make racial comments to staff. A member of staff told us they did not always feel supported when this happened especially if this was happening throughout their shift. We discussed this with the registered manager and signposted them to SARI. This is a Bristol service to support people to stand against racism and inequalities.

Some people were prescribed medicines they could not manage themselves. The arrangements for managing medicines on their behalf were safe. Care files included information about what medicines people were taking and any side effects. This included guidelines for the administration of 'as required' medicines. Care staff showed a good awareness of what medicines people were prescribed. They told us any medication changes were discussed during handovers so all staff were aware of any potential changes to a person's well-being.

Medicines were stored securely. Staff checked the temperature of the room regularly to make sure an appropriate temperature was maintained. Clear records were kept of all medicines received into the home and where these were returned to the pharmacy when no longer required. There had been no medicine errors in the last 12 months.

There were arrangements in place to deal with foreseeable emergencies. There were business continuity plans in place for flooding and utility failure.

Sufficient staff were supporting people. This was confirmed in discussion with staff and speaking with people. Staff told us any shortfalls in staffing were covered by the team or the registered manager. Staff told us there was always a minimum of three staff working throughout the day and evening, with two members of staff working at night. One member provided sleep in cover and the other completed a waking night. There were six people living at Glebe Villa at the time of the inspection.

Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home. We looked at two staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application form, two references and interview notes. New members of staff had undergone a check with the Disclosure and Barring Service (DBS). This ensured that the provider was aware of any criminal offences, which might pose a risk to people who used the service. The registered manager was aware of their responsibilities in ensuring suitable staff were employed. The registered manager told us some staff started before these checks were completed to enable them to complete their induction and training. They told us where this had happened staff did not work with people unless supervised. When this happened the new staff would be the fourth member of staff on duty.

The home was clean and free from odour. Cleaning schedules were in place. Staff had completed infection control training and were aware of their responsibilities to protect people from these risks, which included wearing gloves when supporting people with personal care.

Staff had completed training on the principles of food hygiene. The kitchen was clean and well organised. All items in the fridge were dated when opened. Colour coded chopping boards were available to prevent risks of contamination from meat, fish and vegetables. Food probing was completed to ensure food was cooked to the optimal temperature. Records of fridge/freezer temperatures were maintained to ensure they were working correctly.

Requires Improvement

Is the service effective?

Our findings

Staff completed an induction that was based on the 'Common Induction Standards'. Staff completed a workbook and shadowed more experienced staff during this period. The 'Common Induction Standards' had since been replaced by the Care Certificate, which was introduced in 2015. Whilst the registered manager was aware of the care certificate, they said the provider was still reviewing the induction. The Care Certificate is aimed at all care staff in residential settings and is a mandatory induction for new staff to complete within 12 weeks of them starting work.

We recommend the provider review their induction programme to ensure it is current and meeting the recommendations set down by Skills for Care. Skills for Care provide practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce.

The registered manager told us the majority of the staff had a National Vocational Qualification (NVQ) at either level two or three. The NVQ has now been replaced by the Diploma in Health and Social Care. The registered manager told us most of the staff recently employed had not been new to care and had already completed either a diploma or an NVQ in care.

There was a training programme in place, which was monitored by the registered manager and the provider. All staff had to complete regular refresher training. Examples included safeguarding, health and safety, first aid, safe medicines administration and moving and handling, deprivation of liberty safeguards and mental capacity. Specialist training was given to enable the staff to meet people's specific support and health care needs. This training included supporting people with autism and epilepsy, and managing behaviours that challenged. Where people had particular needs associated with their health staff told us they had received training to support them in these. This included for example, supporting a person with a Percutaneous Endoscopic Gastrostomy (PEG). This is a procedure performed when a person is unable to safely receive nutrition orally.

Staff confirmed the training had equipped them for their role. One member of staff said, "I only need to ask the registered manager and they would try and source appropriate training".

People told us they were supported with their health care needs and had access to a GP. Staff told us, the GP visited monthly to review and meet with the people living at Glebe Villa. They told us they could arrange appointments at the surgery throughout the month when and if needed for people. A relative told us they had the confidence in staff to respond promptly to the health care needs of their relative. They said they were often involved in attending appointments and were kept informed of the outcome if they were unable to attend. They told us the staff knew their relative well and would notice very quickly if something was not right in relation to health.

People were registered with a GP and attended appointments with other health and social care professionals as required. This included regular checks with professionals such as the dentist and opticians. Records were maintained of health appointments and any subsequent action that was required. People had

a health action plan, which described the support they needed to stay healthy. The registered manager told us people's key workers were in the process of updating these. People had access to the local community learning disability team including speech and language therapists, occupational therapists, psychologists and a psychiatrist. Appropriate referrals had been made when people's needs had changed.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the MCA and DoLS. Staff had received training on the MCA and DoLS. One person had been assessed as not having the capacity to consent to their care arrangements. They were also subject to continual supervision to ensure they were safe and their needs met. The registered manager had recognised this amounted to a deprivation of their liberty. An application had been submitted to the funding authority and they were waiting for an assessor.

People were encouraged and supported on a daily basis to make decisions about their care. Information in people's care records showed the service had assessed people in relation to their mental capacity. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions and these were respected.

People told us they enjoyed the food and there was always a choice at lunchtime and an alternative to the evening meal if it was not want they wanted. People took it in turns to help plan the menu for the forthcoming week. People told us generally the staff prepared the meals but they would help with laying of the tables and clearing up afterwards. The menu seen was varied and contained all the relevant food groups. There were opportunities to eat out on a Saturday, which people told us they enjoyed. People had access to fresh fruit and snacks throughout the day.

Glebe Villa is in a residential area of St George close to local shops and amenities. The property was arranged over three floors. There were two ground floor bedrooms and the other five were on the first and second floor. One of the bedrooms was a shared room but presently this was occupied by one person.

Communal areas were homely and people's bedrooms were personalised. Some people showed us their rooms and were clearly proud of them. The registered manager told us they were planning to refurbish the kitchen and possibly add an extension in the garden to enable them to have a larger office. They told us this would mean that the medicine cabinet and filing cabinet could then be moved to their existing office from the lounge area making this area more homely and affording people more space.

Good

Is the service caring?

Our findings

The home continues to provide a caring service to people. People told us they liked the staff who supported them. They said it was 'like one big family' and they enjoyed the company of the staff and the other people they were living with. People told us they generally got on well with each other. A relative told us they felt the service was caring and the atmosphere was always friendly when they visited. They said the staff went the extra mile, which had enabled their relative to remain in Glebe Villa. They told us their relative had lived in the home for the last 18 years. They told us they felt the staff knew their relative very well, which had helped with an early diagnosis of dementia and the support that they needed now. This was because the staff were aware of the person's preferences and daily routines.

A visiting health care professional told us, "The staff were welcoming and supportive to the residents. During our visit they knew the residents needs very well". They told us, "We had very little concerns about the home and felt they were supporting the residents that we reviewed fully".

People told us they could get up and go to bed whenever they liked. Some people were seen getting themselves into the nightwear shortly after they had their tea. Staff told us this was because people liked to do this and it was their choice. It was evident that people could make these choices and felt comfortable to do so. Staff told us people liked to get up early and usually go to bed around nine in the evening. The registered manager told us one person particularly liked a structured routine, which included having their lunch at 1130 am. They told us if their routine was changed it would increase their agitation. This showed the staff knew people well. We also saw there was some flexibility for the other people in that they ate later on their return from their activities. People were offered a choice of where to eat their meal either in the dining room or in the kitchen.

The relationships between people at the home and the staff was friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. Staff sought to understand what was wanted and how they could help people. Staff talked about people in a positive, caring and friendly manner. The registered manager and staff clearly knew the people well. It was evident they were knowledgeable about the people they were supporting.

Staff were observed supporting people throughout the inspection. They were attentive and unrushed. For example, a member of staff supported a person to have their lunch. They talked to the person throughout and supported them at a pace that was appropriate. Staff were engaged with people and sat with them chatting about the activities they had done or were planning.

Staff were observed knocking on bedroom doors and asking permission before they showed us around the home. All bathroom and toilet doors could be locked. Staff were able to gain access in the event of an emergency. It was evident people's privacy was respected. People were also asked for their permission on whether they were happy for the inspector to look at their bedrooms. Staff also introduced us to people and explained our role, which provided them with assurances on our presence within the home.

People were encouraged to be as independent as they were able. For example, people could access the kitchen to make drinks and snacks with staff support. One person was being supported to access the community independently. Staff told us they checked out with the person when they out, to ensure they were confident and happy to do this.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date. They also spent time with people individually. People told us the name of the care worker telling us they spent time with them each month.

Care records contained the information staff needed about people's significant relationships, including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. A relative confirmed they were kept informed and were involved in decisions where relevant. They told us they had no concerns and found all the staff friendly and approachable.

Care documentation included information about people's history, personal routines, likes and dislikes. A member of staff told us, "We are like one big family everyone is so friendly, I really enjoy coming to work". Another member of staff told us, "I like coming to work, because of the people and the staff, we are like one big team".

People's end of life wishes were recorded in their care plan on what they wanted to happen if they became unwell and in the event of their death. Some people had told staff they would like to remain in the home and be supported by the staff team rather than go to hospital or move to another residential setting. Where people were unable to discuss this area, staff had spoken with relatives to ascertain their wishes.

People were openly talking about a person who had lived at Glebe Villa that had recently died. Staff told us they had supported people to regularly visit the person whilst they were in hospital. One person had been offered support from other agencies to enable them to cope with their loss, which included counselling and art therapy. Staff told us it had been a very difficult time, but they felt this person was much more confident and happier now and was going out independently to familiar places. Another person talked about a friend who lived in another service that had died. Staff showed empathy and listened to what they person had to say acknowledging their feelings. Staff told us this person continued to make contact with the service so they could speak with the staff from that service, which enabled them to talk about their friend. This showed that people were supported to grieve for their friends and loved ones.

Good

Is the service responsive?

Our findings

The service continues to be responsive. People told us about the activities they regularly took part in. Three people told us they regularly go the gym. People told us they had been supported to go on holiday and were planning a trip to Blackpool. They told us they had been to Brighton last year. Pictures were displayed throughout the home of the activities and holidays that people had taken part in.

People told us they went to various groups in the local community including a group called the Beehive and a local day centre. People told us they did various activities including arts and crafts, trips out, ten pin bowling and pottery. One person told us it was an opportunity to meet with friends. Other activities included weekly aromatherapy sessions, trips out to the shops and places of interest. Staff told us everyone liked to go out on a Saturday for a meal out and shopping. One person told us, "I like to go out with family and occasionally with the staff shopping". From talking with people it was evident they were supported to go out when they wanted. One person told us they liked to go for a walk or a ride in the car.

The registered manager told us one person had funding for one to one support 24 hours a day. We observed the staff regular rotating the role between the three staff on duty. This enabled the person and the staff member to have regular breaks This person was engaged throughout by their allocated member of staff. They were observed spending time in the garden listening to music, singing, doing nail care and looking at magazines. The person looked very comfortable with the staff. Staff told us at times the person could become quite agitated and confused. Staff told us they offered the person opportunities to go out, but often this was refused.

One person said, "I usually go to the gym but I was not feeling very well so I did not go today". Staff were attentive to this person checking how they were feeling offering medication for pain relief and plenty of fluids. This showed that the staff respected the person's decision to remain at home and were responsive to their changing needs.

One person told us, "We went to Swindon recently for a party". They told us, one of the people had recently moved out of the home to one of the provider's other homes in Swindon. The registered manager told us, Glebe Villa was no longer suitable for the person due to the risk of falls. They told us they had liaised with the person, their social worker and the provider in respect of the move. This showed that the service was responsive to people's changing needs and supported the person to move to a more suitable environment.

A relative told us, "They were really impressed with the service because when their relative could no longer use the stairs, the lounge had been adapted into a bedroom enabling them to remain in the home". The registered manager told us, the provider had built a conservatory, which was now the dining area and the dining area into a lounge. This showed the service was responsive to people's changing needs. The relative told us they felt the service had very much gone the extra mile to enable the person to remain in their home. Additional equipment had been sought to enable them to remain in the home, including a profiling bed enabling staff to safely care for this person and to continue to respond to the person's needs.

People's needs were assessed prior to them moving to Glebe Villa. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported for example, when they wanted to get up, their likes and dislikes and important people in their life.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs. They told us there was also a written record, to enable staff who had been off for a few days to keep up to date with any changes.

In addition, to the daily handovers, staff completed daily records of the care that was delivered. Daily records enabled the staff to review people's care and their general well-being over a period of time. Keyworkers also completed a monthly summary of a person's general well-being. The key worker report summarised activities completed, any contact with family or health and social care professionals, accidents, incidents and information about a person's general well-being over the previous month. There was also an opportunity for the person to sit with their keyworker and discuss any goals for the forthcoming month. These were very comprehensive and showed people's care was kept under review.

We looked at how complaints were managed. There was a procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. There had been one complaint since the last inspection. A member of the public was concerned that a person was in a local pub without staff support. The registered manager had responded to the concerns, as this person had been assessed as having the skills to go out independently. The registered manager had also liaised with the local safeguarding team and CQC on the outcome of their investigation, which was not substantiated.

People told us if they were not happy, they would speak with the registered manager, their key worker or another member of staff. A relative told us they never had any concerns in the 18 years of their relative residing in the home. They told us their relative always spoke very highly about the staff and the home prior to the onset of dementia. They told us they felt this was still evident, in that their relative remained happy and still was receiving good care because they had built positive relationships with the staff and the other people living in the home.

The service also maintained a log of compliments. The provider information return stated, they had received three compliments in the last twelve months. Comments included, 'The staff have coped well with my relative's changing needs. I am very grateful that she has been able to remain at GV' and 'My relative is happy with her life at GV she never complains and is always ready to return home after a day out with family'.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. They demonstrated an in-depth knowledge of the needs of the people living in Glebe Villa. However, from talking with the registered manager and from the information provided in the provider information return (PIR) it was evident that the registered manager had not kept up to date with the change of legislation and was working with the Commission's previous legislation. This also meant that any checks on the quality were not in line with the legislation ensuring the service was safe, effective, caring, responsive and well led. The registered manager must increase their knowledge and understanding of the changes in legislation.

They were also using an induction that had been superseded by the care certificate. When we reviewed the provider's policies and procedures, these also linked with the previous legislation, which had been superseded by the Health and Social Care Act 2008 Regulations 2014. For example, the provider's complaints policy stated CQC would respond to complaints within 14 days. The Commission does not have the power to investigate complaints and people should be signed posted to the Local Government's Ombudsman and the person's funding authority. This showed the provider and the registered manager had not kept up to date with current practices and changes in the legislation.

This was a breach of Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Requirements relating to registered managers.

The provider and the registered manager carried out checks of the service to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support.

Observations of how staff interacted with each other and the management staff of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. Staff were passionate about their role in supporting people to lead the life they wanted. There was a positive rapport between the registered manager, staff and the people living in the home.

Staff informed us there was an open culture within the home and felt the registered manager listened to them. Staff told us monthly meetings were held where they were able to raise issues and make suggestions relating to the day-to-day practice within the home. The minutes from these meetings were documented and shared with team members that were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of people and wider issues relating to the running of the home. Staff received supervisions every six to eight weeks. The records of these just detailed the topic such as medicine management or safeguarding. There was no information about what had gone well or any actions recorded for the staff to complete over the next six weeks. This meant the progress of staff could not be monitored effectively and efficiently.

People's views were sought through monthly key worker meetings, three monthly house meeting and annual surveys. People and their relatives had commented positively about the service and the support they were receiving in the surveys conducted last year. One relative stated, 'The staff have coped well with changing needs, which the family are very grateful for' and 'Name of person is very happy with life at Glebe Villa. She never complains'. Another relative stated, that their relative had gone through a difficult period and the staff have been 'very patient and supportive'.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. There had been very few accidents and incidents and from the records we viewed and these had not been reportable. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

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 7 HSCA RA Regulations 2014 Requirements relating to registered managers The registered manager lacked awareness of the change of legislation in the running of a service and current practice in respect of the induction of staff and ensuring polices were current and based on the change of legislation. Regulation 7 (b)