Ashwood House Limited

# Ashwood House Limited (Leyton)

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 13 September 2016 and was unannounced. The service was last inspected in November 2013 and was found to be complaint with all the standards we looked at during that inspection.

The service is registered with the Care Quality Commission to provide accommodation and support with personal care to a maximum of 17 adults with mental health needs. 15 people were using the service at the time of our inspection.

The service had a registered manager. However, at the time of inspection they were on a period of extended leave. An acting manager had been appointed to manage the service during this period. 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.

Medicines were not always recorded in a safe and accurate manner.

We found 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 version of this report.

The service had appropriate safeguarding adults procedures in place. There were enough staff working at the service to support people in a safe manner and checks were carried out on staff before they began working at the service. Risk assessments were in place which included information about how to mitigate risks people faced.

Staff were well supported and received regular training and supervision. The service was operating within the Mental Capacity Act 2005 and people were able to make choices about their daily lives. This included choices about what they ate and drank. People had routine access to health care professionals.

People told us they were treated with respect and in a caring manner by staff. The service promoted people's independence and privacy.

People's needs were assessed before they moved into the service. Care plans were in place which set out how to meet people's individual needs. People were supported to access a variety of activities both in-house and in the community. The service had a complaints procedure in place and people knew how to make a complaint.

Staff told us they found the senior staff to be approachable and helpful. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe. Medicines were not always properly recorded.

Staff understood their responsibility with regard to safeguarding adults and systems were in place to help protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely and there were guidelines about supporting people who exhibited behaviours that challenged the service.

There were enough staff working at the service to meet people's assessed needs. Robust staff recruitment procedures were in place.

### Is the service effective?

**Good**

The service was effective. Staff undertook regular training and received one to one supervision from a senior member of staff.

The service operated within the Mental capacity Act 2005. People were able to make choices about their daily lives. This included choices about food.

People had regular access to health care professionals.

### Is the service caring?

**Good**

The service was caring. People told us staff treated them well and we saw staff interacting with people in a friendly and respectful way. The service promoted people's dignity, privacy and independence.

### Is the service responsive?

**Good**

The service was responsive. People's needs were assessed and care plans were in place which were personalised around the needs of individuals. Staff were aware of how to meet people's needs.

People were supported to access a variety of activities in the

community.

The service had a complaints procedure in place and people knew how to make a complaint.

## Is the service well-led?

Good

The service was well-led. Staff told us they found the senior staff to be approachable and helpful.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service and other stakeholders.

# Ashwood House Limited (Leyton)

**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 13 September 2016 and was unannounced. The inspection team consisted of an 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.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, safeguarding alerts and notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with nine people that used the service. We spoke with eight staff. This included the nominated individual, the acting manager, the assistant manager, the business manager, two team leaders [one of whom was also the training coordinator], a senior support worker and a support worker. We observed how people were supported and how staff interacted with people. Four people showed us their bedrooms. We examined four sets of records relating to people including care plans and risk assessments. We looked at the recruitment, training and supervision records for six staff. We examined medicines records and quality assurance systems. We read minutes of staff and residents meetings and looked at various policies and procedures.

Requires Improvement

# Is the service safe?

## Our findings

We found some errors with medicine records. Two people had been prescribed Lorazepam tablets. In both cases the medicine administration record (MAR) chart stated this was to be taken on an 'as required' (PRN) basis. However, the labels on the medicine boxes both stated it was to be taken daily as a regular medicine, not 'as required'. The assistant manager told us the MAR chart was correct and the medicine was prescribed on an 'as required' basis. They told us they had raised this issue with the supplying GP. Records showed that the service had contacted the GP about these medicines by phone but it was not clear from the records what was discussed. It was not clear that the service had raised the issue of the discrepancy between whether the medicines were 'as required' or regular.

Most medicines were stored in blister packs where each dose was separated which made it easier for staff to monitor they were giving the correct medicines, therefore reducing the possibility of mistakes occurring. Some medicines were stored in their original packaging. The MAR charts relating to the medicines on the ground floor contained details of how many of these medicines were in stock. We checked several of these and found that the records tallied with the amounts actually held in stock. However, the MAR charts we looked at on the first floor did not include the amounts of medicines held. Staff told us there should have been 24 Valproic Acid tablets for one person but there were actually 31 tablets. The provider sent us information after our inspection which indicated that 31 tablets was the correct amount that should have been in stock of this medicine. However, this meant that the staff member explaining the medicines to us may not have understood the recording process fro medicines. During a monitoring visit by the host local authority in January 2016 they recommended that the service implement a log sheet to record when these medicines were administered and for recording the remaining amounts. This had not happened.

Poor practice with regard to medicines record keeping increased the chances of errors occurring with the administration of medicines which put people's health and safety at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a staff member administering medicines. Whilst doing this they wore a tabard which had written on it that they were not to be disturbed while administering medicines. This helped reduce the risk of them making errors with the administration of medicines.

Medicines were stored in two designated and locked medicines cabinets, one on each floor of the building. In addition some medicines were stored in a designated medicines fridge. Although this was not kept locked the fridge was located in an office which was kept locked when staff were not present. We discussed this with the nominated individual who said they would ensure the fridge was kept locked in future as an extra precaution.

People told us they felt safe using the service. One person said, "I feel safe here, getting to know other residents if I have any conflict with any one we sort it out and that's only happened once since I've been here." Another person said, "Yes I feel safe, nobody staff or residents won't harm me and we have a fire drill here and I know where to go when the alarm goes off." Another person told us, "Yes I feel safe here, the

manager and the team leader make me feel safe. It's like having an umbrella over you." Another person told us how the service had helped them to be safe with regard to medicines, telling us, "I take medication, I take Loxapine and Statins and yes I've been told about the side effects." Another person said, "I take a lot of medication, nine tablets in the morning three in the afternoon and six at night and the staff dispenses them to me and they watch me take them and I don't suffer from any side effects."

The service had a safeguarding adults procedure in place. This stated that allegations of abuse should be reported to the 'appropriate authorities' but did not specify who they were. We discussed this with the nominated individual. They sent us a revised version of the procedure after the inspection which contained the relevant information. The service also had a whistleblowing procedure in place. This made clear that staff had the right to whistle blow to outside agencies such as the Care Quality Commission if appropriate.

Records showed staff had undertaken training about safeguarding adults and had a good understanding of their responsibility to report any safeguarding allegations. One staff member said, "I would report it to my manager." They said if they suspected their manager of abuse, "I would report it to CQC." Another staff member told us, "I would do an incident report and pass it on to the manager." Records showed that safeguarding allegations had been dealt with appropriately and referrals had been made to the local authority and the Care Quality Commission.

The service held money on some people's behalf where people had consented to this. Only three senior staff had access to the money and it was regularly checked and signed for. We checked monies held by the service during our inspection and found the amounts held tallied with the amounts recorded. The service did not access people's accounts directly. People did this themselves or their accounts were managed by the local authority as a result of court of protection orders. This reduced the likelihood of financial abuse occurring.

Risk assessments were in place which included information about the risks people faced and how to mitigate those risks. For example, we found that for a person who had diabetes there was a risk assessment in place for managing this. This included information about what to do if the person's blood glucose levels were either too high or too low and clearly stated what was considered to be too high or low. Other risk assessments included risks associated with self-neglect, mental health, risk to others and risks around travelling.

Risk assessments and support plans were in place to support people who exhibited behaviours that challenged the service. These included indicators that the person may be requiring support and guidance on how to support them. For example, the risk assessment for one person stated, "Staff to try and distract [person that used the service] by playing board games, dominoes etc. as he enjoys these." The risk assessment for another person sated, "When [person who used the service] is argumentative do not challenge her with errors she has made. Leave these until she is calm and in a talking mood. You may need to distract her from what is worrying her. Talk about more positive things like how college is going and how lovely her room looks."

Staff we spoke with had a good understanding of how to support individuals who exhibited behaviours that challenged the service. Talking about one person who on occasions became aggressive a staff member said, "I will back away and let him cool down and go back after five minutes."

People that used the service and staff told us there were enough staff working at the service to meet people's needs. One person said, "Yes there's enough support here and I trust the care I get, they lift me up when I'm down." One staff member replied, "Yes, definitely" when asked if they had enough time to carry out

all their duties. Staff told us they were authorised to book staff cover if a member of staff cancelled their shift at short notice. This meant the service was more likely to operate with its full contingent of staff. During the course of our inspection we observed that staff were available to support people in a timely manner and that they did not appear rushed or hurried as they carried out their duties.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed the service carried out various checks on them before they commenced working at the service. One staff member said, "I did the interview and they ran the DBS [Disclosure and Barring Service] check." A DBS check is to check if the person has any criminal convictions or are on any lists that prevent them from working in a care setting. This meant the service had taken steps to recruit staff who were suitable for the role.

Good

# Is the service effective?

## Our findings

Staff told us they had regular training. One staff member said in the past year they had undertaken training about MCA, epilepsy, safeguarding adults, report writing, first aid and person centred care. Another staff member said, "There have been quite a few training sessions, first aid, medicines, personal care, safeguarding." The same staff member told us they had an induction on commencing working at the service. This included undertaking various training courses and discussions with senior staff about the service. The training coordinator told us they were responsible for monitoring staff training and making sure it was up to date. The training matrix showed staff undertook training in various topics including medicines administration, mental health awareness, MCA and DoLS and behaviours that challenged the service.

Staff told us and records confirmed that they had regular one to one supervision meetings with a senior member of staff. One staff member said, "Every two months we have supervision. That is where you discuss everything at work, how you are feeling. They give you feedback on how you are doing, if there is anything to improve." Another staff member said of their supervision, "We talked about my performance and stuff like that. If I have any problems." Supervision records evidenced discussions about people who used the service, care plans and staff development.

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

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

The nominated individual told us that two people were subject to a DoLS authorisation at the time of our inspection. We found that the service had followed the correct procedure for making DoLS applications to the local authority. However, the service had not notified the Care Quality Commission that these DoLS authorisations had been granted by the local authority. The service had notified us at the time the applications were made, but not of the outcomes of the applications. We discussed this with the nominated individual who apologised for the oversight. The two notifications were submitted to the Care Quality Commission the day after our inspection. Staff were aware of which people were subject to a DoLS authorisation and understood what this meant for the person and how to implement it in the least restrictive manner.

People were able to make decisions about their daily lives. One person said, "I do all my own clothes shopping." Apart from the people subject to DoLS authorisations people told us they were free to come and go from the building as they chose. They had a fob that opened the doors to the building and we observed people leaving without the support of staff during the course of our inspection. One person said, "I go out on

my own or I can request to be escorted out to go to Westfield (shopping centre), but just recently I hear voices so I come home straight away." Another person said, "There are no restrictions to when I go out. I go food shopping every day."

People told us they liked the food at the service and that they were supported to learn cooking skills to develop their independence. One person said, "Yes I cook and sometimes I cook for the whole of the house. On Friday we have a theme night where we cook all different types of food. My kitchen day is Friday where we have to keep the kitchen clean and tidy and yes I can have some independence for when I leave here." Another person said, "I cook eggs I only cook for myself." Another person said, "Yes I do cook West Indian food upstairs and down stairs twice a week. Sometimes at night I can always help myself, like baked beans, ham roll and eggs nobody stops you."

Staff told us people had a choice about what they ate and drank. One staff member said, "We always ask the clients what they prefer to eat. I made wraps and sausages today, maybe someone says 'I want ham sandwiches' then I make ham sandwiches."

People were supported to eat food that reflected their religion and culture. Each Friday evening the service had a food themed night where traditional foods were served from different countries and people often chose to have themed nights that reflected their cultural heritage. For example the service had recently had Caribbean and Chinese themed food nights. The nominated individual told us these themed nights also exposed people to food from other cultures therefore broadening their cultural horizons. For example, people had chosen to have a Mexican themed food night even though none of the people using the service were of Mexican ethnicity.

People were supported and encouraged to eat a healthy, balanced diet. This was reflected in care plans. For example, the care plan for one person stated, "[Person that used the service] is able to prepare some meals and snacks but requires guidance on the selection of healthy options." People were supported to develop their independence through learning cooking skills and each person had a day to lead on the cooking. Staff provided the amount of support the individual required.

Records showed people had access to health care professionals. We saw records of appointments with various medical professionals including dentists, psychiatrists, GP's and opticians. Records included details of any follow up action necessary which meant it was easier for the service to monitor and make sure people received health care support as appropriate. Records showed one person attended a 'Quit Smoking' session. One person attended a support group for people with brain injuries. Other people attend a 'Hearing voices' group for people with mental health needs. People told us they were supported by staff with their mental health needs. One person said, "When I first came in here I was very unwell the voices taking control of me. I was always fighting her and I was losing. Now I can fight her voices and I can take control of the voices thanks to the staff here. If I hadn't come in here I would have committed suicide, they have helped me really well here the staff." Another person said, "Before I came here I went to see other places but this one was the best place for me. Since I've been here they have really helped me I have a care team and they really support me here they have been very good, anything I need they sit and help me."

People had 'Hospital Passports'. These were documents that included information about the person for use by hospital staff in the event the person was admitted to hospital. They included details of people's current medicines, their diagnosis and their past medical history.

Good

# Is the service caring?

## Our findings

People told us staff treated them in a respectful and caring manner. One person said, "Yes they knock on my door before they come into my room and they do treat me with lots of respect." Another person said, Its ok here the staff are good." Another person told us, "The staff always knock on my door before they come into my room. They are always very polite and they always call me by my first name." Another person said, "The staff here are very good they support me when I'm down."

People had their own phones and access to the internet. The service provided a computer for people's use which was connected to the internet. This supported people to maintain relationships with others outside of the service in a way which promoted their privacy.

The acting manager told us part of the ethos of the service was to support people to develop their independence with a long term aim of moving on to a more independent model of living. Care plans for people included information about developing independent living skills such as cooking, laundry, cleaning and budgeting. People were expected to contribute to daily household tasks to help them develop independent living skills. We observed people during our inspection carrying out various household tasks including vacuuming and laundry. One person told us, "We do our chores, cleaning the garden, the smoking area. On Saturday I go shopping. I help with kitchen duties." Another person said, "Yes, I do a little cleaning and I wash my own clothes and the staff help me with it."

Care plans included information about supporting people to be independent with their personal care. Staff told us one person required support with their personal care but all the others could manage themselves, although some needed prompting and encouragement to do so. The care plan for one person stated, "[Person who used the service] is capable to attend to her personal hygiene independently and had agreed to shower regularly but at times encouragement and prompts are required." Staff member told us how they supported a person with their personal care in a manner which gave as much control as possible to the person. The staff member said, "I ask his permission and ask if it is OK if I do it [wash the persons hair]. Any areas that he can't reach [in the shower] like his back and legs I hep with but he does the rest." Staff told us they promoted people's privacy. For example, one staff member said, "When I go to their room I need to knock first." We observed that staff did knock on doors and wait for an answer before entering bedrooms.

We observed staff interacting in a friendly and caring manner during our inspection. For example, we saw a member of staff playing cards with a person and chatting and it was evident the person was enjoying the game.

Care plans were in place on relationships and sexuality. The care plan for one person contained information about supporting them to develop relationships whilst working with them to understand that there were boundaries in place with regard to the relationships they could have with staff. We saw in another person's care plan that they had been supported to attend various social activities with the possibility of meeting people to form relationships with.

People had their own bedrooms which were en-suite with toilet, shower and wash hand basin. This promoted people's privacy. The service also had a communal bath which meant people were able to choose to have either a bath or shower. Four people showed us their bedrooms and said they were happy with them. People said they had keys to their bedrooms which promoted their privacy. One person said, "My room is cool." Another person told us they bought their bed on eBay and chose it themselves. Another person said, "My room is good. I personalised it in my own colours and I put my own bed and TV and Computer in there." We saw rooms were homely and contained people's personal possessions such as games consoles and televisions. Family photographs were on display and some rooms contained artwork by the person who inhabited the room. We also saw examples of artwork by people on display in communal areas of the service which promoted a homely atmosphere.

Good

# Is the service responsive?

## Our findings

The acting manager told us after receiving an initial referral two staff visited the person to carry out an assessment of their needs. This was to determine what their needs were and if the service was able to meet those needs. The acting manager told us on occasions they declined to take a person because they could not meet their needs. They gave a recent example of a person who had high needs related to alcohol addiction that the service was not able to meet.

The acting manager told us that if it was agreed that the service could meet a person's needs they undertook a transition period before moving in. This started with a day visit, gradually building up to stays of a few days duration. The acting manager said, "We get a chance in that period to see if they are fitting in with the client group and it gives us a chance to see what their abilities are." They told us this also afforded the person the opportunity to make an informed choice about whether they wanted to move to the service, adding that a person had recently decided against moving in because they did not like the bedroom that was offered because they thought it was too small. Records confirmed people had a transition period which included overnight stays at the service.

Care plans were in place which set out how to meet people's assessed needs. The acting manager told us these were developed collaboratively with people who used the service. We saw that people had signed their care plans which indicated their involvement in them. Care plans included a one page profile of the person which meant staff new to working at the service were able to get an understanding of the most important things related to supporting people before they had the chance to read the full care plan. The one page profile included information about "How to keep me safe", Things that are really important to me", "How to communicate with me", "Things I dislike" and "What makes me happy." We saw on one care plan it stated the colour pink made the person happy and we observed they were wearing pink clothing on the day of our inspection.

The care plan included detailed information about how to support people in various areas, including mental and physical health, personal hygiene, finances, activities of daily living, relationships and sexuality and religious, cultural and spiritual needs. The care plans included a section about the identified need, the action or intervention required to meet the need and the anticipated outcome. This meant they were focused on supporting people to achieve goals and make progress where they needed support. Care plans were personalised around the needs of the individual. For example, one care plan stated, "[Person that used the service] is able to cook meals but requires supervision in the kitchen as he may leave the cooker on or unattended."

Each person had a keyworker. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person's life. Weekly keyworker meetings were offered. Where these were refused this was recorded. The acting manager said, "The purpose of those meetings is to make sure the person is happy with the service, with their activities." Records of keyworker meetings showed they also included discussions about the person's care plan and if they thought it was meeting their needs, and if not how this could be changed.

People told us they were supported to take part in a variety of activities. One person said, "I think I'm always doing something and I never get bored." Another person said, "Yes I go out with another resident. We go to Westfield Shopping City and I buy all sorts of things." Another person told us, "I like walking and the days out and the barbecues, they're good and college twice a week starting on the 28th September." One person told us, "I also go to the black peoples mental health association where we play dominos but I haven't been for a while." Another person told us, "Yes, I go out to the Toby Carvery every two weeks. I have the two slices of ham and two slices of turkey and vegetables."

The nominated individual told us about some of the activities people participated in and this was confirmed by people's care plans. Activities people participated in included watching football matches, participating in a 'coping with football' group for people with mental health needs, trampoline, swimming, restaurants, and cinema. People had been on recent trips to Southend and Margate and a weekend break was planned for Manchester later this year. This had been discussed and chosen by people in the residents meetings. One person told us, "I can't wait for Christmas we are going to Manchester for the Christmas market, three of us plus two members of staff." The service arranged various in-house activities including a gardening club, a walking and exercise group, quiz nights and bingo.

People told us they knew how to make a complaint. One person said, "No, never had to complain yet but if I did it would be to the staff." Another person said, "No reason to complain, but if I needed to I would talk to my key worker."

The service had a complaints procedure. A copy of this was on display in the communal area of the home making it easily accessible to people. The procedure included timescales for responding to complaints. However, it did not contain correct details of who people could complain to if they were not satisfied with the response from the service. We discussed this with the nominated individual. The provider sent us a revised version of the complaints procedure after the inspection which included the correct information. The nominated individual told us the service had not received any complaints since our previous inspection.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in place. However, they were on a prolonged period of leave at the time of our inspection. An acting manager had been appointed to manage the service in the period while the registered manager was on leave. They were supported in the running of the service by the nominated individual and an assistant manager. The acting manager told us they had a three day transition period working with the registered manager before commencing their role.

Staff told us they felt supported by the management at the service and that there was a positive working atmosphere. One staff member said, "They [senior staff] are helpful, they are organised. I feel comfortable and happy working here." Staff said they were able to call a manager at any time for support if needed. One staff member said, "Always there is someone who you can call. [Assistant manager] says anytime you can call me." Another staff member said, "She [acting manager] is a good manager. The office door is always open. She provides proper support and guidance and she is helpful all the time." The same staff member said, "We are free to call them [senior staff] if we need anything."

The nominated individual told us monthly residents meetings were held and we saw records of these meetings. The most recent was on 2 September 2016 and included discussions about safeguarding, activities, diet and nutrition, fire evacuation procedures and reminding people not to lend money to others. People we spoke with confirmed they attended these meetings. One person said, "Yes we have a staff and residents meeting every month. Sometimes when we suggest something it usually gets done." Another person said, "Yes I do go to the residents meetings and yes they do listen to us like the trips we would like to go on and they take us."

Regular staff meetings were held. One staff member said, "We do staff meetings every last Thursday of the month. We discuss any concerns about health and safety, about safeguarding, about what CQC means, if any concerns about clients." Another staff member said of team meetings, "We talk about the clients, if there are any health and safety issues with the building, any new policies. Any up-coming trips or activities. We discuss about safeguarding and whistleblowing." The minutes of the staff meeting held on 28 July 2016 showed discussions about health and safety, staff training and issues relating to people who used the service.

The service also held monthly management meetings for senior staff. The most recent was held on 17 August 2016 and minutes showed discussions about budgets, CQC updates and ensuring that people's medical appointments are booked as appropriate.

The nominated individual told us the provider contracted an outside agency to carry out an annual review of health and safety practices at the service. The most recent review was carried out in July 2015 and we were told the next review was scheduled for October 2016. The last review found no areas of concern, stating, "At the time of the visit the standard of health and safety management was satisfactory." The review included an assessment of the safety arrangements in place with regard to fire safety, the physical environment and people management in relation to health and safety issues.

The service had a comments and suggestions box where people could make suggestions they had about the service. The nominated individual told us recently people had suggested the home buy an exercise DVD designed for people who were not particularly mobile or active and this was done. The nominated individual told us of other changes that had been made as a result of the quality assurance and monitoring process. For example, the smoking area had moved from inside the home to a purpose built shelter in the garden at the suggestion of people using the service.

The service carried out an annual survey of people that used the service, their relatives and professionals that worked with the service. The nominated individual told us they were in the process of carrying out the 2016 survey at the time of our inspection. We looked at the results of the 2015 survey which contained positive feedback. One relative wrote on their survey form, "Good care and support." A professional working with the service wrote in answer to the question what the service does well?, "Support in helping clients to achieve their goals and encouragement where motivation is an issue."

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Care and treatment was not provided in a safe way for service users because medicines were not recorded in a safe manner. Regulation 12 (1) (2) (g) |