

Mrs A Jobson

Ardgowan House Residential Care Home (Mrs Annie Jobson)

Inspection report

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Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

Summary of findings

Overall summary

This inspection took place on 16 and 17 November 2015 and was unannounced. A previous inspection undertaken in July 2014 found there were breaches of legal requirements in three areas relating to the safety and suitability of premises, staffing and supporting workers.

Ardgowan Residential Care Home is the only location owned and run by Mrs A Jobson and is based in a residential area of Blyth in Northumberland. It provides accommodation for up to 10 people living with mental health issues, who require assistance with personal care and support. At the time of the inspection there were nine people living at the home.

The home is not required to have a registered manager because it is under the day to day supervision of the registered provider, Mrs A Jobson.

People told us they always felt safe living at the home and there was nothing to concern them. Staff had a good understanding of safeguarding issues and said they would report any concerns to the manager/provider or the local authority safeguarding team. Regular checks were carried out on the premises and risk assessments undertaken for areas such as the kitchen and laundry. Windows had restrictors fitted following the last inspection. However, these did not now meet the current guidance for care homes and no new risk assessments had been undertaken. The provider told us she would address this immediately.

The manager/provider told us all shifts were covered by two staff; a senior care worker (or herself) and a care worker. On night shifts there was either two waking night staff or a waking staff member and a sleep-in staff member, depending on need. Staff we spoke with confirmed this was the case. Appropriate recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. Disclosure and Barring Service (DBS) checks had been undertaken, including on the provider's own family members who worked or volunteered at the home. We found some minor issues with medicine's records in ensuring checks were in place to administer medicines safely and appropriately.

Staff told us they had undertaken some training in recent months. However, training records did not support this and some training, essential to the delivery of care for some people, had expired without the manager/provider being aware. Additionally, some staff had not undertaken training essential to their role. Regular supervision sessions were not being undertaken. Some annual appraisals had been carried out, but the records had not been completed and signed by staff to say they agreed with the review process. Some staff told us they had not received appraisals for a considerable time. There was no central record to monitor that training, supervisions and appraisals were current and up to date.

People told us they enjoyed the food provided at the home and were able to request items to be included on the monthly menus. We observed there was a range of food available for people and they had access to additional drinks and snack.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us no one at the home was subject to any restriction under the DoLS guidelines. Staff understood how to support people to make choices. The registered manager told us there had been no recent best interest decision meetings as people living at the home had capacity to make their own decisions.

People told us they were generally happy with the care provided. We observed staff treated people well and there were good relationships between staff and people living at the home. Staff were aware of people's individual needs, likes and dislikes. People had access to general practitioners, dentists and a range of other health professionals, to help maintain their wellbeing. Specialist advice was sought, where necessary, and acted upon. People said they were treated with dignity and staff respected their individual preferences and decisions. The home was generally clean and tidy and people and professionals told us they had few concerns about the cleanliness of the home.

Summary of findings

People had individualised care plans that were detailed and addressed their identified needs. Staff told us people often preferred to manage their own time rather than participate in organised activities, although some activities were organised at the home. Some people did tell us they would like more trips out, although two people told us about a recent trip to the Coronation Street set in Manchester. People told us they would tell the staff or the provider/manager if they had a complaint, but were currently happy with the care at the home.

The provider/manager showed us records confirming regular checks and audits were carried out at the home. Records were not always appropriate or up to date, particularly around training and staff support. Some care

records were not detailed and specific around the particular health care needs of some people who lived at the home. Regular staff meetings took place to discuss the running of the service and the care needs of people. People told us they were also involved in meetings and could make suggestions and requests about menus and the running of the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to Safe care and treatment, Staffing and Good governance. You can see what action we told the provider to take at the back of this report. Where we have taken enforcement for a continuing breach relating to staff support we will report when this has been completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found some minor issues with the premises, as window restrictors previously fitted no longer met current guidance. Medicines were stored and handled safely, although some hand written records were not signed to say they were correct, documents to aid identification were not available and there were no care plans in place for “as required” medicines.

People told us they felt safe living at the home. Staff had undertaken training and had knowledge of safeguarding and said they would report any concerns. Care plans had associated risk assessments and there were wider risk assessments for the home.

Proper recruitment processes were in place to ensure suitably skilled and experienced staff worked at the home. The home was staffed by two staff members on all shifts. The home was clean and tidy.

Requires improvement



Is the service effective?

The service was not always effective.

Staff training was not always up to date and systems to ensure staff training and development was monitored and remained current were not in place. Appraisals and supervisions were not undertaken in a timely and appropriate manner.

The registered manager confirmed no one living at the home was subject to any restriction under the MCA and DoLS guidance. Staff understood how to support people in making choices.

People told us there were sufficient meals and snacks to meet their needs and we observed there was access to a range of food and drinks. People’s rooms were decorated in line with their own needs and wishes.

Requires improvement



Is the service caring?

The service was caring.

People told us they were happy with the care and support they received and enjoyed living at the home. We observed staff supporting people with patience and understanding and observed there were good relationships between them.

People had access to a range of health and social care professionals for assessments and checks to help maintain their health and wellbeing and were encouraged to attend appointments.

Good



Summary of findings

People told us their dignity and privacy was respected. People were supported to be as independent as possible and were encouraged to maintain personal relationships and contact with family members.

Is the service responsive?

The service was responsive.

People's needs were assessed and care plans reflected their individual care requirements and were reviewed and updated as their needs changed. Risk assessments had been devised.

Some activities were available for people to participate in, although most individuals living at the home followed their own interests. Some people told us they would like more trips out.

People told us they knew how to raise any complaints or concerns, but said they were currently happy at the home.

Good



Is the service well-led?

The service was not always well led.

Records were not always up to date or appropriately kept. Records relating to training and medicines were not complete. Some care plans related to specific health issues required further detail.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored.

Staff said they were supported by the manager/provider. People and staff talked about the friendly atmosphere at the home. Staff said they enjoyed their work and caring for people at the home.

There were meetings with staff and regular meetings with people who used the service. Outside professionals told us they had a good relationship with the home and were kept up to date with any changes.

Requires improvement



Ardgowan House Residential Care Home (Mrs Annie Jobson)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 November 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke with five people who used the service to obtain their views on the care and support they received. We talked with the registered provider/manager, the deputy manager, a senior care worker and three care workers. Additionally, we conducted telephone interviews with three care managers who supported people living at the home.

We observed care and support being delivered in communal areas including the lounge and the dining room, looked in the kitchen areas, the laundry, bath/shower rooms, toilet areas and checked people's individual accommodation. We reviewed a range of documents and records including; four care records for people who used the service, nine medicine administration records, five records of staff employed at the home, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service and a range of other quality audits and management records.

Is the service safe?

Our findings

At the previous inspection of the home in July 2014, we found some windows on the upper floor did not have window restrictors fitted to limit the opening of windows and help prevent potential falls. At this inspection we found that, whilst the provider had fitted restrictors following our inspection, the type provided no longer met the guidance issued for care homes by the Health and Safety Executive. Additionally, the provider had not undertaken a risk assessment related to windows and restrictors on the upper floor. The provider/manager told us she was not aware of the change in guidance and therefore had not carried out any additional risk assessments. She said she would look to do this immediately.

We found some issues with the safe management of medicines at the home. Medicine administration records (MARs) did not have a photograph of each person with their MAR to allow staff to confirm their identity. Additionally, important information such as any allergies to certain medicines was also not immediately available, although this information was available in people's care records. Some people were receiving "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. We noted there were no specific care plans or instructions in place to indicate when these medicines should be given, the maximum dose that could be given or what action to take if the medicines were not effective, or too much was accidentally given. We also noted a number of handwritten entries on the MARs had not been countersigned by staff to confirm the details of the medicines were correct.

One person was taking a homely remedy in the form of a pain relief product. Homely remedies are items that are on sale to the general public and can be purchased over the counter, such as cough linctus or simple analgesics. The item was hand written on the person's MAR and managed by staff at the home. However, there were no details of how much of this item the person was able to have in a given time, particularly as the person was already prescribed a pain relief medicine by their general practitioner. The provider/manager told us the person's general practitioner was aware of the situation but would look to further clarify the matter.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 Safe Care and Treatment.

Medicines at the home were stored safely and appropriately and regular checks on stocks were undertaken to ensure there were enough medicines available for people.

People told us they felt safe living at the home. One person told us, "Yes I feel safe. It is okay here." Care managers we spoke with told us they felt people they supported were kept safe and well at the home.

The home had a safeguarding policy in place and staff had completed training in relation to safeguarding vulnerable adults. They were able to describe situations that could possibly identify abuse occurring. They told us they were not aware of any recent safeguarding incidents at the home. They said they would report any concerns to the senior on duty or the provider/manager of the home, who they felt they would take matters seriously. They were aware that if they continued to have concerns they could report issues to the local authority safeguarding adults team or said they would contact the Care Quality Commission (CQC). The manager told us there had been only one safeguarding issue at the home in the last year. CQC records showed that we were aware of this matter.

The manager told us a number of people at the home had their finances supported through guardianship from the local authority, but the home supported people in managing their day to day finances. People's monies were stored securely and a record kept of any purchases and expenses, along with any money received. We checked balances and found them to tally with available cash in the safe. We noted weekly checks were kept on balances held at the home by the provider, although noted they were not routinely countersigned by two staff members.

Risk assessments were in place for the environment and the safety of the building. There were risk assessments in place for issues such as use of laundry equipment, kitchen safety, food safety, security of the home and control of substances hazardous to health (COSHH). There had been regular checks on fire safety equipment; such as emergency lighting, smoke detectors and extinguishers. We noted a regular practice evacuation of the premises was overdue. The manager told us she would arrange this as soon as possible.

Is the service safe?

Other safety checks were in place. A legionella risk assessment had been completed, small electrical items had been subject to portable appliance testing (PAT), there was a five year fixed electrical system check in place and gas appliances had been serviced and checked. An emergency folder was in place by the main entrance to the home, with details and photographs of people who used the service, a plan of the home with the location of bedrooms and other emergency information.

People's care records had risk assessments related to their care delivery. However, these were often limited and did not always provide detailed information about how staff should seek to minimise or respond to risk. For example, risk assessments frequently contained the instructions "staff to monitor" and "contact the GP."

The home maintained an accident record, although the manager told us there had been no recent accidents or incidents at the home. We checked records and could find no indication of unrecorded accidents or incidents.

The manager confirmed there were currently 11 staff employed at the home, three of who were employed part time. She said each day shift was covered by two staff. Night shifts were covered by one staff and a sleep-in staff member or two waking night staff, depending on need. People told us they felt there were enough staff at the home. One person told us, "I think there are enough staff."

"You can always find a member of staff if you want one." Staff we spoke with said there were sufficient staff and there had never been a situation where shifts could not be covered.

Staff personal files indicated appropriate recruitment procedures had been followed. We saw evidence of an application being made, references being requested, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. We saw that where the provider employed her own family, even on a voluntary basis, then DBS checks had also been undertaken. Staff confirmed they had been subject to a proper application and interview process before starting work at the home.

The home was generally clean and tidy. One care worker told us she had designated hours to clean the home during the week, but that at other times care staff would keep on top of things. One person told us, "It's very spick and span; they do a good job." Professionals we spoke with told us they had not noted any concerns over cleanliness at the home. Staff told us they had access to gloves and aprons when performing care tasks or cleaning. One person was concerned there was a dog living at the home who had access to the dining room as part of its run of the home. We saw the dog was a small breed, and although it did wander around the home there was no immediate evidence of an infection risk specific to this issue. Most people seemed to enjoy having the dog around as part of the family atmosphere of the home.

Is the service effective?

Our findings

At our last inspection in July 2014 we noted staff had not received regular supervision sessions nor been subject to annual appraisals, meaning there was no system in place for staff to discuss their needs or any concerns with the manager. We deemed this to be a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which were the regulations in force at the time of the inspection. At this inspection we found there remained no formal supervision sessions in place. Appraisal records indicated an appraisal had occurred for five staff in April 2014. However, only one of the records had been signed by a staff member to indicate they agreed the record was correct and adequate. The manager confirmed no supervision sessions took place and she conducted only two appraisal meetings with each staff member in a year. The deputy manager told us she had not had an appraisal for a number of years. She also told us she conducted supervisions, but only when instructed to do so. The manager said staff had not had time to sign the appraisal records from April 2015.

Staff told us they had received some recent training including first aid and mental health awareness. However, training records we looked at indicated that training needs were not regularly reviewed. Records indicated some training, such as for food hygiene and moving and handling had not been updated since 2010 and 2008 respectively. For one senior care worker, who was supporting people with their medicines, we could find no record of any medicines management training since they has commenced at the home in February 2015. The home's deputy manager told us that she was sure staff had undertaken recent training but was unsure where the certificates had been stored. One care manager told us she did not think all the staff had the right skills to deal with certain aspects of one person's behaviour.

The manager also confirmed there were no regular checks on the competency of staff to ensure they continued to deal with medicines safely following completion of any training. Specific training on supporting people with diabetes had ceased to be current in July 2015, despite there being some people residing at the home who were living with diabetes. The provider/manager told us she was

not aware the training had expired. She told us the home did not have a training policy or a central system to monitor that all mandatory training was up to date or to ensure staff had refresher training when required.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

People told us they felt supported by the staff at the home. Comments from people included, "The staff do a good job. They are very conscientious" and "Staff are able to calm things down if people get upset." Two care managers we spoke with felt staff had the skills to support people living at the home. Another care manager felt staff sometimes struggled with more challenging behaviours from people.

The manager told us no one at the home was subject to Deprivation of Liberty Safeguards (DoLS) restriction as defined by the Mental Capacity Act 2005 (MCA). She said that consideration had been given to a DoLS application for one person living at the home, but an assessment undertaken with the person's care manager had resulted in a decision that the MCA did not apply. All people living at the home had capacity to make or be involved in decisions, so there had been no best interest decisions, although staff understood about supporting people to make choices.

Professionals we spoke with told us communication between them and the home was generally good and the home kept them aware of any concerns or issues. People living at the home had a key worker. One of the key worker roles was to have weekly or fortnightly meetings with people. These meetings were used to discuss how people were feeling but also any issues the person wished to raise. People said they were happy with these meetings, although one care manager told us the person they supported had found it difficult to meet as their key worker was a member of the night staff.

People living at the home were encouraged to give their personal consent. We saw staff knocked on bedroom doors before entering and staff sought agreement from people throughout the day. Where possible people had signed their care plans to say they were in agreement with the plans for the delivery of care.

People told us they were happy with the food at the home. The manager said people could input into the choice of food to be purchased for the following week. A choice of meals was available at each meal time. A light lunch was

Is the service effective?

offered and a more substantial meal provided in the evening. One care manager told us that meal times tended to be fixed, which the person they supported could find difficult. Other people we spoke with did not find this a problem. We looked in the home's kitchen area and found there was a good selection of fresh and frozen products available. The manager told us they tried to support people to eat healthily and with any special dietary needs. However, people living at the home had capacity to make their own decisions and would often obtain food and

snacks outside the home. Comments from people included, "The food is very nice; you get the things that you like"; "I like the food" and "It's not too bad. You know what food is like in these places. It's not as good as your own."

People told us they could decorate their rooms as they wished and we saw that these personal spaces were individualised. One person, who enjoyed painting, had a range of his work hung around his room and showed us some of the items he had painted.

Is the service caring?

Our findings

People we spoke with told us they were generally happy with the care provided, although one person said some staff were better than others. Comments from people included, “The staff are not bad, they look after you and support you”; “I think they are very helpful”; “It’s a nice pleasant atmosphere, very good” and “The staff are alright with me.” Two care managers we spoke with told us they felt the care at the home was appropriate. One care manager told us, “Her quality of life is much better; much more settled.”

We spent time observing how people living at the home and staff interacted. Staff took time to support, listen to and speak with people. One staff member spent time with a person, helping them complete a crossword and encouraging them to challenge themselves with more difficult puzzles. We also noted staff chatted to people during everyday tasks and during the time they were tidying their bedrooms. One staff member told us, “The atmosphere is always nice; everyone gets along. I’ve not been here that long but everyone has been very welcoming. The residents have been welcoming.”

Staff told us no one at the home had any particular religious or cultural needs. Staff were aware of the need to treat people equally and said one of the main roles in their job was to ensure people were supported whatever their background or particular needs.

People were involved in their care, as far as possible. We saw people were encouraged to make suggestions about the choice of foods available and also make proposals in relation to trips out. Staff said some people were supported to undertake their own laundry, although staff were available, if necessary. Key workers had regular meetings with people they cared for to ensure they were

happy with the care they were receiving. Additionally, there were larger meetings of people who lived at the home. These meetings were used to communicate any changes at the home, such as new staff, or pass on communications, along with affording people the opportunity to raise issues themselves.

People’s health and wellbeing were supported. We saw people were encouraged and supported to attend health and social care appointments. People were also supported to attend general health reviews, such as dental checks; condition specific reviews, such as those for diabetes or asthma and age related clinics, such as well-man health checks. We saw health professionals, such as district nurses also regularly visited the home to support people’s health needs. People told us staff would accompany them to appointments, if they wished.

The provider/manager told us no one currently living at the home was accessing an advocate or using an advocacy service. She said most people had regular contact with their care manager and some people were in contact with family members, who also supported them. She said one person had been supported by an advocate in the past.

Staff were aware of the need to maintain confidentiality and this issue was addressed in staff terms and conditions. Staff respected people’s privacy. They were aware some people preferred to spend time alone or in their room. They told us they supported people with their personal care only as much as they felt comfortable with. People were supported to be as independent as possible. Staff said they would support people on trips and appointments if they requested it, but the majority of people managed their own time. A number of people living at the home were in relationships and these were encouraged and supported by staff. One person told us, “You can please yourself and come and go as you like.”

Is the service responsive?

Our findings

People told us they were involved in their care. They said they had key workers who they could speak to, although they said they could discuss matters with any member of staff. Staff told us they met regularly with people to discuss their care and records confirmed this. One care manager told us the person they supported did not always feel their key worker was as accessible as they could be.

People's care records contained information about the person's history and background. Information indicated where the people grew up, family history, work history where appropriate, likes, dislikes and interests. Staff told us that when new people arrived at the home they would read this information to gain some background about the person and their preferences.

People had individual care records that contained an assessment of their needs covering aspects including health, social and psychological needs. Assessments covered areas such as mobility needs, food likes and dislikes and followed an activities of daily living model to ensure a range of care aspects were covered. Key care plans identified areas where people needed additional support or monitoring to ensure their health and wellbeing were supported. For example, one person was noted to get breathless at times. Staff actions included monitoring the person's presentation and noting any issues or deterioration. Any changes or concerns were then relayed to the person's care manager or health professional.

Another person, who occasionally became psychologically unwell, had a plan which identified the types of symptoms or signs that may indicate the person required additional support. Staff were advised to observe for these signs and the plan detailed the action they should take if they were concerned.

People's care plans contained risk assessments. Whilst the risk assessments were relevant to each individual, such as the risk of smoking in their bedroom, these were not always detailed in relation to action taken to mitigate the effects of

the risks. Depending on the identified risk, care records were reviewed either yearly or six monthly. Care staff said that for some issues, often related to people's physical health, reviews of plans would occur more frequently.

Staff told us a range of activities were offered at the home but people often preferred to do things individual to them. We saw from records that people went out with partners and family, or went to visit friends. People we spoke with told us the home had recently held a Halloween party, which included staff dressing up. They told us this had been a great success and they had really enjoyed the event. Staff said there had been a writing group running at the home but numbers had dwindled in recent weeks. They also said people engaged in craft activities and baking. One person told us excitedly about how they and another person had been to visit the Coronation Street set in Manchester. She told us they had travelled down on the train accompanied by the manager. She said they had all greatly enjoyed the day and showed us photographs taken during the visit.

Most people told us they were happy doing things individually and that they had the freedom to come and go as they wished. One person, who did need staff support to go out, said she would like to go out more often for a walk. One person was arranging to have a phone line fitted in their room so they could access the internet on their computer. We saw in the residents' meeting file that plans were being made for people and the staff to go out to a local pub for a joint Christmas meal.

The home had a complaints record but the manager told us there had been no recent formal complaints. People we spoke with told us they had not made any formal complaints. Comments from people included, "It's a very nice place; I've no complaints" and "I've not had to complain about anything." People told us that if they did have any concerns they would speak to a member of staff or the provider / manager, who they said was always around.

Is the service well-led?

Our findings

At the time of our inspection the location was under the personal supervision of the registered provider and there was no requirement to have a registered manager in place. Our records showed that the home had been under the registered provider's personal supervision since it was first registered in October 2010.

We found records were not always up to date and information was not always appropriately managed. Training records were not up to date and supervision and appraisal records were not regularly recorded or monitored. Where appraisal records had been completed these contained limited information and had not been signed by staff, despite taking place over six months previously.

Some care records lacked detail. Whilst risks and issues were noted some elements of care were contained within more generic care plans. For example, two people had specific health needs. Whilst the issues were noted in generic health plans there was limited detail about the specific conditions and support staff should provide regarding these explicit conditions. There was limited information to help staff identify when they should raise concerns with other professionals.

Records around ensuring the safe identification of people in relation to administering medicines were not always completed. Documents did not contain up to date photographs of people and hand written entries had not been double signed, despite the homes' medicines policy stating this should take place.

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

People told us they knew who the provider/manager was and said she was always at the home. They said they found the provider/manager approachable and could talk with her about any issues or concerns they may have. Comments from people included, "The manager is a very nice lady; very considerate" and "I like the manager. I like both (manager/provider's name) and her husband (name). They are alright."

Staff we spoke with told us they enjoyed working at the home. Most staff told us they felt supported by the provider/manager. Comments included, "We rub along"; "Management keep you on the right track. We have good staff and good management" and "The management are very supportive. They support us all the time."

Staff also told us they enjoyed working at the home. Comments from staff included, "I'm happy here. The staff are lovely and the residents are spot on, really canny (nice). I really enjoy sitting and talking to them, there are some good characters"; "I love working here. They are like my family or at least another part of my family. I enjoy caring for them. I love my job" and "I just try and support them the best I can. I love the job I do; that's what keeps me going."

The provider/manager told us she was at the home most days and so was able to keep an eye on things on a day to day basis. We saw she carried out a monthly general audit of the home which included whether there was any damage to floor coverings, any trailing wires that would cause a potential trip hazard and a check on lighting throughout the home. We also noted an infection control audit had been undertaken in recent months. Checks were also kept on fridge temperatures in the home's kitchen and on medicines stocks at the home.

Staff told us that staff meetings were held, approximately every two months. Records confirmed this was the case. We saw a range of issues were discussed, including how to increase activities and a joint Christmas meal. We also saw a suggestion had been made to increase people's input into meal choices at the home. A note in a later meetings suggested this was going well.

People told us there were regular residents' meetings, although not everyone wanted to attend. People said they were able to raise issues, although one person told us he felt that not everything was actioned, but could not be specific about this. We saw people had asked for a Halloween party to be put on at the home and this had occurred. People also had regular meetings with their named key worker when they could also raise any issues or concerns. Visiting professionals told us the home kept them up to date with any developments or changes in people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not provided in a safe way because the premises were not safe for the intended purpose and had not been risk assessed. Medicines were not managed safely. Regulation 12(1)(2)(a)(d)(g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Accurate, complete and contemporaneous records and records relating to persons employed for the carrying out of the regulated activity were not in place. Regulation 17(1)(2)(c)(d)(i).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff employed in the provision of the regulated activity had not received appropriate support and training.
Regulation 18(2)(a).

The enforcement action we took:

We have issued a warning notice against the provider.