Amberley Care

Amberley Care Home

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

Summary of findings

Overall summary

This inspection took place on 17 and 18 October 2018 and was unannounced. We last inspected the service on 23 November 2015 and we rated the service as good. Following this inspection, we have rated the service as 'Requires Improvement'.

Amberley is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Amberley accommodates up to 25 older people that may live with dementia in one adapted building. At the time of this inspection 23 people were using the service.

There was a registered manager and she was present during our inspection. 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.

Risks to people's safety were not consistently managed and action was not taken to mitigate those risks to ensure people received safe care. Accidents were not analysed to assess for any patterns and trends and to introduce measures to reduce further risks. Audits of the environment had not been undertaken to ensure all areas of the home were safe for people to use.

Assessments and care plans were not detailed to ensure staff had access to personalised information about people's abilities, wishes, and support needs and how these should be met. Some records had not been updated to ensure they reflected people's current needs.

The systems to monitor the quality of the service were not effective and did not ensure shortfalls were identified to ensure improvements could be made.

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

People received their medicines as required, but we identified shortfalls where medicines were not always managed safely. Staff knew how to escalate safeguarding concerns they had about people. People told us they felt safe and there was enough staff to meet their needs.

Staff received an induction to their role but we found gaps in staff training and some staff needed to complete refresher training to maintain their skills and knowledge. Staff had a basic awareness of the Mental capacity act (MCA), and were not aware which people had a Deprivation of liberty authorisation in place. Staff did seek people's consent before providing support.

Not all aspects of people's healthcare needs were being met as people did not have access to dentistry

services. The registered manager took action following our visit to access this provision and complete the required referrals. Improvements with the environment were required to enable people that lived with dementia to be able orientate themselves within the home.

People described the staff and the manager as caring, kind and told us their dignity and privacy was respected. However, we observed some occasions where staff did not maintain people's dignity. People told us there were not enough daily opportunities in the home to engage in meaningful activities. Themed events where facilitated such as vintage tea parties and a Halloween party was planned.

People and their relatives knew how to complain and procedures were displayed in the home. However, we found not all complaints had been recorded to enable us to review these and the responses provided.

Systems were in place to gain feedback from people and their relatives. Staff felt supported in their role and thought the manager and provider were approachable.

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.

Risks to people's safety were not always managed effectively and action taken to mitigate those risks and medicines were not always managed safely.

People felt safe and staff knew how to protect people from avoidable abuse. There were enough, safely recruited staff to meet people's needs

Is the service effective?

Requires Improvement

The service was not always effective.

People's healthcare needs were not effectively managed to maintain their wellbeing.

Staff received an induction but there were gaps in their training and knowledge.

Staff sought peoples consent but had a basic awareness of the MCA.

Is the service caring?

Requires Improvement

The service was not always caring

We saw examples where people's dignity was not always maintained.

People and relatives described staff as caring and kind.

People where supported to make choices about their daily lives.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans were not detailed to enable staff to provide personalised care.

People did not always have meaningful activities provided.

A complaints procedure was in place but records of complaints were not always maintained.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems to assess, monitor and mitigate risk were not effective and did not identity shortfalls in the service in order for improvements to be made.

Staff felt supported in their role and found the manager and provider approachable.

Amberley Care Home

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.

The inspection was prompted in part by a notification of an incident following which a person using the service sustained a serious injury. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

This inspection took place on 17 and 18 October 2018 and was unannounced. The inspection was conducted by an inspector, an assistant 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. They had expertise of supporting people that live with dementia.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with eight people, seven relatives, the team leader, two senior staff, four care staff, cook, domestic, the registered manager and the providers and a visiting healthcare professional. We reviewed a range of documents and records including the care records of five people, five medication administration records, three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we rated this key question as Good. At this inspection the rating has changed to 'Requires Improvement'.

Prior to the inspection, we were told of some concerns that had been raised regarding the management of risks of falls. In response to these concerns the service had been visited by representatives from the local authority who had issued the service with an action plan which the registered manager was working towards implementing.

Risk assessments had been completed for people at risk of falls, however information on how to reduce the risk and maintain people's safety was not recorded for staff to refer to. We spoke with a staff member who told us, "We are closely monitoring [person] as they have fallen a couple of times now". This showed that staff were aware of the ongoing risks despite the lack of written guidance about how to reduce these risks.

We saw some people were prescribed blood thinning medicines. Staff we spoke with were not aware of the associated risks for these people when they had a fall and the measures that should be taken to minimise the risk to their health. A policy was not in place to make staff aware of the risks and to guide them on the action to take when someone falls. The registered manager took action during the inspection to implement a policy for staff to follow.

We found a person had been assessed as high risk of dehydration and malnutrition. There was no guidance recorded on the risk assessment for the staff to follow about how to minimise these risks. The care plan advised staff to encourage fluids and to provide assistance with meals. We saw staff were recording what the person had eaten and what fluids were taken. However, there were no systems in place for these food and fluid charts to be monitored regularly so there was a risk that concerns would not be escalated to enable action to be taken. For example referrals to professionals, as nobody had the responsibility for checking these records to ensure the person had received sufficient food and drink. The registered manager had advised us that these systems would now be implemented.

Although people told us they received their medicines as required we found shortfalls with the procedures in place. For example, we found for one person the number of controlled drugs in stock was not accurate with what had been recorded in the controlled drugs register even though two staff had signed against the balance following administration of the medicine. For another person the controlled drugs book had not been updated to reflect the new stock of controlled drug that had been received by the home. Both of these shortfalls were addressed at the time of our visit and errors found with the recording of medicines. The temperature of the fridge was not being monitored to ensure medicines were being stored at the recommended temperature. This increased the risk to people as without daily monitoring the medicines effectiveness may have been compromised. Where people were prescribed a variable dose of a medicine the actual dose administered was not always recorded. The registered manager took action during our visit to address these shortfalls and intended on increasing the audits to monitor the management of medicines. Senior staff that administered medicines told us they had completed training and records reviewed

confirmed this. An assessment of their competency to administer medicines safely had not been completed. The registered manager agreed to complete these.

People that were able to speak with us told us they felt safe in the home. One person said, "I feel safe, nothing has ever worried me here". A relative we spoke with told us, "Yes I think [name] is safe here but they have had a few falls and I am not sure how they are monitoring this to keep them safe in the future". Staff we spoke with were aware of the safeguarding procedures and knew how to escalate any concerns. One staff member said, "I would take action if I saw anything of an abusive nature. I would report it straight away". The registered manager was aware of their responsibilities to report any safeguarding concerns to the appropriate authorities. Staff confirmed recruitment checks were completed before they started working at the home and a review of records confirmed this. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people.

People told us they thought the staffing levels were enough to meet their needs. One person said, "Yes there is enough staff they come when I need them to". A relative told us, "The staff are always around sometimes I think they are rushed but generally I think there is enough I have had no concerns about this". A staff member said, "There are busy times when we could do with more staff but it all depends on the day. I think we meet people's needs with the staffing levels we have". We saw staff were available in the communal areas majority of the time, there was times when staff left this area to go and complete tasks, but this was not for long periods of time. Staff supported people in a timely manner when this was needed. The registered manager told us she worked on the floor with staff and this was how she monitored the staffing levels in place, and if there was a need for more staff she would discuss this with the provider.

People and their relatives told us the home was generally clean and tidy. One person said, "It is kept clean here". A relative told us, "It is generally clean here and the bedrooms are always cleaned by the domestic, I would tell the manager if I felt the room smelt or if it needed cleaning". We did note an odour in some areas of the home which we shared with the registered manager who agreed to address this. We observed staff wearing the appropriate aprons and gloves when undertaking tasks to prevent the spread of infection. When asked the registered manager advised us an infection control lead was not in place and infection control audits were not completed of the home to ensure standards were being monitored. The registered manager agreed to implement these.

Requires Improvement

Is the service effective?

Our findings

At our last inspection the service was rated as requires improvement. Following this inspection, the rating has remained the same.

People needs were assessed prior to moving into the service but the assessment did not consider the full range of people's diverse needs. For example, we reviewed an assessment recently completed for a person and this was brief in detail and not all areas of need had been completed. The assessment did not include information about the person's communication needs, sexual orientation, oral care, and there were no details about their life history. The person used incontinence aids but the type was not recorded. The assessment focused on what support the person needed and did not consider what abilities they had to undertake tasks for themselves. A relative we spoke with told us, "We were involved and asked some brief questions about [persons needs] but that was it". This meant staff would not have access to holistic information about a person and their needs following their admission to the home, although attempts to get to know the person were made once a person had moved into the home.

People were supported to access some healthcare services but not in all areas. A person told us, "The staff get the GP in if needed and the district nurse is always here. I get me toe nails cut and the opticians comes in to check my eyes". A relative said, "If [name] is poorly they do get the GP in and they have a chiropodist visit regularly". We saw people had access to these healthcare services but no support was provided to maintain people's oral healthcare. For those people that were unable to access a community dentist, arrangements had not been made for a dentist to visit in the home. This meant some people they had not received any support to maintain their oral health from a dentist since living in the home. The registered manager told us they had tried to source a dentist but they had not been able to find one that would come into the home. The registered manager advised us they had not escalated this to any other professional body to see if they could assist. The registered manager said, they would address this and try and arrange for a service to come into the home.

We spoke with a visiting healthcare professional, who told us they visited the service regularly to support those people that lived with diabetes and to support people with pressure area needs. They told us staff did raise any healthcare concerns they had with the team, and they did follow any guidance provided. We saw diabetes care plans were in place for those people that required them and staff monitored people's blood sugar levels where required.

People's support needs and risks in relation to their nutrition and hydration were recorded in their care plan but the information recorded lacked detail. Discussions with staff demonstrated their awareness of which people were most at risk and required prompting or support to eat and drink enough. We saw people's weights were being monitored for those at risk of weight loss. However, people that were unable to mobilise or where cared for in bed were not weighed and no other systems were in place to monitor their weight. We discussed this with the manager who told us they were seeking advice about what systems they could follow. People with swallowing needs had been referred to healthcare professionals and guidance was in place and being followed to add thickener to their fluids. A person told us, "There are choices and I enjoy

the meals provided". A relative told us, "The dinners here are good". People chose where they wanted to eat their meal and support was provided where this was needed. Some people used plate guards which enabled them to eat their meal independently. There was a two-week menu in place which did reflect some choices but discussions with the cook demonstrated more choices were also provided. We noted for some days of the week the meal option was the same for both weeks. This feedback was shared with the cook and the registered manager about providing a variety of meals for people to choose from. The cook had a good knowledge about people's dietary needs and information was available for them to refer to including people's preferences.

Staff told us they had an induction when they first started at the home which included on-line training and shadowing experienced members of staff before they provided care independently. Majority of the staff had previously completed national vocational training prior to coming to the home. A staff member said, "I have worked in care before and I had completed training in my previous role, so I did some shadowing so I was able to get to know people and their needs". We reviewed some training records and saw staff required refresher training as some training was out of date. We noted some areas where staff had not completed training such as falls management and not all staff had completed end of life care, diabetes and first aid. The registered manager told us training was being sourced in these areas and staff had been asked to complete the on-line training for the areas they were out of date. Staff told us they felt supported in their role and they had access to regular supervision which included observations of their practice. Records reviewed confirmed this. The registered manager advised that appraisals were not undertaken but agreed to implement this process.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Staff we spoke with had limited understanding of the MCA although we observed they sought people's consent before providing care. One person told us, "Yes they do ask me before they support me". Staff told us they had completed on line training but this was not in any great depth and how they would benefit from more training.

The registered manager advised us that applications for DoLS had been made to the authorising authority. However, a mental capacity assessment had not been completed before the DoLS referrals had been made to consider if people were able to consent to the decision being made. We found one person had authorisation in place which had a condition attached. Records were in place in accordance with this condition to ensure it was being met. Discussions with staff demonstrated they did not know which person had an authorisation in place to ensure they were following least restrictive practices when supporting the person. The registered manager advised this information would now be shared in daily handovers and assessments would be completed where this was applicable.

The home supported people that lived with dementia but the decoration of the home was not in line with dementia guidance. We saw little signage being used and there was no reference on people's doors other than their name to enable people to recognise which bedroom was theirs. There were no aids displayed to

enable people to be aware of the date or time. The registered manager told us no evidence based tools or assessments had been undertaken to assess the environment to see if it would meet the needs of people that lived with dementia. The registered manager agreed to discuss this with the provider with the aim of making improvements. People told us they were able to personalise their rooms, one person said, "I have brought things in from home to help make my room feel homely". We saw people had access to aids and equipment to support them with their mobility

Requires Improvement

Is the service caring?

Our findings

At the last inspection we rated this key question as Good. At this inspection the rating has changed to 'Requires Improvement'.

We saw occasions when staff did not always promote people's dignity. For example, during lunchtime a person was assisted to eat a spoonful of food by a staff member that had walked into the lounge area and remained standing and then left after they had encouraged the person to eat that spoonful of food. This person was then assisted by a further 2 staff members at different intervals to eat some of their food before this was then taken away. As there were no napkins provided with the lunchtime meal we saw a person used their plastic apron to wipe away food debris from their mouth area. A person we spoke with told us, "My nails needed cutting so I asked a staff member to cut them which they did the other day, but then they got called away and they did not return to cut the nails on my other hand, which are still long, so I am still waiting". We observed staff were not always being discreet when supporting people to use the toilet. For example, we heard a staff member tell another member of staff across the communal area that a person was on the toilet. This meant everyone in the lounge area heard this. We also observed that some people may not have had their hair combed when they were supported to get up in the morning although records stated, 'personal care provided'. These observations were shared with the registered manager who agreed to address these issues.

We did observe other examples where people's dignity and privacy were maintained and staff ensured people's clothing were adjusted to maintain their dignity, and staff knocked before entering people's bedrooms. Staff were able to tell us how they maintained people's privacy and dignity when providing personal care. One staff member said, "I always make sure I have all of the person's toiletries before I support them to have a bath or shower, and I keep the door closed and the person covered with a towel as much as possible".

People shared positive comments with us about the staff and registered manager. One person said, "The staff are pretty good they are kind and gentle". A relative told us, "I think the staff and manager are all very caring and friendly, they have a laugh and joke with [name]". We saw staff and the registered manager speak to people respectfully and by their preferred name. We observed occasions where staff and the registered manager held people's hands and stroked them to provide emotional support. People appeared to respond well to this by smiling and talking to the staff and manager.

We observed people were supported to retain some independence where possible. One person told us, "The staff do encourage me to do things for myself so I don't lose my independence". When people wanted to get up and move about staff supported them to do this by walking with them along the corridor. Some people had side tables by them and drinks provided to enable them to help themselves.

People told us they were consulted and made decisions about their daily care and support. One person said, "I make my own decisions even if the staff don't agree with them. I decide when I get up and go to bed and what I want to do during the day". We saw staff support a person to access the smoking area every time they

wanted to go out for a cigarette. For people that were not always able to make decisions staff told us how they observed their body language to interpret what people needed. The registered manager also told us they consulted people's relatives about some decisions about people's care.

The registered manager was aware of how to make referrals to advocacy support for people where required. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we rated this key question as Good. At this inspection the rating has changed to 'Requires Improvement'.

People told us staff met their needs. One person said, "The staff are good and I am happy with the care I receive". However, people's care plans were not holistic and did not include detailed information to enable staff to provide personalised care. When we asked staff about certain people's background they were unable to share this with us. Information about people's life history was not recorded in their care plan. A document was available entitled 'this is me' but the detail provided was variable between people's files and some files did not have this document within them. Care plans did not include information to guide staff on how to communicate with people that lived with a disability or sensory loss. The accessible information standard requests for services to identify, record, share and meet the communication needs of people with these needs and to provide guidance on the best methods to use when communicating with people. The registered manager agreed to add more detail to underpin staff practices.

We saw monthly reviews were undertaken of peoples' care but some of these were not accurate. For example, a monthly review for one person did not reflect their weight loss and the action being taken to monitor this. We received mixed responses from relatives in respect of their involvement in reviews or in their loved one's care. One relative told us, "We don't feel as though the home keep us updated with [name] wellbeing. Sometimes we come and find that they have been unwell or had a fall and have bruising and we had not been informed. When we ask for information about a GP visit they are not always able to tell us". Another relative said, "I am kept informed of any serious issues. I think I filled in a form previously providing feedback or it was part of a review?". We discussed this feedback with the registered manager who advised this would be discussed with the staff to ensure important information is shared with families about people's wellbeing.

Information about people's end of life wishes were not recorded in their care plan other than the details of the funeral directors the person or their family had chosen. We were advised a person was on an end of life pathway but there was no information in their care plan of their wishes or consideration of their beliefs and values that may influence their end of life care. The wishes of the family were recorded on the 'family contact sheet' we found within the file. The registered manager advised us that the person's health had stabilised but the care plan did not reflect this.

People told us there wasn't much to do in the home. One person said, "There is nothing for me to do I used to make models and do gardening but you can't do it here. I usually stop in my room you know your independence has gone". Another person told us, "It is boring but I am used to it now". Although an activities programme was displayed we did not observe any of the activities recorded being provided during our visit. A dedicated activities person was not employed in the home so care staff told us they tried to do activities when there was time and during quiet periods. We did observe a staff member paint people's nails and a game was played with some people. We saw the television was always on throughout both days of our visit

but people were not consulted about which programme they wanted to watch and many people did not appear to be interested in it. We did not see any activities that were reflected on the activities programme that would benefit people that lived with dementia such as memory boxes or rummage boxes. We asked about the dolls that had previously been in place during our last inspection and the staff then found these out as these had been put away in the corner of the room. People engaged with the dolls and comforted them once these were offered to them. We observed some spontaneous fun where a person was asked to teach staff how to do a certain dance which they responded positively to. We saw posters reflecting forthcoming events such as a vintage tea party and arrangements were being made to celebrate Halloween. The registered manager told us the hairdresser visited weekly and people had a 'pub night' on a Friday. We discussed the provision of daily activities with the registered manager who agreed to review the activities provided.

People and relatives knew how to raise any concerns. One person said, "The lady in the office is in charge I would go to her if I needed to." A relative told us, "I would raise any issues with the manager." We saw the complaints procedure was displayed in people's rooms and in the reception area of the home. The registered manager told us they had not received any complaints since our last inspection. We asked them about a concern that was shared with us where the family had confirmed they had also shared this with the home. The registered manager told us these concerns had been received but a staff member had dealt with it and no record of the concern or response was available for us to review. The registered manager advised this shortfall would be discussed with the staff member and all staff would be reminded to record all concerns shared with them.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we rated this key question as Good. At this inspection the rating has changed to 'Requires Improvement'.

Systems were not in place to mitigate risks to people to keep them safe. We found some people had fallen within the home and although these were recorded, no action had been taken to minimise and reduce the risk of further falls. For example, one person had fallen twice in the same month and although records had been completed and their risk assessment had been updated, there was no information about how staff could support the person or technology that could be used to minimise the risk of the person falling again. There were no formal systems in place to analyse the number of incidents and accidents that had occurred on a monthly basis to monitor for patterns or trends and to reduce further risks to people. Although fluid intake for people at risk was being recorded, staff did not have guidance about what the optimum fluid intake should be for each person. Fluid charts were not totalled every day to assess and monitor how much fluid people had actually received. Therefore, the risks to people not drinking enough were not being monitored so concerns could be identified in a timely way and escalated so action could be taken.

The systems in place for assessing and monitoring the quality of the service were not effective. For example, a full audit of the medicines was not completed, on a regular basis in order to identity any shortfalls. The audit that was completed did not include a check of the controlled drugs held in stock and it did not identity that the fridge temperature was not being monitored. We saw the monthly audits that had been completed focused on counting loose tablets for a random selection of people as opposed to a full audit of the medicines.

Systems were not in place to ensure people received person centred care and had access to meaningful activities to provide daily stimulation. Care plans reviewed did not contain holistic information about people's needs and some records were not an accurate reflection of people's current needs. For example, a person had a catheter, but a care plan for the management of this was not in place for staff to refer to. A person's needs had deteriorated but their care plan had not been updated to reflect these changes to provide guidance for staff to refer to. One person's care plan told us they did not smoke when the person did smoke and enjoyed going outside regularly for a cigarette. We saw audits of care plans had been completed and some areas had been identified for an update but a timescale for this to be completed was not recorded and it was not clear who was responsible to complete the updates of the records.

Systems were not in place to ensure people needs had been assessed and protected in the event of an emergency. Care plans reviewed did not contain individual evacuation plans to guide staff on how each person should be supported in these circumstances. This information was also not included in the fire risk assessment.

Systems were not in place to ensure staff knew which people had a DoLS authorisation in place and what this meant for the person. Capacity assessments had not been completed to assess the persons capacity that was decision specific before an application had been made to the authorising authority. Where

restrictions such as bed rails had been installed for people's safety the rationale for this had not been recorded to demonstrate how this was in the persons best interests. A notification had not been submitted to CQC telling us that an authorisation for a person had been granted until we raised this on our inspection and then a notification was submitted retrospectively.

Systems were not in place to ensure the environment was safe for people to use. For example, we saw an exposed radiator valve located in an area used by people. This had not been identified and reported as a risk to people and action had not been taken to address this. We raised this with the registered manager and action was then taken to make this area safe and for all other radiators to be checked. We also saw cleaning products were being stored in the staff office which was located near to the main communal area. There were times during the day when the door was left open and staff were not in the lounge area. This was a potential risk as people could access this area and the cleaning products. The registered manager told us environmental audits were not completed which meant regular checks of the home were not in place to ensure all areas remained safe for people to use.

The provider was present throughout our inspection and they told us they visited the home on a daily basis. However, they did not complete any formal audits to reflect how they monitored the quality of the care provided to people.

The above evidence shows that systems in place were not effective in assessing and managing risks and improving quality for people. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We found a maintenance book or equivalent was not in place for staff and the manager to report any repairs that were required as these were shared with the provider verbally when they visited. This meant that we were unable to review the systems for reporting repairs and the time taken to respond to these

In response to our feedback the provider told us, they would begin to complete formal audits and a maintenance book would be implemented. Following our inspection, the registered manager told us a health and safety audit and a fire risk assessment had been completed by an external company and the reports were due to be sent to the registered manager.

People we spoke with knew who the manager and the provider were. One person said, "Yes I know who the manager is she comes in and says hello and she often works on the floor with the staff. She is nice and easy to talk to. The provider is here a lot too and he comes and says hello." A relative told us, "I know who the manager is and I would go to her". A staff member said, "I feel supported by the manager, she is approachable as is the provider". Staff told us and records seen confirmed team meetings had taken place. A staff member said, "I would feel confident to share any ideas at the meetings, I think they would be listened to".

Systems were in place to engage with relatives and people. The registered manager advised us meetings were held with people every two months to obtain their feedback about living in the service. Although this did include discussions about the provision of activities, the registered manager agreed to discuss this again in response to the feedback we received. A comments book was available in the reception area to enable visitors to share their feedback or suggestions. We saw positive feedback had been provided by relatives about the care provided to people. This included, "The staff are really kind, caring and we always receive a warm welcome", and "The staff are wonderful and the care provided is good and [name] has settled in really well and is happy". Copies of questionnaires were also available for visitors to complete. The registered manager advised she had not received any completed forms and that she may try a different approach

where she sends these out to relatives and professionals in order to obtain regularly feedback about the service.

It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw that the rating of the last inspection was on display.

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 17 HSCA RA Regulations 2014 Good governance Systems in place were not effective in assessing and managing risks and improving the quality of the care provided to people.