Rotherwood Healthcare (Roden Hall) Limited

Roden Hall Nursing Home

Inspection report

Roden
High Ercall
Telford
Shropshire
TF6 6BH

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26 January 2017

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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

Roden Hall Nursing Home provides nursing care, personal care and accommodation for up to 45 older people. There were 35 people living at the service when we carried out our inspection.

Our inspection took place on 23 and 24 January 2017 and was unannounced on the first day..

The service had a registered manager at the time of 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 health and welfare were not always identified or acted upon to ensure people received safe support. Staff were not always working in ways that reflected risk management plans in order to reduce risks. This placed people at risk of potential harm.

Staff were confident that they could recognise and report poor practice or concerns about people's safety. However, allegations of abuse had not always been managed appropriately to ensure people were protected from harm.

People were not always supported by sufficient staff to meet their needs safely and effectively and in a timely manner.

Staff were recruited safely meaning that only people suitable to work in the role were appointed. People received their medicines safely and there were safe systems for administering, storing, recording and auditing medicines. The registered manager addressed issues in relation to medicine management during the inspection.

People were supported by staff who had the skills and knowledge to meet their needs effectively. Staff had access to a variety of training opportunities and most staff felt well supported to carry out their duties.

People's rights were protected under the Mental Capacity Act 2005. The registered manager had a good understanding of the principles and application of the MCA. People were supported by staff to make choices in relation to the care and support they received.

People's nutritional needs were met and people were satisfied with the quality and choice of the food. People's Individual dietary preferences and needs were catered for although people's dining experience varied. Staff worked with healthcare professionals when required to ensure people's maintained good health and wellbeing. This joint working ensured people's needs were met consistently and effectively.

People were not always supported by staff who were respectful when entering their private space. Despite

this people told us that they felt supported by staff who were kind and caring. People's independence was promoted wherever possible and people felt listened to. Overall people's privacy and dignity was respected.

People were not always supported by staff who had up to date information and knowledge about their care and support needs. This meant that they did not always provide a responsive service that met people's changing needs. Staff did not always have access to written information about people's changing needs. Activities were limited but were being developed. People had been involved in assessments of their needs and in reviews of their care and support.

People told us they were able to raise concerns and felt these would be acted on by the registered manager. The provider had a complaints procedure that people had been confident to use. However, not all complaints received had been managed appropriately and improvement was required to ensure that complaints were used to improve the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon.

Processes to audit the service were seen in place but did not always identify issues that required action to make the home safer. The registered manager did however, take prompt action to protect people when we raised issues relating to people's safety.

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 consistently safe.

Risk were not always safely managed placing people at risk of potential harm.

People's needs were not always met in a timely manner suggesting staffing levels were insufficient at key times.

People were supported by staff who knew how to recognise and report potential abuse. However, the registered manager was not always escalating these concerns with appropriate agencies..

People were supported by staff who had undergone pre-employment checks to ensure they were suitable to work with vulnerable people.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

People had to wait for their meals and assistance to eat and drink where required. People were provided with a varied diet that met their individual needs and preferences.

People were cared for and supported by staff who, overall had the skills and knowledge to support them effectively.

People's consent was obtained by staff before care and support was provided and the principles of the MCA were being applied.

People had access to appropriate services and on-going health care support. Staff worked with professionals to ensure people's continued good health.

Is the service caring?

Requires Improvement

The service was not always caring

People's privacy, dignity and independence was respected and promoted however people were not always treated with respect.

Overall people received care and support from staff who were caring and kind.

People were listened to and their independence was encouraged.

Is the service responsive?

Requires Improvement

The service was not always responsive

People were not always supported by staff who had up to date information about their care and support needs.

People were confident that their complaints would be listened to, taken seriously and acted on. However records showed they had not always been managed appropriately.

People had access to limited activities and opportunities for people to get involved were improving.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits and checks were completed but were not always effective at identifying the improvements required.

People thought the home was well led but staff gave us mixed views about the management of the home.

People, and relatives, felt involved in the running of the home as their views were actively sought.

Roden Hall Nursing 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 took place on 23 and 24 January 2017 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a Specialist Advisor. An expert by experience is a person who has experience of using this type of service. Our specialist advisor was a nurse specialist in mental health, older people and people with dementia

We looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information from statutory notifications we had received from the provider. Statutory notifications contain information about events the provider is required to tell us about For example, serious injuries to people who live at the service. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help us plan our inspection of the home.

We spoke with sixteen people who used the service and five relatives. We also spoke with the registered manager, the deputy manager, the cook, five care staff and the site maintenance operative. Throughout the inspection we carried out observations of how staff interacted with the people who used the service.

We looked at six people's care records to see if they were accurate, up to date and supported what we were told and saw during the inspection. We looked at two staff recruitment files and other records relating to the management of the service. These included minutes of meetings with people and staff, service improvement plans, audits and quality assurance surveys.

Requires Improvement

Is the service safe?

Our findings

We saw that the home had a room designated for people to smoke in. There was a risk assessment to support its use however we saw that over the two days we were on site staff were not working in ways which reflected the risk management plan. For example, the risk management plan stated that when the room was in use fire doors in the corridors must be kept closed. We saw that staff were not closing the fire doors. People who used the smoking room were required to wear a 'smoke apron' to protect them from dropped ash. Our observations showed that people were not wearing aprons as stipulated in the risk management plan. We noticed a strong smell of cigarette smoke in the corridor and this could also be smelt in the rooms nearest to the smoking room. Although the room designated for smoking had a ceiling fan that was being used it was not clearing the smoke. One staff member told us, "Staff including myself don't like going in there." They told us that they had to go in to offer support to people in the room. There was an overpowering smell of smoke in this room. The registered manager was informed of our findings and immediately ordered an additional extractor fan for this room. On the second day of our inspection the risk assessment had been reviewed and changes had been communicated with staff. We saw a notice displayed on the door which reminded staff to keep the door closed when the room was in use. We saw the door remained open despite the changes to the risk management plan and communications with staff. This suggested that staff continued not to adhere to safe smoking procedures and this was placing people at risk of harm.

We saw that risks in relation to delivering personal care and support had been assessed. Some risks however had been identified but there were no actions plans in place for staff to refer to in order to reduce risk. This could place people at risk of harm For example one person was at risk of choking from certain types of food. Staff were aware of the risks but were not actively ensuring they were managed safely. We discussed these risks with the registered manager who was unaware of one of the unsafe practice and committed to review it immediately.

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

The home had a fire risk assessment which detailed how people should be supported in the event of a fire or other emergency. The registered manager was confident that staff understood evacuation procedures and staff we spoke with said they had received training and would be confident to follow the procedures if required. Staff told us where evacuation points were and explained how they would assist people to safety.

People told us they felt safe living at Roden Hall Nursing Home. Relatives also felt confident that their family members were in safe hands. Three relatives told us that they felt safe since their family member had moved there. One relative said, "I feel confident when I leave here that the care is just as good as when I am here." People were protected from harm because staff knew what constituted abuse. They told us that they would be confident to report suspected abuse or poor practice.

Although people were confident that abuse and poor practice would be reported to the management there was little evidence to suggest that once it reached the registered manager it was followed through appropriately. For example, a record showed that on one occasion in August 2016 a person who used the service had reported potentially abusive practice to the registered manager. We asked the registered manager about the action taken. They had not reported the allegations to the appropriate agencies and could not evidence they had completed a thorough investigation. We could not be confident that appropriate action had been taken to confirm the incident had taken place or that action had been taken to protect the person from future poor or abusive practice. The registered manager told us that they would now report all allegations to the local authority to ensure an open and thorough investigation. This would ensure people's protection.

People told us that requests for support were answered promptly. One person told us, "They are always there to call on and will come if you want them. They help me." Our observations, however, suggested that on occasions people had to wait for support especially during busy times of the day. For example, one person was heard to be calling out. We noted it took thirteen minutes for the person's request to be answered. A staff member told us, "I came in this morning and [two] people were unhappy. They both told me they'd been buzzing all night and no one had responded." At meal times we also saw that people remained unsupported for considerable periods of time. For example, one person sat with their meal for twenty minutes before any support or prompting. We later spoke to this person and they told us that their meal had gone cold. One relative said, "I think staff struggle at mealtimes, there are lots of people who need support to eat." There were not sufficient staff on duty to meet people's care and support needs in a timely manner.

Feedback from staff was that there were not enough staff to meet people needs especially at busy times (as we had observed). Staff also told us that the design of the building was an issue for consideration when assessing staffing levels. One staff member told us, "I get concerned, if two staff are in a person's room, you can't hear the buzzer if someone needs you." Another staff member told us, "I have raised concerns about how we manage people's needs. I am here on my own with seven people; some are in their rooms, so it's not always easy to get everything done." They did say however that they could request additional support if needed. "One staff member told us "If anything could be improved it's the number of staff. We need more staff. It has an impact on people. If there were more staff people wouldn't be waiting. When we are short staffed staff are unhappy and although they do their best they don't have time to spend with people. Call bells are going; people are late getting up, late getting breakfast and lunch. More staff would make a difference." Our observations reflected this although we were shown a staffing dependency tool that suggested there were sufficient staff to meet people's needs. The registered manager told us they were in the process of appointing a member of staff to work two hours a day at an identified busy time. They considered this would help the situation.

People told us that they were moved safely when staff supported them to mobilise. Relatives confirmed that two staff were always in attendance when their family member was being moved. They told us, "They always use a hoist to get my [family member] in and out of bed. Two members of staff at all times with the hoist." Although we did not see any one being moved staff told us that they had received training to do this safely and confirmed they had the right equipment to support them.

People were supported by staff who had been recruited safely. Staff told us they had provided information prior to their appointment to assist the registered manager make a decision as to their suitability for the role. They understood why pre-employment checks were necessary. We looked at two staff recruitment files. Systems were in place to reflect safe recruitment practices were followed. For example we saw references from previous employers and Disclosure and Barring checks (DBS) which had been carried out on staff

before they began work at the home. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision.

People's medicines were given to them in a safe way. Everyone we spoke with said that they had their medication on time and knew what they were having. We observed staff administering medicines. People were seen to have their medicines as prescribed and in ways which they preferred.

Staff completed records to show when medicines had been administered. Records contained information about the person receiving the medicines, including allergies and a brief medical history. This meant they could double check that prescribed medicines were safe to take. Records were well maintained. Some people received medicines as and when required. Protocols were available to ensure their safe administration.

Staff who administered medicines told us they had received training before they did so and this gave them confidence to do it safely. They also told us how they had been observed in practice to ensure they were administering medicines safely. There were systems in place to check that people were given their medicines safely and these were effective at identifying concerns or improvements.

We saw that medicines were being stored securely. For example, in a locked trolley.

Requires Improvement

Is the service effective?

Our findings

People told us that they were satisfied with the meals at the home. People who used the service and visitors told us that the food was good and that there was choice. One relative told us, "[My family member] never moans about the food and they are a fussy eater." Relatives also told us their family member's special dietary requirements were catered for and that there was always a choice.

One relative told us how the support of staff in managing their family member's nutritional needs had meant that their family member's health had improved. They told us, "[person] was not eating or drinking when they arrived at the home from hospital they had given up and were going downhill fast. They encouraged [person] to eat just a little at a time and to drink a sip of something. Little by little they grew stronger and now they are back to their old self."

We observed meal times throughout the home and saw people had different dining experiences. On the top floor we observed the member of staff serve a three course lunch to all people who used the service. They dined at tables with cloths and napkins and people were offered choice and support to manage their meals as independently as possible. Downstairs we saw people waiting for assistance. For example, one person was served their meal but it was not cut up for them until some minutes later. We also saw people who were supported to eat in their rooms spent considerable periods of time waiting for support or prompting. Assistance was offered by staff when passing and staff appeared to be rushed throughout the meal service. One staff member told us, "I think staff struggle at meal times. There are a lot of people who need support to eat." We saw that staff were rushed on all three floors.

People who used the service reported high levels of satisfaction with regard to their care. Relatives were equally as positive and said that the care and support their family members received was effective. One relative told us, "Staff have good skills and knowledge and are dedicated and confident to look after [person]." Staff told us they felt confident in their ability to provide effective care based on people's individual needs. They told us that training equipped them to meet those needs. Overall staff had completed all training required of them although some subjects, such as Mental Capacity and Deprivation of Liberty Safeguards had not been completed by some staff. The new provider had plans in place to enable all staff to access required training.

One staff member told us they could request bespoke training to enable them to offer more effective care. They told us, "I asked for some training in better understanding people with dementia and it was provided. It has helped me understand people better."

Staff told us they received a good induction to their roles which gave them the knowledge to support people effectively. One staff member said their induction included spending time with more experienced staff learning about people's individual needs. Staff had been signed up to complete the Care Certificate. The Certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Overall staff were satisfied with the support and supervision they received to carry out their roles effectively. One staff member told us that senior staff allocated tasks daily to ensure all tasks were covered and this arrangement worked well.

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).

We saw people were asked for their consent before staff supported them. For example, staff asked if it was ok to move people or if they would like to take part in an activity. One staff member told us, "We always ask, but no means no, and we respect this." They went on to say that often people changed their minds so they may well offer the same support at a later time. Another staff member said, "We ask people what they want and we tell them what we are going to do."

When people were unable to give their consent to support the registered manager had identified that the person did not have capacity. Assessments of people's capacity were carried out, where required and decisions were made in people's best interests. Decisions that were being made in people's best interests were documented and followed by staff. For example, we saw that a best interest check list was in place for one person who required the use of bed rails to reduce their risk of falls. The registered manager told us that they considered that two people who used the service were currently having their liberty deprived. They told us how they had made DOLS applications to ensure this was being done lawfully. Not all staff were aware of this. One staff member said "I'm not sure if anyone is currently having their liberty deprived. Not sure who on a DOLS." .Another staff member said, "I don't think anyone here is restricted, I'm not aware of anyone, not on any floor." The registered manager told us that the authorisations had only just been agreed and that information would be shared with staff as a matter or priority.

People were supported to maintain their good health. Everyone we spoke with told us that their health care needs were met Relatives told us that people had access to 'good' medical support, which included input from doctors, nurses, physiotherapists and occupational therapists. One relative told us how this support had meant their family member was now more mobile and as a result their health has improved. Staff told us how they had good working relationships with health care professionals. Effective Joint working ensured that people's needs were met and people remained in good health. Senior staff had a good understating of people's health and medical conditions. They shared information on people's changing health needs to care staff. This meant people were supported effectively to maintain good health.

Requires Improvement

Is the service caring?

Our findings

One person shared an example of a staff member walking into their room and opening their curtains without speaking with them. They had found this to be disrespectful. They said, "It really upset me this room is my home." We observed a number of times when staff walked into people's bedrooms without knocking or announcing themselves. Most of the time staff called out to the person to say they were coming in. Some staff entered people's rooms and carried out support without speaking with the person. Apart from the one person who shared their story, people told us that staff did promote their dignity and respected their privacy. People told us that their personal care was always carried out in private and we saw staff close doors behind them when they went to carry out personal care tasks. We heard one staff member discreetly ask a person if they wanted to go to the bathroom. Another staff member saw a person struggling with their meal and quietly asked if they would like some assistance.

People who used the service told us that they were felt well looked after. One person said, "I wouldn't like to go anywhere else." Everyone said that staff were kind and caring. A relative said, "The level of care is good and there is a lovely warm environment." Staff said, "I would recommend this place because I think most staff really do care. There could be more of them, but those that are here are very caring."

People told us that staff were polite and treated them with respect. We saw staff show kindness to people. They spoke gently and quietly to people offering reassurance when they asked questions. Overall we heard staff to be positive and courteous when speaking with people.

People were supported to maintain relationships that were important to them. People told us their relatives were able to visit at any time and visitors confirmed this. People told us that their relatives were always made to feel very welcome and relatives we spoke with confirmed this. One relative told us, "Nothing is too much trouble, they [the staff] always make you feel welcome." Another relative told us, "You can come anytime, just walk in. There is always a cup of tea available."

We saw visitors spending time with their family members during our inspection. They were able to sit with them in the privacy of their rooms. Staff told us that relatives supported the home well and we saw this by the high attendance at the last residents meeting. People felt involved in the care and support of their family member and were invited to join in activities and reviews with them.

People felt listened to by staff and the registered manager. One person told us, "They are marvellous. Whatever you want you get. They are all so kind. I don't know what I would do without them." People told us they could make choices. One person said, "There are things to do. Sometimes I just like my own company and so I stay here [in my room]. They [staff] don't mind and support me whatever I decide."

People were supported to maintain their independence. For example, people were given aides, such as adapted cutlery, to assist their independence. Staff recognised the importance of enabling people to remain independent. One staff member said, "A little encouragement and people do things for themselves. This is important to their wellbeing." Staff understood that it was important for people to remain in control of their

lives. They told us they promoted this by listening and promoting people's independence. One staff member told us, "People get a great sense of achievement not being dependent on us. It helps them maintain their dignity."

Requires Improvement

Is the service responsive?

Our findings

People were not always supported by staff who had up to date information and knowledge about their care and support needs. This meant that they might offer unsafe or inappropriate care. For example, we observed staff discussing one person's diet. They were unclear about whether food should be pureed. A staff member commented "We need to be told if things have changed, otherwise we'll just do what we've always been doing." The person may have received food in a consistency that could have caused them to choke. On another occasion a care file detailed a person had lost significant amounts of weight. When we asked the nurse about this they had been unaware. This meant staff had not responded to ensure the person received medical intervention and support.

We felt that communication was an area where improvement could be made. During the inspection we did not have many opportunities to observe interactions between people and staff as most people were supported in their own rooms, as they preferred. We spoke with staff and some were knowledgeable about the needs of the people they supported. Some staff always referred us to senior or nursing staff when we asked questions about people's needs. One staff member told us that they did not have access to written information and also said that they did not review care files as this was the nurse's role. We also found that it was not easy to find information in care and support plans and some information was out of date or contradictory This meant that communication of people's needs was reliant upon senior staff effectively sharing information with care and support staff. This did not always happen and so staff were not always aware of people's changing needs.

We asked people, and their relatives, what they would do if they had a concern or a complaint about the service provided. One relative told us, "My [family member] will tell them if something is not right, they will soon get it sorted" Other people felt equally as confident that complaints would be listened to and acted upon to make things better. The manager told us how they regularly spoke with people to see if they were happy with the service and the care provided. The provider had a complaints procedure which was prominently displayed. We looked at records relating to complaints and saw they had been documented. However they were not always effectively managed or used to make improvements. For example, we saw one of the complaints had not resulted in appropriate action being taken to ensure improvements were made. This cause of action did not demonstrate that practice had been improved for the future. A further complaint from a group of staff members, also reflected poor complaint handling by the registered manager/ provider. Not all staff we spoke with said they would be confident that concerns and complaints would be managed appropriately and openly. We could not be confident that complaints would be managed appropriately to protect people and improve practice.

One person told us how they were admitted to the home after becoming unwell. They recalled having an assessment of their needs and told us that the registered manager had also spoken with their family members to gather information about them. They were satisfied that the home had been able to meet their needs and could respond to their changing needs. They told us how they were moving to a different room for example and gave details of how they had had their medicines reviewed to see if that would improve

their overall health. They told us that this had made them feel better. One person gave an example where they had had a fall and needed support. Staff had responded positively and quickly to ensure they received the support the needed. They told us, "They are very good, I fell out of bed the other day and they took me to hospital to get me checked out. It was very painful but they are very kind to me and I am very grateful." Other people we spoke with told us that they had been involved in assessments of their needs and in reviews of their care and support.

We asked people about activities. One person told us, "Colouring helps pass the time." Another person said they had enjoyed making a bangle. People had access to two activities coordinators on the day of our inspection. One was taking people to and from the hairdresser and the other was engaging a small number of people making Chinese lanterns for the forth coming Chinese New Year celebrations. One person was sitting in the lounge. We observed them using coloured pens to colour in some pre-printed pictures. We saw that the pens were all dried out and therefore not suitable to use. We asked staff for new pens and these were immediately provided. We spoke with an activities coordinator and reviewed the weekly timetable of activities. There was no evidence that activities were being developed around people's individual preferences however, the registered manager told us there was a budget for activities and opportunities for people to get involved were improving.

Requires Improvement

Is the service well-led?

Our findings

We saw audits were being carried out by the registered manager (and senior staff) to check that staff were supporting people as required to keep them safe. We saw audits of medication practices, health and safety issues and safety equipment. Audits had not always identified issues requiring action. For example, the issues we identified with the smoking room. We had also found that one of the medicine trolleys was not kept in a locked room designated for medication storage. This meant staff could not ensure that the medicines were being stored at correct temperatures. This issue had not been identified by the service's own auditing processes. Other audits had been more effective however. For example we saw that the registered had identified staff required training in relation to mental capacity and they had arranged this. They also identified monthly housekeeping audits were not being done and had made improvements. In addition to regular audits the registered manager carried out a 'daily walk around'. During a recent walk around they identified a carpet required replacement. This was being fitted on the day of our inspection. The audits reflected current monitoring arrangements were driving some improvement. The manager and the deputy manager took immediate action to address concerns and issues raised at the time of this inspection.

Staff were aware of the formal whistle blowing process The whistle blowing policy enables staff to share concerns formally without fear of reprisal. Staff gave us mixed views about how confident they felt in the registered manager to address concerns and take on board staff feedback. Some staff however said that the registered manager was very open to their suggestions and feedback. One staff member said, "You can approach the manager about anything. I say if I'm unhappy, or happy. [The registered manager] does listen." Another staff member said, "If I need support I can go and say what I think."

People who used the service thought the home was well run by the registered manager. One person told us they regularly saw the manager and that they were approachable. For example, they told us how they were being supported to move to a more suitable room. Relatives also had confidence in the registered manager. One relative told us, "[manager's name] is fabulous and management is good." A recent relatives meeting was attended by seventeen relatives suggesting that people were happy to be involved and actively supported the home.

The registered manager told us how they were aware that the building required renovation and improvement. They told us how the provider's plans to rebuild the home. A staff member said, "The building needs improving but we, and [manager's name] all do our best." The registered manager responded promptly to issues raised during our inspection to protect people and improve the service they received.

The registered manager told us of changes that had been implemented since the new provider took over the running of the home. They were in the process of reviewing policies and paperwork to reflect the new company. We saw that this was work in progress. Staff were positive about the input of the new provider. One staff member told us, "Things have been better since the owner changed. In terms of equipment things have improved."

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The

registered manager was aware of their responsibilities in relation to this. A notification is information about important events which the provider is required to send us by law. We had been notified of recent events appropriately.

Some of the relatives we spoke with shared issues in relation to the fabric of the building. One relative told us, "The building can be troubling but I think people are safe, maintenance do their best." We saw that the environment was in need of renovation to make certain areas safe to use. For example, the large conservatory was currently out of use. Some flooring on the middle floor was very uneven. We were told by the registered manager that no one who lived on this floor was mobile so the risk was reduced. The provider had a plan to rebuild the home as part of a major refurbishment programme.

Some of the people we spoke with said they had completed questionnaires about the running of the home and had been happy to complete them. We saw latest questionnaire outcomes from relatives. Every one that had been returned was positive about the service provided. One person commented, "We are grateful for the care and kindness." Another person commented, "Whilst the building requires modernising the care given to our [family member] is exceptional." This showed that overall people were happy with the service they received and environmental issues did not impact on the quality of the care.

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 Risks had been identified in relation to managing fire risks safely and an action plan to reduce the risk had been produced but was not being followed.