

# Mills Family Limited

# Fallowfield

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Fallowfield is a care home providing personal and nursing care for up to 25 people. At the time of our inspection there were 23 people living at the service. Fallowfield is a nursing home set in a Victorian mansion within large landscaped gardens. They provide nursing care and support to people with nursing needs.

### People's experience of using this service and what we found

People's medicines were not always safely managed. Risks to people were assessed and documented, however, risk assessments and care plans were not always updated to reflect changes in people's needs and some lacked detailed guidance for staff on how best to manage people's needs and risks. Management staff completed regular audits of the service and had identified the issues we found in this report; however, we were not assured that appropriate actions were taken in a timely manner to address these issues and this required further improvement. Staff knew how to support people to keep them safe. Appropriate recruitment checks took place before staff started work and staff were deployed effectively throughout the home. There were systems in place to monitor, investigate and learn from incidents and accidents. There were procedures in place to reduce the risk of infections and staff followed good standards of infection control and hygiene practices.

People's needs were assessed when they moved into the home to ensure they were safely met. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision. People were supported to maintain a healthy balanced diet and had access to health and social care professionals when they needed them. Health and safety checks were carried out of the premises and equipment to ensure they were safe. The home environment was clean and tidy, and the design of the premises met people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives were consulted about their care and support needs. People were supported to participate in a range of activities and events within the home. Relatives were free to visit people if they wished without any unnecessary restrictions. Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their needs. There was a complaints procedure in place and people were confident their complaints would be listened to and acted on. The registered manager and staff worked in partnership with health and social care professionals to plan and deliver an effective service to people. People's views were taken into account to help drive service improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 28 January 2021).

Why we inspected.

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and recommendations

We have identified two breaches of regulation in relation to safe care and treatment and the safe management of medicines. We have made a recommendation in relation to the providers quality audits and checks ensuring action plans are implemented to monitor actions taken to address issues identified.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our caring findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our caring findings below.

**Requires Improvement** ●

# Fallowfield

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by one inspector, a specialist advisor nurse, a member of the CQC medicines team 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.

#### Service and service type

Fallowfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fallowfield is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had about the service since they registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 10 people living at the service and 2 relatives to seek their views about the quality and safety of the care and support provided. We observed interactions between people and staff to understand people's experiences and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 staff including the registered manager, nursing staff, care staff, activities coordinator, kitchen and housekeeping staff. We reviewed a range of records including 10 people's care records and medication records, 4 staff files in relation to recruitment and staff training and a variety of records relating to the management of the service including quality monitoring checks and audits and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection medicines were not always safely and effectively managed. We made a recommendation to the provider to review their medicine systems ensuring they managed people's conditions safely. However, not enough improvement had been made by the provider.

- There were systems and processes in place to manage people's medicines. This included the introduction of an electronic medicines administration record (eMAR) and care planning system.
- People who received their medicines covertly (disguised in food or drink) had their mental capacity assessed in line with best practice. However, meetings that were held to help make decisions taken in people's best interests were not always documented. We drew this omission to the registered managers attention who took immediate action to ensure all information relating to people's medicines were documented appropriately.
- People's medicine records and care plans failed to document guidance for staff on how each medicine should be given covertly. We saw that the eMAR system used default instruction settings to crush people's medicines and administer it in a liquid form even though this may not be suitable or required. Although we did not find any evidence of harm to people these issues required improvement.
- Dates of when liquids were open were not always appropriately recorded on bottles. We saw that a paracetamol liquid had the labelled removed and the strength of the medicine was not visible. Another bottle that was open had no date of opening recorded. We drew these issues to the registered managers attention who took immediate action to address the concern.
- Diabetic care plans that were in place for people who required support to manage their diabetes, sometimes lacked detailed information for staff on how best to manage people's blood glucose when they were out of range and this required some improvement. However, staff we spoke with knew what to do if this happened and how best to support people.

These issues were in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Nursing staff and nurse associates managing and administering medicines were appropriately trained and assessed as competent to manage medicines safely.
- There were up to date medicines policy and procedures in place and medicines were stored safely.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and documented to help support their safety and well-being. However, we found that some people's risk assessments and care plans were not always updated to reflect changes in

their needs and some lacked detailed guidance for staff on how best to manage people's needs and risks.

- One person's skin care plan stated that the person did not have a pressure ulcer. We spoke with a member of the nursing staff who told us that the person had a pressure sore. This was confirmed by other documentation within the person's care records which noted that they had a pressure sore and pictures were taken and the tissue viability nurse was contacted. It was also documented that the person required turning every 3 hours to help promote and maintain skin integrity, however, turning charts in place were not completed as directed every 3 hours. This placed the person at further risk.
- Another person's care plan states that they were at risk from poor skin integrity. Their moving and handling plan stated that they should be turned every two hours and to ensure their pressure relieving equipment is in place. However, turning charts showed that the person was not being supported to turn as required. The person's skin integrity plan also failed to detail what equipment their pressure relieving equipment was and how to use it.
- A third person's care plan also documented that they required repositioning every two hours due to fragile skin, however, their turning charts did not reflect that the person was supported to turn every two hours as required to promote and maintain their skin integrity. This required improvement.

Whilst we found no evidence that people had been harmed, systems in place were not robust enough to demonstrate that risks to people were safely managed and this placed people at risk of harm. This was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People spoke positively about staff and the support they received. One person said, "It's a lovely place to be. The staff are friendly, kind and good."
- Staff had good knowledge of people's needs and risks and how best to support and managed them. Throughout our inspection we observed positive interactions between staff and people with staff supporting people to safely move and mobilise, to eat and drink and to participate in activities.
- There were systems in place to deal with foreseeable emergencies. The home environment was safely and appropriately maintained, and records showed environmental, health and safety and equipment checks were routinely undertaken. These included checks on electrical appliances, gas safety, water hygiene and the servicing of equipment used in the home such as window restrictors. People had individual emergency evacuation plans in place which identified the level of support they required in order to evacuate the building safely.

#### Staffing and recruitment

- Staff were recruited safely and the service reviewed staffing levels on a regular basis to ensure people's needs were safely met. However, the service used regular agency staff to meet required staffing levels and people told us staff were busy and sometimes they had to wait for support. Comments included, "I sometime have to wait as staff have a lot to do", "I feel staff are sometimes rushed", and, "Staff are very good but they can't do everything."
- The registered manager told us the provider had a recruitment drive in operation to fill current vacancies. They told us that while vacancies were being filled regular agency staff were used for continuity of care. Staffing numbers we saw on the day of our inspection corresponded with staffing rotas and the assessed staffing levels. Throughout our inspection we observed there were enough staff deployed throughout the home to meet people's needs in a timely manner.
- Recruitment procedures were in place. Recruitment records included employment references, health declarations, proof of identification and evidence that Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the



police national computer. This information helps employers make safer recruitment decisions.

- Records relating to nursing staff were maintained and included up to date PIN numbers which confirmed professional registrations with the Nursing and Midwifery Council (NMC).

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person commented, "Yes, I feel safe. The staff are very good."
- Safeguarding policies and procedures were in place and kept up to date to help keep people safe.
- Staff received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff were also aware of the provider's whistleblowing policy and how to report issues of poor practice.
- There were robust systems in place to manage and oversee any learning from safeguarding. The registered manager understood their responsibilities in relation to safeguarding and had good knowledge and oversight of safeguarding enquiries made.

Learning lessons when things go wrong

- There were systems in place to ensure accidents and incidents were recorded and managed appropriately. The registered manager reviewed accidents and incidents to identify themes and trends as a way of preventing reoccurrence.
- Systems were in place to oversee and support learning from accidents and incidents. Any lessons learnt were shared with the staff team through meetings and supervisions. Staff identified risks appropriately to ensure people were safe and understood the importance of reporting and recording accidents and incidents. Records showed that staff took appropriate actions when required and sought support from health and social care professionals.

Preventing and controlling infection

- People were protected from the risk of infection. Robust procedures were in place to control and prevent the spread of infections.
- Staff completed training and were knowledgeable about good infection prevention and control of infections. We observed staff used personal protective equipment (PPE) appropriately and safely. PPE such as facemasks, aprons and gloves were readily available to staff.
- The home appeared clean and tidy and housekeeping staff followed cleaning schedules to ensure all areas within the home were regularly cleaned.
- We were assured that the provider's infection prevention and control policy was up to date and reflective of current best practice guidance.
- There were no restrictions on visitors, and we observed relatives and people visiting the home throughout our inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last comprehensive inspection of the service, we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition, hydration, preferences and cultural needs were met. People spoke positively about the food on offer. Comments included, "I enjoy the food, we have a choice", "I like the meals, the puddings are my favourite", and, "It's not like home cooking but they [staff] try to make it as nice as possible."
- We observed how people were supported at lunch time within the communal dining room and when eating in their rooms. We observed pleasant interactions between people and staff and the atmosphere in the dining room was relaxed. Where staff supported people to eat and drink, this was undertaken with dignity and kindness. People were offered choice and people who required a special diet, for example, soft textured foods were appropriately catered for. We observed staff followed guidance from health care professionals such as dietitians when using for example, prescribed thickening agents.
- Kitchen staff were knowledgeable about people's dietary and cultural needs and menus offered a choice of meat or vegetarian options.
- Care plans and risk assessments documented individuals' nutrition and hydration needs and risks and staff had a good understanding of them and how best to support people. Staff completed food and fluid monitoring charts when required to monitor people's intake.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law

- People's care and support needs were assessed prior to their admission into the home. One person said, "They [staff] talk with me to make sure things are how I want them to be." Assessments covered aspects of individuals care and support needs such as, mobility, moving and handling, nutrition and hydration, communication, medicines and wound management amongst others.
- Information from assessments was used to develop individuals care plans setting out the care and support they required from staff. People's choice's and preferences were documented and respected about how and when support was provided, and this information was documented in care records and was available to staff.
- People's diverse needs were assessed and supported by staff where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs and the provider ensured staff completed training that was relevant to people's needs. One member of staff commented, "I get all the training I need, and we can ask each other for help." Training provided included, safeguarding, moving and handling,

medicines management and dementia amongst others.

- Staff completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the fifteen minimum standards that should form part of a robust induction programme.
- Staff were supported through regular staff meetings, supervision meetings and annual appraisals. We noted that some staff had not received supervision support in line with the providers policy frequency. The registered manager told and showed us that this had been identified and was being addressed. They explained that the delay was due to some staff shortages but group support for staff was being implemented.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care services when required. One person told us, "Staff and everyone are so good, if someone got ill and couldn't look after themselves anymore this is the place to be."
- Staff worked in partnership with health and social care professionals to plan and deliver an effective service. Information and guidance from health and social care professionals such as dietitians were documented in people's care plans. Weekly or when required visits from the local GP were conducted to meet and review people's health care needs.

Ensuring consent to care and treatment in line with law and guidance

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were consulted and supported to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

Adapting service, design, decoration to meet people's needs

- The service was adapted in a way that met people's individual needs.
- The home environment was wheelchair accessible and individuals rooms had ensuite facilities. People's rooms were personalised with their own furniture and possessions to their liking. There was easy to access outside space and a well-kept garden for people to enjoy.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection of the service, we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about staff and the support they provided saying staff treated them with kindness and respect. Comments included, "All the staff are genuinely very caring", "Recommend this home to anybody as they [staff] really do care", and, "Staff are just simply splendid."
- Throughout our inspection we observed positive caring interactions between people and staff. Staff spent time with people providing support and helping them to participate in activities.
- Staff had built good relationships with people and their relatives. One relative told us how caring the staff had been when they had been unwell stating, "[Relative] likes being here, they [staff] all know [relative], and [relative] is very happy. They [staff] care for me too."
- Staff understood the importance of working within the principles of the Equality Act to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- Care plans documented information about people's lifestyle choices and diverse needs, including personal relationships, cultural preferences and religious beliefs. Policies and procedures were in place to ensure people were provided with support and protected, where required, under the Equality Act.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to be involved in making decisions about their care and support. People were provided with the opportunity to attend meetings with staff, where they were able to share their views on the care they received.
- People's views and choices were sought and documented within their plan of care. Care plans detailed people's preferences such as activities and favourite pastimes and these were reviewed with people to ensure their needs and wishes were met.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed that staff were respectful when talking to people and addressed them by their preferred names.
- People's right to privacy was respected as we observed that staff did not enter people's rooms without seeking their permission. We observed a note on the door of one person who was visually impaired. It advised anyone entering to introduce themselves so that the person could get to know the sound of your voice and build a relationship. We observed this happening with staff.
- Staff empowered people to do as much as they could for themselves promoting greater independence. Staff were aware of the importance of respecting people's independence, privacy and maintaining

confidentiality. Information about people was treated sensitively and shared on a need to know basis.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection of the service, we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their individual needs.
- Care plans were person-centred and contained guidance for staff on people's care, support and treatment needs and wishes. Care plans contained information about people's health, communication, behaviour and other support needs. Detailed information about people's life histories, lifestyle choices, occupations and relationships were also documented and retained within individual care plans.
- People had choice and control over their day to day lives and staff respected and supported their decisions and wishes.

End of life care and support

- When people were at the end stages of their life, procedures were in place to ensure that people were cared for in a culturally sensitive and dignified way as assessed and documented in their care plan. People at the end of their life were encouraged and supported to remain within the home via the provision of any specialist health professionals and equipment required.
- People's last wishes and religious requirements were documented within their care plans. Where appropriate, 'do not attempt resuscitation' orders (DNARs) were in place and care plans showed people and those important to them had been consulted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and the service produced information in different formats that met people's needs when required. For example, easy to read print, pictures and illustrations or large print format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A wide range of activities was available for people to engage in. People were encouraged and supported to take part in activities and events if they wished. One person told us they had attended the entertainment

with an amateur singer recently which was "very good."

- Activity coordinators planned and delivered activities to people on a daily basis. During our inspection we observed group activities which brought people together. Activities planned included, arts and crafts, board games, flower arranging, light exercise and sensory activities amongst others. External entertainers such as singers and musicians also visited the home on a regular basis to entertain.
- People were supported to maintain relationships that were important to them. Relatives and friends were encouraged and supported to visit when they wished. One relative told us, "The staff are very kind, we are always made to feel welcomed and always offered drinks."

#### Improving care quality in response to complaints or concerns

- There were systems in place to manage and respond to complaints appropriately in line with the provider's policy.
- People had access to the provider's complaints policy and people and their relatives told us they knew how to report any complaints or concerns they had. One relative told us of their experience of bringing an issue to the registered managers attention which was swiftly resolved. They described the experience as being "amazing and brilliant".
- There were systems in place to monitor and investigate any formal complaints received. This ensured the service responded to them appropriately and in a timely way.

# Is the service well-led?

## Our findings

Well-led this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has now declined to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. There were systems in place to monitor the quality and safety of the service on a regular basis by way of audits and monitoring tools. Management staff completed regular audits of the service and had identified the issues we found in the safe section of this report in a service audit completed in September 2022; for example, gaps in people's monitoring and turning charts and continued work on the safe management of medicines. However, we were not assured that appropriate actions were taken in a timely manner to address these issues as they remain, and this requires further improvement.

We recommend that the provider ensures all audits and checks undertaken where areas identified require action, ensure that action plans are put into place to monitor if appropriate actions are taken in a timely manner to address the issues identified.

- Audits and checks completed included medicines, accidents and incidents, safeguarding and infection control amongst others. There were a range of health and safety checks across the home to ensure the home environment was safe.
- Management support from an area manager was in place and they had regular input into the home and the monitoring of the service.
- Staff had opportunities to discuss the service and share ideas for improvements in staff meetings and supervisions. One member of staff said, "Management is very supportive and we discuss issues as a team to give the best we can to people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC when required.
- There was a staffing structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager had good knowledge of people's needs and the needs of the staffing team. Daily meetings were held to discuss information about people and any issues or concerns within the home.



- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us and we observed that they had an open door policy and were transparent with people, their relatives and professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care and support from staff who had the knowledge and experience to carry out their roles and responsibilities. People and their relatives spoke positively about the management, staff and care they received. Comments included, "She [registered manager] is very friendly, very nice", "The manager is very efficient and we are fortunate to have her", "Staff are very kind", and, "Staff really care, I would always recommend the home."
- People and their relatives had opportunities to give feedback about their experiences of the service. Residents' and relative's meetings were held, a resident of day scheme was in place and regular surveys were conducted. We looked at the results for the most recent residents survey conducted which was positive. We saw that 100 percent of respondents thought their meals were attractive and enjoyable, 100 percent of respondents said staff involve them in planning and delivering their care and support and 100 percent were happy with management response to concerns or complaints.

Working in partnership with others

- The service worked effectively with a range of health and social care professionals to ensure people's health and well-being was maintained. Good partnership working had been established with health and social care professionals such as local authorities, community mental health teams, palliative care teams and visiting GP's.

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  Medicines were not always safely managed. Risks to people were not always updated to reflect changes in people's needs and some lacked detailed guidance for staff on how best to manage people's needs and risks.