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Prospect House 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 and 12 July 2018. The first day of our inspection was unannounced, the second day was announced.

Prospect House Care Home is registered to provide residential care for up to 12 older people. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is a converted and extended house and accommodation is provided across two floors.

The provider is an individual 'registered person'. 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. They were supported by a business manager and deputy manager in the management of the service.

At our last inspection we rated the service 'requires improvement' overall. There were breaches of regulation relating to the safety of care and treatment and the governance of the service. Following the inspection, we received an action plan setting out the action the provider planned to take to make improvements.

At this inspection significant improvements had been made in some areas, but there were ongoing concerns about the governance of the service.

Records were not well-maintained. Care plans and risk assessments did not always provide clear guidance about how risks should be managed. They had not always been updated as people's needs changed. Records relating to accidents and incidents did not give a detailed account of what had happened and evidence how staff and the provider had responded to prevent a reoccurrence.

Audits had not identified that the provider's gas safety certificate and servicing of hoists and slings had not been completed in a timely manner. We spoke with the provider about recording who took part in fire drills and timing evacuations to make sure they were completed safely.

Protocols were not always in place to guide staff on when to administer 'when required' medicines. Records did not evidence checks had been completed to make sure medicines were stored at a safe temperature. Recorded information about the amount of medicines in stock was not always accurate. The provider's medicine audits were not robust enough to prevent the issues we found.

Recruitment records were not always well-maintained. Records did not clearly evidence how new staff had been assessed as competent before starting work. The provider did not have a supervision and appraisal policy. Other policies and procedures, such as the safeguarding policy, were brief and lacked detail.

The provider's audits were not robust enough to identify and address the concerns we found. This was the

second consecutive inspection where the service has been rated requires improvement overall. The failure to maintain complete and contemporaneous records and adequately assess, monitor and improve the quality and safety of the service was a continued breach of regulation relating to the governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe. People were protected from the risk of abuse and avoidable harm by staff who were trained to recognise and respond to safeguarding concerns. Enough staff were deployed to meet people's needs.

The environment was clean and tidy. Health and safety checks were completed to monitor the safety of the home environment.

Staff completed a range of training courses and told us additional advice, guidance and support was available when needed. We received positive feedback about the effective care staff provided. Staff supported people to make sure they ate and drank enough and we received positive feedback about the food. Staff worked with healthcare professionals to make sure people's needs were met.

Staff supported people to make decisions and care records showed staff considered people's mental capacity. We made a recommendation about record keeping in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtaining copies of any Powers of Attorney in place to confirm these are valid.

The service had been adapted and 'dementia friendly' signage was in place to help people find their way around the home.

Staff were very kind and caring. They supported people to maintain their privacy and dignity. People told us staff listened to them and respected their decisions. There was a friendly and inclusive atmosphere within the service and people laughed and joked with staff, this showed us they valued staff's company.

Staff provided person-centred care to meet people's needs. They knew people well and understood how best to support them. Staff worked closely with people, their families and professionals to make sure people's needs were met.

Support was available for people to engage in regular and meaningful activities. The provider had a system in place to gather and respond to feedback about the service.

People consistently told us the service was well-led. Staff told us they felt supported, relatives told us the service was homely, there was effective communication and their relatives were well cared for.

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.

Risk assessments were not always clear or detailed enough.

Improvements were needed to make sure medicines were managed safely.

There were gaps in recruitment records.

Enough staff were deployed to safely meet people's needs. Staff were trained to respond to safeguarding concerns.

Is the service effective?

Good 

The service was effective.

Staff completed an induction and shadowing. Records did not show how the provider made sure new staff were safe and competent.

Staff had supervisions and appraisals to support them to provide effective care.

Staff supported people to make decisions and completed mental capacity assessments when needed.

Staff supported people eat and drink enough. They worked with healthcare professionals to make sure people's needs were met.

Is the service caring?

Good 

The service was caring.

Staff were kind and caring. People clearly valued the positive caring relationships they shared with them.

Staff supported people to maintain their privacy and dignity.

People were supported to maintain their independence and have choice and control over their daily routines.

Is the service responsive?

Good ●

The service was responsive.

Staff provided person-centred care, which met people's needs.

The provider made sure people had the opportunity to join in regular and meaningful activities.

People felt comfortable speaking with staff and the provider if they were worried or concerned.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Records were not always detailed and clear.

Improvements had been made in a number of areas, but the provider's audits were still not robust enough to identify and address the issues we found.

People gave consistently positive feedback about the provider and the management of the service.

Prospect House 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. The inspection was planned to check whether the provider was 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.

Inspection site visit activity started on 4 July and ended on 12 July 2018. The first day of our inspection was unannounced, the second day was announced. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service, six people's relatives or friends and a visiting professional. We spoke with the provider, business manager, deputy manager and three members of staff including the cook. We completed a tour of the home, which included looking in people's bedrooms, with their permission.

We reviewed three people's care plans, risk assessments and medication administration records and three staff's recruitment, induction and training files. We also looked at the provider's policies and procedures, meeting minutes, maintenance records, audits and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in April 2017, risks to people's safety and environmental risks had not been robustly assessed and managed. This was a breach of regulation relating to safe care and treatment. At this inspection some improvements had been made and the provider was compliant with this regulation.

Personal emergency evacuation plans contained more detailed information about the support people needed to evacuate the building in an emergency. The fire alarm, extinguishers and emergency lighting were regularly tested and serviced. Fire drills had been completed to make sure staff knew how to respond if a fire was detected. We spoke with the provider about recording who took part in the drills and timing them to make sure they were completed safely.

The provider had acted to minimise risks in the home environment. The deputy manager had regularly checked hot surfaces to make sure there was no risk of burns to people who used the service. The provider had a legionella risk assessment, checked water temperatures and flushed unused outlets to minimise the risk of legionella developing.

The electrical installation and portable appliances had been tested to make sure they were safe. However, gas safety and slings and hoists had not been tested in timely manner. Although the provider acted to address this, their audits had not identified these shortfalls.

Some improvements had been made to the way risks were assessed and managed. Care plans contained more detailed information about people's needs. The provider regularly used tools such as the Malnutrition Universal Screening Tool (MUST) to assess the risk of malnutrition and Waterlow to assess the risk of developing pressure sores.

Further improvements were needed. Risk assessments did not always contain enough detailed and up-to-date information about risks to people's safety. For example, a person had diabetes, but did not have a detailed plan in place about the support required from staff, the risks and guidance on how to respond in an emergency. There was no care plan or risk assessment in place regarding a person who was prescribed warfarin.

Other care plans and risk assessments did not always record detailed information about the support staff needed to provide to help keep people safe.

The provider and staff were knowledgeable about these people's needs and there was no evidence anyone had been harmed because of these record keeping issues. Where risks had been identified, staff had acted appropriately to make sure, for example, that appropriate equipment was in place or to refer people to healthcare professionals for further advice and support.

Records around accidents and incidents were brief and lacked detail. Staff recorded any accidents or incidents in people's daily notes. The provider also kept a list to help identify any patterns or trends. These

records did not provide a detailed account of what had happened, how staff had responded and any actions taken by management to prevent a reoccurrence. Whilst the provider gave detailed information about the action taken to keep people safe, there was a lack of transparency and defensible documentation relating to support provided.

The provider had a medicine policy, but this lacked detail. Staff completed training and the provider observed their practice to make sure they were safe administering medicines. Records of competency assessments were brief and we spoke with the provider about developing these to better evidence how they had decided staff were safe administering medicines.

Medicines were securely stored, but staff had not documented checks to evidence this was at a safe temperature. The provider purchased a thermometer and acted to address this concern.

Staff used medication administration records to document the support provided with medicines. These were generally completed appropriately, but we noted counting errors when recording the amount of medicine in stock. We spoke with the provider about 'double-checking' stock levels when receiving new stock to make sure these were accurate.

Protocols were not always in place for medicines prescribed to be taken 'as required'. It is important staff have information to guide them on when to administer these medicines to help make sure they are given safely and appropriately.

New staff completed an application form, had an interview and provided references. The provider used Disclosure and Barring Service (DBS) checks to prevent unsuitable people from working with adults who may be vulnerable. However, there were gaps in recruitment records. Staff had not always signed contracts or health declarations; people's identity and right to work in the country had not always been properly verified. The provider acted to address these issues, but more detailed audits were needed to make sure it did not happen again.

The issues and concerns with care plans and risk assessments, records relating to medicine management and recruitment records showed the provider had not maintained complete and contemporaneous records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People who used the service told us they felt safe there. One person said, "If anything happened staff would be here. I am safe here." Relatives told us, "I feel peace of mind knowing that [Name] is being looked after in the best place. I can't find fault" and "I am happy [Name] is in a safe and caring environment and being well looked after."

There had been no safeguarding concerns since our last inspection. Staff completed safeguarding training and understood their responsibility to identify and report concerns. The provider had a safeguarding policy and procedure, but this lacked detail and had not been updated to reflect changes introduced by the Care Act 2014.

The provider used a dependency tool and regularly reviewed staffing levels to make sure sufficient staff were deployed to meet people's needs. People who used the service gave positive feedback about staffing levels and said support was available when needed. One person commented, "They always have time for me, they do their very best." Relatives said, "The staff are always popping in to see if [Name] is ok" and "There's people around all the time."

At the time of our inspection, a minimum of two care staff were on duty during the day and night. The deputy manager, business manager and provider worked supernumerary at the service and covered sickness and absences when needed. Additional staff were employed to help with cooking and cleaning tasks.

The home environment was clean and was tidy. People gave positive feedback about the cleanliness of the service. Relative told us, "It always looks immaculately clean" and "[Name's] bedroom is always lovely and clean and it smells lovely." Staff used appropriate personal protective equipment such as gloves, to minimise the risk of spreading infections.

Is the service effective?

Our findings

People who used the service gave positive feedback about the effective care and support staff provided. Relatives told us, "The staff are wonderful" and "[Name] is happy with the way they are looked after." Our conversations and observations showed staff were knowledgeable and they provided effective care to meet people's needs.

New staff completed an induction and 'shadowed' existing members of the team to learn about the service and the people they supported.

The provider had introduced an electronic system to monitor training staff had completed. It showed staff had completed a range of training courses. This included practical moving and handling, first-aid and hand hygiene training and online eLearning on topics such as, medication, health and safety, food safety, fluids and nutrition, fire awareness and infection prevention and control.

New staff were not required to complete these courses if they had done this training with their previous employer. The provider gathered copies of training certificates to evidence this. We spoke with the provider as they could not verify the quality of training completed with other employers. They told us they monitored and observed new staff to make sure they had the knowledge and skills needed, but records did not consistently evidence this.

We recommend the provider reviews their systems and processes for evidencing staff competencies. We have addressed these concerns in more detail in the well-led domain.

Staff provided positive feedback about the training and told us additional courses were arranged if they felt this was needed. For example, the provider explained the work they had done to arrange training on end of life care and 'React to Red' training, provided by the National Health Service, to improve staff's knowledge and skills regarding pressure area care.

Staff told us they felt supported by the provider and deputy manager. The provider did not have a supervision and appraisal policy. They told us supervisions were completed as and when needed, but were not always documented. The provider showed us records of supervisions that had been documented. These covered topics including the support provided with medicine, hand hygiene and general practice issues. We spoke with the provider about the importance of developing a supervision and appraisal policy and clearer records around when supervisions were completed.

The provider had completed appraisals in March 2018 to review staff's performance and support their continued development.

People gave positive feedback about the food. Comments included, "The food is quite good" and "The food is brilliant. It's all homemade and varies a lot. [Name] is a very good cook. You have no need to ask for more; I have put weight on since moving here."

People were supported to eat in the dining room or their bedrooms if they chose. The food served looked and smelt appetising. People were offered a choice and staff prompted and encouraged people to eat more. Drinks and snacks were available throughout the day.

The cook explained how people's wishes and preferences were used to shape the menu, but alternatives were always available. People's special dietary requirements were catered for.

Staff regularly weighed people and used the Malnutrition Universal Screening Tool (MUST) to identify any concerns regarding weight loss or weight gain. Some people were prescribed supplements due to concerns about their dietary intake and staff worked closely with professionals and people's families to make sure people's nutritional needs were met.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the importance of supporting people to make decisions and respecting their choices. Care plans showed staff had explored people's mental capacity to consent to their care and support.

The provider used a checklist to identify people who may be deprived of their liberty so that appropriate applications could be made when necessary. We spoke with the provider about how capacity assessments had been documented and updating their DoLS 'checklist' to make sure it reflected current guidance on what might constitute a deprivation of liberty.

The provider knew if people had a nominated Power of Attorney (POA) and what decisions these covered, but we recommended obtaining a copy of these for the person's file to make sure they were valid and applicable. A POA is someone who has been nominated and given the legal authority to make particular decisions on a person's behalf when they lack mental capacity.

People's care records showed staff had effective working relationships with healthcare professionals. They made timely referrals to make sure people received appropriate medical attention. A professional told us, "They've done an amazing job. If I suggest things they act on it."

The home environment had been adapted to meet the needs of people who used the service. Handrails, ramps and a stair lift enabled people to move freely around the building. 'Dementia friendly' signage helped people to orientate themselves in the home. People's rooms were spacious and had been decorated according to their individual style. They consistently told us the service was 'homely'.

Is the service caring?

Our findings

People who used the service consistently told us staff were very kind and caring. They said, "It is lovely here, we are looked after and spoilt. They are so kind to you" and "I'm very happy here. The staff are really lovely; people are so kind and very nice."

Relatives told us, "The carers are very kind. [Name] likes the carers as they have a bit of banter with them", "They are doing a very good job indeed, the staff are very caring" and "The staff are marvellous they are all very friendly."

People who used the service were relaxed and at ease around staff. We observed people chatted, laughed and joked with staff and clearly enjoyed their company. A person who used the service said, "You can have a laugh over something and they will join in." Staff were friendly and warm and people responded very positively to them. This showed us people had developed positive, friendly and caring relationships with the staff who supported them.

The service had a number of communal areas people could use and enjoy. Staff supported and encouraged people to spend time together and people who used the service clearly valued each other's company. A relative explained, "The residents care for each other, they get to know each other."

The provider was very skilled and caring in their approach. They used their knowledge and understanding of people's needs to provide gentle and kind reassurance to reduce people's anxiety and promote their sense of wellbeing. They showed genuine concern for people's wellbeing and promoted a caring approach to planning and delivering care and support.

Staff supported people to maintain their privacy and dignity. A person who used the service told us, "They are very polite." Staff used people's preferred names, they spoke with people in a respectful way and treated them with dignity. Staff knocked on people's bedroom doors before entering their rooms. This showed us staff respected people's privacy and personal space.

People looked clean and well cared for. Staff supported people when necessary to dress according to their personal preferences and to take pride in their appearance. Support with personal care was provided in the privacy of people's bedrooms or in the bathrooms. This helped maintain people's dignity.

The provider explained how they continually monitored staff's practice to make sure the care and support provided was dignified and respectful. Staff we spoke with understood the importance of treating people with dignity and respect. They spoke with people in an appropriate manner and tone and tailored their approach to meet people's individual communication needs. For example, they spoke slowly and made eye contact when necessary to make sure people heard and understood what was being said.

Staff routinely offered people choices and respected their decisions. People were free to spend time how and where they wanted to. When people wanted to remain in their bedrooms, staff respected this and

provided meals and drinks there. Staff supported other people to spend time in communal areas or access the gardens. At lunchtime, people were encouraged to decide where they sat and what they ate and drank. A relative told us, "They [staff] give them choices and treat them with dignity."

Staff understood the importance of choice and promoting people's independence. They explained how they routinely encouraged people to make decisions and supported them when necessary by showing or offering available options to help people decide.

Is the service responsive?

Our findings

At the last inspection in April 2017, people's care plans did not always include relevant information to guide staff on how to support people. This was a breach of regulation relating to the governance of the service. At this inspection some improvements had been made.

The provider had developed more detailed care plans and risk assessments. These included more person-centred information about people's needs to guide staff on how best to support them. They included a 'This is Me' document with information about people's social history, likes, dislikes, hobbies and interests. This helped new staff get to know people who used the service.

We found some examples where care plans had not been reviewed and updated as people's needs changed. For example, one person's care plan had not been updated to reflect the support staff were providing to meet their continence needs. Another person's care plan relating to pain referred to medicines which had been discontinued due to unwanted side effects.

The provider and staff showed a good understanding of people's needs. The provider employed a small team of staff. This meant people were supported by regular and familiar staff who knew what support they needed and how best to provide that support taking into account their personal preferences. People told us staff listened to them, understood their needs and provided support how they liked it.

Our observations and feedback showed staff were providing person-centred care despite the recording issues. People told us they were happy living at Prospect House Care Home and staff were responsive to their needs. They said, "If you ask for anything they accept it and say, 'of course you can'" and "I've been very satisfied with everything. Whatever I've wanted they have always agreed to." A visitor said, "I've never come across anywhere quite like this, they absolutely cater for the individual." For this reason, we have addressed our concerns regarding care plans and risk assessments in the safe and well-led domain.

People's care plans recorded information about any end of life wishes they had. This included details about any wishes and preferences people had regarding their funeral arrangements. Records clearly evidenced when people had made decisions to refuse resuscitation.

Staff had received very positive feedback about the support they provided with end of life care. A professional told us, "They were very good with the care they provided, their care was fantastic and they got equipment in place when needed." The provider was in the process of arranging training in end of life care as staff had expressed an interest in developing their knowledge and skills in this area.

Staff did not discriminate against people. Equipment and adaptations were in place to make sure people could move freely around the building and so they were not unduly restricted. Staff encouraged people to be independent and provided assistance when necessary to support people's decisions. They tailored their approach and communicated information in accessible ways to make sure people understood the choices available to them.

People who used the service and relatives were happy with the communication and told us they were involved in decisions about the care and support provided. A relative said, "When we visit they tell us how [Name] has been. If anything untoward happens I am informed immediately – they keep you in the picture."

The provider employed an activities coordinator and volunteers regularly visited the service to support with activities and opportunities for meaningful stimulation. People provided positive feedback about the activities on offer. Relatives told us, "They are always making crafty things. The conservatory seems to be the 'hub' where they get together and play games" and "They do jigsaws, play scrabble, have a sing song and play skittles."

The provider organised events for people who used the service and their relatives to enjoy. This included organising a party for the royal wedding, afternoon teas and a raffle and plans were in place for a summer barbeque.

Staff supported people to maintain important relationships. A person who used the service said, "I had a friend visit this morning and it was no trouble at all." Relatives and friends of people who used the service told us they were free to visit at any time and were always made to feel welcome. Staff knew people's family and friends well and welcomed them to the service throughout our inspection. A visitor said, "Staff know the visitors, know the relatives and take an interest."

The provider had a policy and procedure which set out how they would manage and respond to any complaints about the service. Information about how to complain was displayed in the entrance to the home. The provider had also installed a 'suggestion box' to allow people to leave anonymous feedback if needed.

There had been no complaints about the service since our last inspection. People told us they had not needed to complain, but felt able to speak with staff and management if they did have any issues or concerns. They explained, "If you were bothered by anything you could ask them and they will sort it" and "If there is anything wrong I can tell them and they will act on it." A relative said, "I know if there are problems I can go in and have a chat."

Staff had received several compliments praising the friendly, respectful and professional support they provided.

Is the service well-led?

Our findings

At the last inspection in April 2017, systems in place were not robust enough to ensure quality and safety. Contemporaneous records were not kept in respect of each person who used the service. This was a breach of regulation relating to good governance. At this inspection some improvements had been made.

Confidential information was securely stored. Statutory notifications had been submitted when necessary to enable the CQC to monitor the service provided. Interviews were documented. Regular health and safety checks had been completed in response to feedback at our last inspection.

However, further improvements were needed. Records were not always well organised and maintained. Care plans and risk assessments did not always provide clear and detailed guidance for staff about people's needs and how risks should be managed. They had not been consistently updated when people's needs changed. Accidents and incident records did not provide a detailed account of what had happened and evidence how staff and the provider had responded.

Protocols were not consistently in place to guide staff on when to administer 'when required' medicines. Checks had not been documented to evidence medicines were stored at a safe temperature, information about the amount of medicine in stock was not always accurate. The provider's medicine audits were not robust enough to prevent the issues we found.

Clear and transparent records were not always in place regarding training and how new staff had been assessed as competent. Policies and procedures needed to be reviewed and updated to make sure they reflected current best practice guidance. The provider did not have a supervision and appraisal policy.

The provider, business manager and deputy manager held regular management meetings, but minutes of these did not always give a clear account of what was discussed.

The provider's audits were not robust enough. They had not identified and addressed the concerns we found. For example, audits had not identified that the provider's gas safety certificate and servicing of hoists and slings had not been completed in a timely manner. We spoke with the provider about recording who took part in fire drills and timing them to make sure they were completed safely.

This was the second consecutive inspection where the service has been rated requires improvement overall. Whilst some improvements had been made, systems for auditing were not robust and complete and contemporaneous records had not been maintained. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider is an individual 'registered person'. 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. They were supported by a business manager and deputy manager in the management of the service.

We received very positive feedback about the service and the care and support provided. People who used the service told us it was homely, they felt safe and well looked after. Relatives told us, "I think it is a wonderful place. Everybody seems very happy and content. I have already put my name down to come, it's like being at home" and "It's a very good home. The level of care is excellent. A lot of the care staff have been working here for a few years which is a really good sign."

Staff told us the service was well-led. They explained the provider and deputy manager were approachable and supportive and there was an open and relaxed atmosphere within the service. Feedback from staff included, "I feel very supported, the provider and registered manager are around a lot and we have an 'on-call' number if needed."

There was a relaxed, friendly and caring culture within the service. The provider promoted a person-centred culture and cared about the people living there. They responded positively to feedback during the inspection taking action between the first and second day to make improvements in response to our concerns.

The provider used surveys to gather feedback and make sure people were happy with the service. These covered people's views on staff, the food, activities, laundry and cleanliness. Feedback from these was overwhelmingly positive with people reporting they were 'satisfied' or 'very satisfied' with the service. The provider had acted on any constructive feedback to improve the service.

The provider shared information with people who used the service and family. They had arranged a presentation to communicate information about changes and give people the opportunity to give feedback and voice any concerns. They had introduced a newsletter to inform people about improvements and events planned at the service. Professionals and relatives gave very positive feedback about the communication.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated sufficiently effective systems and processes to assess, monitor and improve the quality and safety of the service. They had not ensured accurate, complete and contemporaneous records were kept in relation to people who used the service and in the carrying on of a regulated activity. Regulation 17(1)(2)(a)(c)(d).</p>