

# Stephen Oldale and Susan Leigh

# West Melton Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This inspection took place on 1 November 2016 and was unannounced. This was the second rated inspection for this service and at the last inspection in February 2016 the service had been rated Inadequate and was placed into Special Measures. You can read the report from our last inspections, by selecting the 'all reports' link for 'West Melton Lodge' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

West Melton Lodge is in West Melton village, which is between Rotherham and Barnsley. The home is registered to provide accommodation for 32 older people. Accommodation is on two floors and a passenger lift is provided. There are several lounges and dining areas throughout the home. The bedrooms vary in size and some have en-suite lavatories. The home has landscaped gardens and there is a car park to the front of the property.

The home had a registered manager. They had been in post since November 2015 and registered in June 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

During this inspection we looked to see if improvements had been made since our last inspection in February 2016. We found improvements had been made across all aspects of the service and it was evident further improvements were in the process or were planned to be implemented. However, these improvements had been implemented by the registered manager and following our inspection they were moved to another service owned by the same provider. The systems in place to maintain the improvements had not been embedded into practice as they were new. We will carry out a further inspection of the service to ensure that improvements continue to be made and these have been embedded into practice and sustained over time.

We found that people had care and support plans in place and care records reflected the care they required. The plans had been reviewed and updated when people's needs had changed. People's risk assessments had also been reviewed to ensure their safety.

People were protected against the risk of abuse. Staff we spoke with were aware of procedures to follow and understood whistleblowing procedures.

People were supported with their dietary requirements. We found a varied, nutritious diet was provided. People we spoke with told us the food was always good.

We found the registered manager had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make a specific decision.

Appropriate arrangements were in place for the recording, safe keeping and safe administration of

medicines. However, we identified some improvements could be made.

There were robust recruitment procedures in place. Staff had received some formal supervision but this was not in line with the provider's policy. The registered manager told us they had completed some annual appraisals and were organising others and they would be completed by the end of the year. Staff told us they felt well supported by the registered manager. Staff received training to be able to fulfil their roles and responsibilities. However not all training had been completed by staff.

The registered manager had implemented new systems to monitor the quality of the service provided. We saw these were completed and were effective. Improvements to the service continue to be identified and planned; these will need to be closely monitored by the registered manager so that these become fully embedded into practice and ensure they are sustained. However, these improvements were driven by the registered manager and she has been moved following our inspection to another service. The provider will need to ensure that a manager who is registered with the Commission continues to develop the systems to monitor the quality and safety of the service to identify, implement improvements and ensure these are embedded into practice.

## 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

Appropriate arrangements were in place for the recording, safe keeping and administration of medicines. However, these required further improvements to ensure prescribed medicines were always stored and administered safely and as intended by the prescriber.

Infection control measures had improved, however, some environmental improvements were still required to be completed.

Staff could tell us how to recognise and respond to abuse.

There was enough staff to provide people with individual support required to meet their needs.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Each member of staff had a programme of training; however, not all training was completed. Staff felt supported but formal supervisions were not completed regularly.

People were kept safe at the home. We found the registered manager had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

People we spoke with told us the staff were kind and caring. We saw people were treated with respect, kindness and compassion. However, people told us they were bored and at times there was

**Requires Improvement** ●

nothing to do.

People's dignity and privacy was respected. Although staff we spoke with knew the people they cared for and supported them to achieve a good quality of life, there was no dignity champion identified..

### **Is the service responsive?**

The service was not always responsive

Peoples social stimulation needs were not always met, there was no designated activities coordinator.

We saw people had health, care and support plans. These were regularly reviewed and updated and reflected people's changing needs.

We found care plans reflected people's choices, wishes and decisions and showed involvement of the person

There was a complaints system in place, and people were listened to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led. Systems to monitor the quality and safety of the service monitoring required further development to ensure these are fully effective in identifying where improvements are required. Immediately after our inspection we were informed that the registered manager was moved to another service. The provider must ensure a suitable manager is registered with the Commission. The systems to monitor the quality and safety of the service to identify and implement improvements needed must to continue to be developed and ensure improvements made are embedded into practice

Staff told us they were well supported and motivated by the registered manager to do their jobs well. The culture in the home had much improved and was open and inclusive.

**Requires Improvement** ●

# West Melton Lodge

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 November 2016 and was unannounced. Which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection team consisted of two adult social care inspectors. At the time of the inspection there were 23 people using the service.

Before our inspection we reviewed all the information we held about the service. We spoke with the local authority, commissioners, safeguarding teams and the contracts officer.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent some time observing care in the lounge and dining room to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We looked at documents and records that related to people's care. We looked at three people's support plans. We spoke with eight people who used the service and two relatives.

During our inspection we also spoke with six members of staff, including care staff, the cook, the registered manager and the regional manager. We also looked at records relating to staff, medicines management and the management of the service.

# Is the service safe?

## Our findings

At our previous inspection in February 2016 the service was in breach of regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider did not always take the necessary steps to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm and there were not always enough staff on night duty to meet people's needs.

At this inspection we found staffing levels had been increased. The registered manager had introduced a dependency tool to identify people needs and the staff required to be able to meet those needs. We found staffing numbers had been increased and from speaking with staff and people who used the service we found this met people's needs. People told us they did not have to wait long for assistance if they called staff and that there were always staff about to help. We saw during our observations that staff were always present in the communal areas and any assistance required was responded to in a timely way.

We spoke with friends and relatives of people who used the service who felt their family members were safe living at the home. One person's friend said, "They always seem to be happy and the home is safe, the staff are good."

We observed staff helping people to move around the home, with and without the use of aids. In each case they assisted people in a safe way.

At the last inspection we found the standard of cleanliness was poor and the environment was not well maintained. We also found that not all environmental risks had been appropriately assessed or actively managed.

At this inspection we found the cleanliness had greatly improved and many of the environmental improvements had been completed. However, we found there was still a number to be implemented. For example there was still not a sluice within the service for the appropriate cleaning and disinfecting of the commode pots. This increased the risk of cross contamination as the pots were cleaned in the communal bathrooms. The regional manager has since the inspection confirmed this has been commissioned and work will commence this month November 2016.

At the last inspection there were a number of trip hazards. We found most of these had been repaired. We identified an uneven floor surface; this was due to a leak which had caused the floor boards to rise. This was repaired during our visit to ensure the floor was even and not a trip hazard.

The rope at the bottom of the stairs was still in place and no alternative had been identified. People who used the stairs had to go up two steps before they could remove the rope, which posed a risk of falling. The registered manager agreed to look at this and identify an alternative to ensure people's safety.

We looked at three people's care and support plans. Each plan we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments included nutrition, tissue

viability and falls. The assessments we looked at were clear and gave good detail of how to meet people's needs. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

We found the registered manager had introduced new, robust recruitment procedures which were followed. Application forms had been completed, two written references had been obtained and formal interviews arranged. We saw all pre-employment checks had been carried out prior to staff commencing work. The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

A new member of staff described how they had undertaken a structured induction to the home which included shadowing a senior member of staff for two shifts, one on days and one on nights. They were unaware of the 'Care Certificate' but said she had received an initial induction about the people who lived at the home and company policies and procedures, and was booked on several training courses. They commented, "I am booked on the moving and handling course, I am not allowed to move people until it's done."

We discussed the care certificate with the registered manager who informed us staff were booked to start this with the Local authority. This was due to start in the new year.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for four people.

Medicines were stored safely, records were kept for medicines received, administered and returned and medicines were stored at the right temperatures. However, the thermometer in the medication room was not a maximum and minimum thermometer, so did not record any fluctuating temperature during the day. Medicines stored outside of the manufacturer's recommendations could result in the medicines losing their effectiveness.

We saw people were prescribed medicines to be given as and when required (PRN). For example pain relief. Staff were able to explain how they supported people appropriately to take these medicines and that they were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required. However, there were no protocols in place. These would give details of what the medication was prescribed for, when to be given or how the person presented when the medication was required. People who used the service were living with dementia and were not always able to vocalise when they were in pain. The registered manager acknowledged this and told us these were in the main care plan, but would ensure a copy was with the MAR and this was implemented.

We saw staff used the code 'R' on many MAR sheet which the code stated was refused. We saw one person had been refusing pain relief for a number of weeks. We asked the staff why they were refusing as it may need to be reviewed as they could still be in pain. The staff explained that they hadn't refused to take the medication they had not required it as they had no pain. We discussed this with the registered manager who agreed to introduce a code for offered but not required so it could be easily differentiated between if someone didn't require it or needed reviewing as they were refusing to take the medication.

We saw some people were prescribed medication in the form of a patch. Positions of the patch were not recorded. Good practice is to record on a body map the position of each patch. This would enable the



position to be rotated, so it was not put in the same place each time and prevent the skin from becoming sore in this area.

There was a wash hand basin in the medication room; however, there was no soap or paper towel dispenser. The bin in this room was also not a pedal bin so staff had to use their hands to open the lid and dispose of waste. We also saw medicine pots were in soak in the wash hand basin, the water was cold and they had obviously been in soak a while, pots are meant to be either single use or cleaned appropriately at high temperatures in a dish washer or using a sterilisation system. These practices posed a risk of cross contamination.

# Is the service effective?

## Our findings

At our previous inspection in February 2016 the service was in breach of Regulations 11, 12 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found staff were not always knowledgeable about mental capacity and how this impacted on the people they supported. People did not receive safe care and treatment and people's hydration and nutritional needs were not always met.

At the last inspection we found staff did not always seek help and advice from healthcare or other professionals, in relation to managing particular risks for people. We looked at three people's plans of care at this visit and found risks had been identified and appropriate assessments were in place. We also saw when people required support from health care professionals these were obtained to ensure their needs were met. For example we saw input from dieticians when people were at risk of poor nutritional intake or at risk of choking. This ensured people's changing needs were identified and met.

We discussed the requirements of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) with the registered manager and they were aware of the requirements. Some staff had received training since our last inspection and some further training was booked. However, 15 staff had still not completed the training. Staff we spoke with were aware of the Mental Capacity Act 2005 (MCA) this sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The registered manager told us all staff would eventually attend the MCA training to ensure their knowledge was up to date.

The MCA includes decisions about depriving people of their liberty, so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the registered manager had submitted some DoLS applications to the local authority as appropriate. We saw in care files people's capacity had been considered and where required best interest decisions had been made. These had involved the relevant staff, family and professionals. We also saw consultation and involvement of the person who used the service.

Staff we spoke with told us they completed training that was identified as required by the provider which included moving and handling, safeguarding, food hygiene and infection control. Staff told us that training opportunities had increased since the new registered manager had been in post and they felt confident to carry out their role well. We were shown the training matrix by the regional manager. Training had improved since our last inspection, but many staff were still to attend training to ensure their knowledge was kept up to date with best practice and guidance. For example many staff were still to receive fire safety training. There was a member of staff that had completed the training course so could deliver this to staff and this was planned.

Staff told us they felt supported by the registered manager and confirmed even though they did not always receive formal supervision they felt if this was needed the registered manager would facilitate this. Supervision sessions are individual meetings with their line manager. Staff felt valued by the registered manager and said they worked well as a team.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At lunchtime we saw some people chose to eat in the dining room, while others preferred to have their meal in the lounge area, or in their own room. When we asked people if they had enjoyed their meal they all said they had. One person told us, "It's always good [the food available]."

The dining rooms had a relaxed atmosphere and tables had been set with tablecloths, serviettes, and cutlery, but no condiments were available, however if someone asked for them when they received their meal they were given them. Staff offered people protection for their clothes on an individual basis, but if they refused they reassured them they could ask for it later if they changed their minds. They also offered them a choice of cold drinks.

We saw there was a menu board in the dining room but the writing was small and difficult for people to read. Staff told us each person was asked what they wanted to eat from the menu each day. They said if they did not want the planned meal alternatives were available. When we asked about providing a more dementia friendly way of telling people about the choices available, such as meal choices in a picture format, or offering people alternative plated up meals, they told us neither of these were used.

We were told lunch was serviced at 12.30pm, and we saw several people were taken to the dining room prior to this time. However, lunch did not started unit 12.50pm. This meant that although some people received their meals soon after the sat down in the dining room, other people were waiting to be served for up to 15 to 20 minutes. We saw two people stand up and leave the dining room, and staff had to encourage them to return. We also noted people had to wait quite a while for their pudding to be served.

Meals were served directly from the kitchen with the kitchen staff helping out at times. Coloured plates were used so people could see them easily and portion sizes varied depending on the person's preferences. We saw most people had the main course of chicken, but other people chose alternatives. For example, one person had sausage and another person and chosen a jacket potato. When one person refused the meal they were offered staff took time to offer alternatives, which they chose from and ate.

Staff were seen to assist some people to eat their meal, while other people ate independently. However, we saw one person sat in the lounge area was not eating their meal, and staff did not offer assistance until it was pointed out that they were not eating the meal and their food was going cold.

The cook showed us information about people's special diets and preferences, which was displayed on the wall in the kitchen. They said meals were changed to suit different people's needs, for instance if someone required a diabetic diet.

We discussed the meal time experience with the registered manager. The meal was a pleasant experience for most people. However, there were still improvements that were required to improve the experience for people living with dementia. The registered manger agreed there was still more work to do and told us they would look at improving the displayed menu ensure everyone received appropriate support during meals.

We saw the registered manager and staff had considered the environment in regard to people living with dementia. We saw there was some improvement to enhance the well-being of people who used the service. However, many areas were still not dementia friendly and staff lacked training and understanding in caring for people living with dementia. For example there had been a room set up as a 'front room' for people to have afternoon tea and entertain visitors. This had been made into a bedroom as more accommodation had been required downstairs. We also identified when the hairdresser visited they used the wash hand basin in the toilet to wash people's hair and then set up in the main lounge. There was not a designated area to be able to do people's hair. We discussed this with the registered manager and the regional manager as there was a large second lounge that was not utilised, they agreed to look at developing this area into a more usable space. They said they would look at altering the bathroom arrangements to create a proper hairdressing area and an activities area in the lounge. This would provide additional areas for people to use for social activities.

## Is the service caring?

### Our findings

Visitors we spoke with told us they observed staff always to be very kind and caring. One visitor told us, "[My friend] is always well presented, she looks lovely today, the staff make sure people are well looked after." The people who used the service who we spoke with, described the staff as 'nice and 'caring'. The only negative we received was that there was a lack of stimulation people told us they enjoyed the activities but could do with more.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent some time observing care in the lounge and dining room to help us understand the experience of people who used the service. During this observation we saw staff supported people in a caring and responsive manner while assisting them to go about their daily lives.

Staff interacted positively with people who used the service throughout the two hour observation. They gave each person appropriate care and respect while taking into account what they wanted to eat and where they wanted to sit. We saw staff enabled people to be as independent as possible, while providing support and assistance where required. For instance, staff asked people who could walk unaided if they would like to use the toilet before their meal.

The people we spoke with said they were offered choice about where and how they spent their time, as well as the meals they wanted and what activities they preferred to join in. We observed care and support that was very person centred and met individual needs in a kind caring way. However, there was lack of social stimulation and people told us at times they were bored and would appreciate more activities.

We spoke with staff and found they knew people well. They explained how they would maintain people's privacy and dignity by closing doors and curtains when attending to personal care.

Staff we spoke with told us the home operated a key worker system. This meant that each person living at the home had a named care worker. This person was responsible for ensuring the person had everything they needed, ensured their rooms were presented in the way the person wanted and liaised with family members.

We also saw there were champions, for example end of life and dementia champions. Champions are staff who are passionate about the subject, ensure staff follow best practice to meet people's needs and keep up to date with latest guidance and any changes to best practice. However there as not a dignity champion, this is a member of staff who believes that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. The registered manager told us they would identify a staff member who could take on this role.

We saw written information on display was in an accessible format and had pictures to assist with people's engagement and understanding. However, the menu display was still just written on a board and people

living with dementia could struggle to understand the written text. There were no pictures to assist people living with dementia to make decisions. The registered manager told us they were developing this to ensure people were able to make informed choices.

## Is the service responsive?

### Our findings

At our previous inspection in February 2016 the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the level of staffing support available did not provide for people's rights in relation to their social and intellectual needs, or allow people sufficient freedom to go out into their local community.

At this inspection we found there was still not a designated activity coordinator. We found a lack of stimulation provided and people were not able to access the community unless with a family member. We did see that entertainers came into the home and church services were also held in the home.

The registered manager and regional manager explained they had advertised the position of activities coordinator, but were struggling to recruit. This meant care staff were trying to organise activities and well as providing personal care. Staff told us this was not always possible as they had to prioritise care needs to ensure people were safe.

People we spoke with told us they enjoyed activities when they were organised and looked forward to them. We did see an activities board in the lounge which listed the planned activities. However, the writing was in pale orange, therefore it looked as if nothing was written on the whiteboard. It was only when we got right up to the board that we could see the activities planned. This meant that people using the service could not see what activities were on offer each day. We also found no evidence in people's records to show these activities had taken place.

We discussed this with the registered and the regional manager, they agreed to look at alternative arrangements to facilitate activities to ensure people received social stimulation to meet people's choices and needs. We also found people who were cared for in bed the only stimulation recorded in their plans of care were 'watched television'. This could lead to social isolation and boredom. It could also cause people to become depressed many people living with dementia can experience depression. Staff told us they tried to find time to go in and talk to people cared for in bed. One staff member said, "[person who used the service] likes you to go in and stroke her hand and talk to her, it's a shame we don't get more time to do this."

Following our inspection the regional manager confirmed that care staff would be given extra hours to facilitate activities this would be in addition to their usual duties so therefore dedicated activity hours would be provided. This would ensure people's social needs were met.

Care records we looked at were informative and included plans of care appropriate to the person's current needs. We saw care was provided in line with plans of care. We saw that the care plans had been reviewed and updated if any changes had occurred in the person's needs.

We spoke with relatives of people who used the service and they told us they felt involved in their relatives care. Staff we spoke with told us they were involved in writing care plans and ensuring reviews took place

with families. We saw evidence of involvement of relatives in people's plans of care.

We saw the complaints procedure was displayed in the entrance area of the home. Visitors and relatives we spoke with felt comfortable to raise concerns with the registered manager or staff if they needed to and felt confident that their concern would be addressed without delay.



## Is the service well-led?

### Our findings

At the time of our inspection the manager who commenced in November 2015 had registered with CQC. They had successfully completed the registration process and were registered in June 2016. 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.

The registered manager was very person centred in their approach and had made many positive changes. They were dedicated about providing a high standard of service for people and sustaining the improvements made. However, we found out after our inspection they had been moved by the provider to another service. They have been moved permanently.

At our previous inspection in February 2016 the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as we found lack of effective governance.

At this inspection we found the quality monitoring of the service had improved considerably. The registered manager and the provider had implemented new systems these now need to be closely monitored by the registered manager and regional manager to that they are embedded into practice to ensure improvements are sustained.

The registered manager did not have a deputy in post to support the management of the service. There was a care coordinator who was responsible for managing medications but only worked part time and did not have any supernumerary hours. With the registered manager transferring to another service this leaves West Melton Lodge without a consistent manager to continue to drive the improvements.

People who used the service, their relatives and visitors we spoke with felt the new registered manager was approachable and had improved the service since she had been in post.

Staff we spoke with felt the registered manager led the service well and involved them in the changes and they worked well as a team.

The provider had acknowledged the service needed to improve, they had provided a detailed action plan on how they intended to improve. We found at this inspection that the plan had mostly been followed and new systems introduced. However we found some areas that still required improvements, which have been detailed in this report. For example there were still some outstanding environmental improvements including the provision of a sluice and changes to the lounge and conservatory to provide an activities room and hairdressing area.

The regional manager also monitored the quality of the service provision and had reviewed all the monitoring to provide consistency across all the providers care homes. This was to ensure lessons were

learnt by sharing experiences to improve all the services. We found the systems in place had been completely changed and improved. The registered manager was working to ensure the actions identified were completed to enable improvements to continue.

We saw audits completed these included, care plans, environment, infection control, mattress checks, kitchen audits and health and safety. However, the Systems to monitor the quality and safety of the service were new and required further development to ensure these are fully effective in identifying where improvements were required and that the improvements could be sustained. Immediately after our inspection we were informed that the registered manager was moved to another service. The provider must ensure a suitable manager is registered with the Commission. The systems to monitor the quality and safety of the service to identify and implement improvements needed must continue to be developed to ensure improvements made are embedded into practice

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with told us they had been invited to meetings and been asked to complete a quality monitoring questionnaire. There were residents' and staff meetings held and we saw the minutes of these they were open and honest. They kept people informed and sought their views on how they could further improve the service. The registered manager had also sent out easy read questionnaires to people who used the service to seek their views.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk. We saw evidence of actions taken to ensure these were managed effectively.

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 provider had systems in place to monitor the quality of the service, however, these were new and had not been fully embedded into practice. The provider should ensure monitoring is development further to ensure these are fully effective in identifying where improvements are required and that these are sustained..</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received adequate training to be able to fulfil their roles and responsibilities.</p>