

# Constantia Healthcare (Middlesbrough) Limited

## Roseleigh Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of this service on 18 February 2016. Breaches of legal requirements were found. Senior management had visited the service on a regular basis, however did not keep a record of their visit. Surveys with people who used the service and / or relatives had not taken place in 2015. In addition supervision with staff was not happening as often as stated in the registered provider's policy and the content of staff supervision did not ensure competence was maintained. At the inspection in February 2016 we rated the service as 'Requires Improvement'.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a further comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements.

We inspected the service again on 24 May and 14 June 2017. The first day of the inspection was unannounced, which meant the staff and provider did not know we would be visiting. We informed the provider of our visit on 14 June 2017. At this inspection we found the provider had followed their plan and legal requirements had been met. However, we identified different breaches of legal requirements and rated the service as 'Requires Improvement'.

Roseleigh Care Home is purpose built and can accommodate up to 50 people. The service provides care for people with mental health conditions and people living with a dementia. There are two separate units. The ground floor of the service accommodates people who have mental health conditions and people living with a dementia. The first floor of the service accommodates people living with a dementia. Within this unit there are five 'time to think beds'. These beds can be occupied by older people living with a dementia who are medically fit for discharge from hospital. Assessment, care and support is provided at the service for a maximum of 6 weeks. At the end of this time the person's ongoing needs are reassessed and they either return home with or without a package of care or remain at the service permanently (if a bed is available) or alternatively find another care home. At the time of the inspection there were 37 people who used the service.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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. 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. People subject to DoLS had this recorded in their care records. However, mental capacity assessments were not decision specific and best interest decisions were not recorded.

There were systems in place to monitor and improve the quality of the service provided, however, these were not effective and had not detected the further areas we identified as requiring improvement. The provider visited the service on a regular basis, however did not make actual checks on systems and documents to ensure the effective running of the service. Audits had taken place, however action plans were not put in place identifying improvements needed or if work had been completed.

These findings constitute a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Risks to people's safety had been assessed by staff.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Medicines were managed safely with an effective system in place. Staff competencies, around administering medicines, were regularly checked. However, we did find for one person that eye drops, which were needed to be stored in the fridge were in the medicine trolley.

Most people and relatives told us there were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with people.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff told us they felt well supported and received supervision.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People told us the service provided good care and support. They told us they felt safe, the staff were caring, kind and respected their choices and decisions.

Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. The provider was moving to a digital system of care planning, however, further work was needed to ensure the system was effective.

People who used the service had access to a range of activities and leisure opportunities. The service had a clear process for handling complaints.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risk assessments were individual to the person and highlighted specific actions to reduce or prevent the highlighted risk.

People told us they felt safe. Staff were aware of the different types of abuse and what would constitute poor practice.

There were enough staff on duty to meet people's needs. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Systems were in place for the management and administration of medicines.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005; however MCA assessments were not decision specific. Best interest decisions were not recorded.

Staff had completed training which provided them with the skills and knowledge to support the people who used the service. Staff had received supervisions.

People had access to healthcare professionals and services. People were provided with a varied diet and they were weighed on a regular basis.

### Is the service caring?

Good ●

This service was caring.

Staff knew people well and respected their privacy and dignity.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

All the people and relatives we spoke to expressed satisfaction

with the service and felt they were well cared for.

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

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were reviewed on a regular basis.

People were involved in activities and outings.

Relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

**Good** ●

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

The service was not always well led.

Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

There was a manager in post who was supported by a deputy manager.

Staff and people who used the service told us the manager was approachable and they felt supported.

**Requires Improvement** ●

# Roseleigh Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected the service on 24 May and 14 June 2017. The first day of the inspection was unannounced, which meant the staff and provider did not know we would be visiting. We informed the provider of our visit on 14 June 2017.

The inspection was carried out by one adult social care inspector. An expert by experience accompanied the inspector on the first day of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. We contacted the local authority commissioning team and the safeguarding team to gain their views. We used their feedback to inform the planning of this inspection.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing staff interactions with people throughout the inspection.

We spoke with 11 people who used the service and six relatives. We looked at communal areas of the home and some bedrooms.

During the inspection we reviewed a range of records. This included four people's care records including care planning documentation and medicines records. We also looked at five staff files, including

recruitment, supervision, appraisal and training records. We examined a variety of records which related to the management of the service.

We spoke with the registered manager, deputy manager, provider, cook, a senior care assistant, handyman and five care staff.

# Is the service safe?

## Our findings

People told us they felt the service was safe. One person said, "Staff are there to talk whenever you need them. Yes I do feel safe." Another person said, "I'm not frightened now as I was at home." Another person said, "I can lock my door and go out when I want. If I didn't feel safe I wouldn't be here." A relative we spoke with said, "I know [person who used the service] is in good safe hands when I go home."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

Risk assessments had been personalised to each individual and covered areas such as health, falls, nutrition and choking. This enabled staff to have the guidance they needed to help people to remain safe.

We looked at the arrangements in place to ensure safe staffing levels. The ground floor of the service accommodated 19 people. The manager told us there was four staff on duty during the day of which one was a senior care assistant. Overnight there was a senior care assistant and a care assistant. The first floor of the service accommodated 17 people and staffing arrangements were the same as the ground floor unit. The manager worked Monday to Friday during the day and was supernumerary. We looked at duty rotas which confirmed this. We asked people and relatives if they thought there were enough staff on duty to meet people's needs. One person said, "Yes, I think so. You can't fault them." Another person said, "There are plenty, nightshift and day shift, the staff respond quickly to my buzzer." A relative we spoke with said, "No, sometimes you have to go hunting for people [staff]." Another relative said, "I visit every day and always see there are plenty of staff around." On both inspection days staff were visible and provided support to people who used the service when needed.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) were completed correctly with no gaps or anomalies. We asked what information was available to support staff when handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. The room temperature in which medicines were stored was monitored daily to make sure medicines were stored at the correct temperature.

There was a fridge in which to store those medicines requiring cool storage. However, we did note that eye



drops, which were needed to be stored in the fridge, were in the medicine trolley. We pointed this out to the deputy manager who discarded the eye drops and assured us there was another supply in stock.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety and fire extinguishers. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

During the tour of the service we noted there were no malodours, however we did note some walls and skirting boards were marked and in need of cleaning. This was pointed out to the manager at the time of the inspection who after the inspection held a meeting with domestic staff. When we returned for our second inspection visit we saw that walls and skirting boards had been cleaned. On the second day of the inspection we noted that the flooring on the first floor unit was sticky. We pointed this out to the manager who told us they would speak with domestic staff to ensure they were mixing the correct consistency of floor cleaner with water. The carpet on the first floor of the service was marked and in need of replacement. The manager told us the provider had obtained quotes and was to replace the carpet in the very near future. There were policies and procedures for the control and prevention of infection. The training matrix showed us staff had undertaken training in the control and prevention of infection control.

On the first day of the inspection the sun was shining and we noted the first floor dementia unit was very warm. People who used the service were not too hot; however the staff were struggling to work in the heat. There was a plentiful supply of drinks and people who used the service were enabled to access the garden. We asked the manager to monitor the temperatures within this unit and report back to us. Examination of records confirmed that temperatures remained high, however, measures to reduce heat were in place, for example blinds were on windows. The manager told us they would continue to monitor the temperature of this unit through the summer months to ensure people and staff were safe.

## Is the service effective?

### Our findings

At our last inspection in February 2016, we found supervision with staff was not happening as often as stated in the registered provider's policy and the content of staff supervision did not ensure competence was maintained. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

At the inspection in May and June 2017 we found the provider had followed their plan and a new supervision template had been developed. Staff were now receiving supervision on a regular basis. We did note that the plan of supervision was a little disjointed as the frequency of one to one supervisions and group supervisions varied from one staff member to another. We pointed this out to the manager. When we returned for the second day of the inspection the manager showed us a plan of supervision for the remainder of the year which would ensure consistency with supervision and staff.

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 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. People subject to DoLS had this clearly recorded in their care records and the service maintained a good audit of people subject to a DoLS so they knew when they were to expire.

The manager and staff told us that some people who used the service were living with a dementia and lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to be made by staff, family and other professionals. However, people's care records did not contain decision specific mental capacity assessments and best interest decisions were not recorded. We pointed this out to the manager at the time of the inspection who told us they would commence work on capacity assessments as a matter of importance.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care and assisting with eating and drinking. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

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

When we returned for our second inspection visit, we saw that work was well underway to complete MCA assessments and best interest decisions for people who used the service. Whilst we were satisfied that action had been taken/commenced to address the concerns we raised; this had only been instigated after we had highlighted the above shortfalls and omissions. In addition this had also been identified as needing improvement at another of the registered provider's homes in the organisation yet they had not taken action to review this at Roseleigh Care Home.

Records showed care staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, first aid, infection control, moving and handling, medicines management and fire training. Staff told us they had enough training to enable them to support people and meet their needs. One staff member said, "Our training is very good." A relative said, "They know what they are doing and they do a good job."

The majority of staff had received training on The Focus on Undernutrition. This package is commissioned by Middlesbrough Council Public Health and delivered by the health improvement team at South Tees Hospitals NHS Foundation Trust and is designed to improve nutrition and reduce the cost of supplying supplements for people who live in care homes. The package is designed to provide training for everyone from the manager to the chefs, care assistants and domestics, taking into account every member of staff's role within the home in preventing undernutrition.

We spoke with the cook and manager who told us as a result of the training they had introduced changes to the menus such as introducing an additional fish option to ensure people received a well-balanced and nutritious menu.

We looked at the menu plan which provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "The meals are great, [Name of cook] is a proper good cook." Another person said, "There is definitely enough choice, my favourite is today, curry. They also come around with the trolley four to five times a day with snacks and drinks." Another person said, "Yes, good grub, chicken and chips is my favourite." A relative said, "The meals look appetising but [person who used the service] refuses to put in [their] teeth so [person] is losing weight- although they are getting a dietician to come and see [person]." Shortly after speaking with this relative a dietician arrived to assess the person. During the inspection we saw that people were provided with a plentiful supply of drinks.

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the manager and examination of records confirmed that when people had lost weight they had been referred to the dietician.

We saw records to confirm that people had received visits from the dentist, optician, chiropodist, dietician and their doctor. Staff told us they had good relationships with the doctors who visited people. Staff told us the doctors would visit at any time if needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to. A relative we spoke with said, "They [staff] are very good at knowing when [person] is unwell. They are straight on the phone to the doctor."

## Is the service caring?

### Our findings

People told us they were very happy and that the staff were very caring. One person said, "It's alright living here. The staff are great and you can have a good laugh with them." Another person said, "The staff are always there if you need to speak to them." A relative said, "I can't fault it at all. All the staff are so caring and they will go above and beyond." We asked the relative how staff went above and beyond and they told us that the person who used the service who was living with a dementia could become very emotional when they left to go home. They told us how staff were extremely kind, caring and skilled at distracting the person to prevent the person from becoming emotional and crying. The relative told us that the staff provided a great comfort to them.

People were treated with dignity and respect. We observed that people were relaxed and comfortable in the presence of staff and clearly felt at ease. Staff were able to tell us about each person, for example their likes and dislikes, their past life and family and the activities that they enjoyed. They were able to describe how this knowledge impacted on the support they provided to people; particularly at times when they were upset or anxious. From conversations we heard between people and staff it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. We saw people freely approach staff and engage in conversation with them. Staff displayed genuine warmth and a caring attitude to the people they were supporting.

Observations throughout the inspection showed staff were caring and respected people's privacy. Staff were extremely polite, friendly and caring in their approach to people. Staff were patient when speaking with people and took time to make sure that people understood what was being said.

During the inspection staff supported one person to transfer from their chair to another chair using the hoist. We saw that staff were very reassuring and provided step by step instructions to the person on what was happening and what to expect. In addition staff ensured the person's dignity and comfort was maintained throughout. For example, the person had sore feet and staff placed cushions under their feet to aid comfort. People confirmed that their privacy was respected. One person said, "They always knock on the door for my privacy and I can get up or go to bed when I want." Another person said, "They are very kind and always make sure I have clean gear [clothes]."

We spent time with people who were living with a dementia. On occasions we saw that people became upset or frustrated and staff were very quick to reassure people and provide support. On one occasion a staff member took the hand of a person who used the service and they walked for some time until the person became more content. On another occasion a person who used the service and staff member walked arm in arm with each other. We could tell from the person's facial expressions that this brought about comfort. We saw that staff were appropriately affectionate and ensured that professional boundaries were maintained. There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity and respect and this promoted their well-being.

People were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an ongoing basis. People's lifestyle and personal choices were respected by the service, people were supported to continue their preferred way of living.

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection. Staff told us how they encouraged independence on a daily basis.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The manager was aware of the process to follow should an advocate be needed.

## Is the service responsive?

### Our findings

People told us staff supported them in the way they needed and preferred. One person said, "This is a good place to live and the staff are very friendly and supportive." A relative said, "They [staff] are always there when you need them. They are very supportive and caring."

We saw people's needs had been individually assessed by both professionals such as a social worker and by senior staff at the service. Following assessment care plans had been developed. The care plans included people's personal preferences, likes and dislikes. Care plans described the individual care and support the person needed. For example, one person needed to be repositioned every two hours to ensure their skin integrity remained intact. The care plan of another person described how they needed their food to be cut up into very small pieces to reduce the risk of choking. We saw that care plans were reviewed monthly along with the necessary risk assessments. We saw that staff had updated care plans as people's needs changed.

The manager and deputy manager told us they were in the process of moving to a digital system of care planning that allowed care staff to record care and interactions as they happened. However, until the new system was up and running properly they would also be operating with the paper records to ensure that staff had the written guidance to meet people's needs. We looked at digital care records for two people who used the service and found this system to be in need of further development. Care plans were more of an assessment of needs rather than a plan of how to meet the person's needs. In addition, the system was pre-programmed with risks associated with needs. However, many common risks were not detailed within the system for example the risk of choking, the risks associated with having diabetes or the risk of malnutrition. In addition the system did not total fluid balance charts and senior staff were not checking on a daily basis to ensure people had received enough food and fluids. We pointed out our findings to the deputy manager and manager.

When we returned for the second day of the visit we were told that the digital system had been updated to include more common risks.

At the time of the inspection the service employed an activity co-ordinator to work 16.5 hours a week to plan activities and outings for people who used the service. The manager told us they were looking to recruit another activity co-ordinator to work at different times. In-house activities consisted of bingo, games, arts and crafts, dominoes and skittles.

Once a month people who used the service were provided with the opportunity to attend the local cinema for a dementia friendly screening. The screening enabled people living with a dementia living to attend the cinema to watch a film with their relative or staff in a safe and secure environment. People had enjoyed watching the King and I and The Sound of Music. The manager told us the next screening was The Jungle Book and a number of people were to go. One person who used the service told us they had very much enjoyed going to the cinema.

Some people who used the service were able to go out independently. One person said, "I go out all over

me. I go to Redcar and into Middlesbrough. I like to go out most days."

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously.

Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns. People and relatives told us they felt able to speak with the manager and staff if they were unhappy and their complaint would be taken seriously.

## Is the service well-led?

### Our findings

At our last inspection in February 2016, we found senior management visited the service on a regular basis, however did not keep a record of this visit. In addition the provider had not completed a survey with people and relatives during 2015 to ensure people and relatives were happy with the quality of the service received.

At the inspection in May and June 2017 we found the provider had followed their plan and a template had been devised to record their visits to the service. In addition surveys had been sent out to people and relatives to seek their views. We did note that the results of the service had not been collated. We pointed this out to the manager who said they would do this for any future surveys. However, this inspection identified further failings. Examination of records and discussion with the provider and management team identified that the provider template had sections for safe, effective, caring, responsive and well led. However, the provider was not auditing systems. For example, in the safe section the provider had asked the manager about recruitment, but had not looked at recruitment files to ensure safe practice was followed. In addition the provider had not identified areas we had found needing improvement such as the lack of decision specific mental capacity assessments and best interest meetings.

The management team carried out a regular audit of care plans to make sure they were person centred and contained the required information. If any short falls were identified then the key worker received a letter identifying the improvements needed. However, there was no system in place to go back and check that improvements had been made. There were other audits for medicines, infection control, cleaning and the kitchen; however, there were no action plans in place that identified any failings or when action had been taken to address the failings. The manager told us any failings were usually addressed at the time of the audit.

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

We pointed out our findings to the provider who acknowledged the failings and told us they had plans to appoint a person to the role of operations manager who would undertake auditing on their behalf.

There was a registered manager in post, who was supported by a deputy manager in the day to day management of the home. People and relatives told us they had confidence in the management team. One person said, "Great atmosphere and great manager." Another person said, "It's [the service] very ambient and well led." Another person said, "I have no complaints but if I did I'd see the manager." A relative we spoke with said, "[Name of registered manager] is always very pleasant and will do their best for you."

Staff told us the service was well-led and the manager was extremely approachable and supportive. One staff member said, "[Name of registered manager] is really good and always listens to anything you have to say." Another staff member said, "Everything in general is well led. [Name of registered manager and deputy manager] always have an open door and are very easy to talk to."



Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service and to provide feedback on recent inspections or compliance visits.

Meetings for people who used the service had also taken place. These were used to discuss menu choices, activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service. We asked the manager how they obtained the views of the people who used the 'time to think beds' for a maximum stay of six weeks. The manager told us they speak with people and their relatives but did not have a formal system in which to record their views. The manager told us they would take immediate action to address this.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Mental capacity assessments were not decision specific and best interest decisions were not recorded.  Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.