Mrs K Dixon

Saltmarsh House Residential 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Saltmarsh House Residential Care Home is a small residential care home that can provide accommodation and personal care to up to 12 people aged 65 and over in one adapted building. At the time of the inspection eight people were living at the home. People living at the home had a range of needs including some people living with dementia. People had their own bedrooms and some rooms offered an en-suit facility. People could access a range of communal spaces including a lounge, conservatory, dining room and the front and back garden area's offered patio seating. The provider was registered as an individual (sole trader) with direct responsibility for the carrying on of the regulated activity at the location. As a consequence they did not need to have a registered manager.

People's experience of using this service and what we found
People's medicines were not always managed safely, and staff did not always follow best practice guidance. People's risk management plans did not always provide accurate, person-centred information for staff to follow. The home was visibly clean and tidy, however we found infection control measures were not always robust to prevent the potential spread of infection. There were clear safeguarding procedures in place to protect people from the risk of harm. People and their relatives told us they received safe care.

Systems in place to review the quality of care and ensure records were complete and accurate were not always effective. Audits completed by the provider did not identify the issues highlighted in this inspection report. There was a clear management structure in place, and people and relatives we spoke with told us they had good relationships with the provider and staff.

Most people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service mostly supported this practice. However, systems in place did not always ensure consistently good outcomes for people were achieved when their needs changed. People spoke positively of the meals on offer and had access to appropriate levels of support from staff that knew them well.

People and their relatives told us they received kind and compassionate care. People told us staff treated them with dignity and respect and encouraged people to maintain their independence where possible.

People's likes, and dislikes were reflected in their care plans and we saw care was delivered in line with people's preferences. People had opportunities to engage in activities in the home on a regular basis.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published 4 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches of regulation on this inspection. This related to safe care and treatment, as we found people's medicines were not always managed safely or in line with best practice guidance. We found the provider did not operate effective systems or processes to ensure all people's records were clear, contemporaneous and accurate. The systems and processes operated to assess, monitor and improve the quality and safety of the service people received were not effective.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Saltmarsh House Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector and one inspection manager.

Service and service type
Saltmarsh House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we held about the service including statutory notifications which providers are required to inform the CQC of, such as accident or incidents that have happened at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, three relatives and two visiting health care professionals. We spoke with seven members of staff including the head of care, care staff, house keeper and cook. We also sought information from the provider who was legally responsible for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. We reviewed three people's care plans and elements of a further four people's care plans. We looked at medicines' administration records for seven people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at aspects of training data and quality assurance records. We spoke with one staff member and two relatives.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● The provider used an electronic care planning system which incorporated a risk tool to identify people's individual level of risk. We found information around some people's level of risk and steps to be taken to mitigate the risk did not always reflect the care people required. We discussed this with the head of care who told us risk action plans were pre-populated using an electronic risk assessment tool.

● For example, where a person was identified as being at high risk of skin integrity breakdown, the tool used identified staff should implement a tailored body re-positioning schedule. We reviewed records which evidenced this was not in place and staff told us this was not required.

● We also reviewed risk management records which highlighted that a person was considered to be at high risk of falls at night. This person's care plan directed that the person did not wish to receive night time checks. We spoke with the head of care who told us this person was not considered at high risk of falls at night, and the risk score was indicative from the electronic risk tool used. Therefore, it was not always clear what level of potential risk the person was subject to or what the appropriate risk mitigation measures were.

● Where people had specific health needs support plans did not always highlight why people were at risk and explain how to prevent harm, what would indicate their risks had increased or what to do in case of an issue. For example, where people were living with diabetes they did not have a support plan which outlined information about their diabetes, how this was managed, signs they may have low blood sugar or what actions staff should take if this were to happen.

Even though people had not been harmed as a result of these discrepancies in the risk management records, systems were not robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. Failure to maintain accurate, complete and contemporaneous records to adequately assess, monitor and mitigate the potential risks to people was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We reviewed records which evidenced aspects of the home environmental and risks to people were considered, monitored and reviewed regularly. These included fire safety, emergency lighting and gas safety checks.

● In the event of a fire, people had a personal emergency evacuation plan (PEEP) in place which was easily accessible and reflected the levels of support people required.

Using medicines safely

● The provider and staff did not always follow best practice such as the National Institute for Health and Care Excellence (NICE) guidance. For example, the provider did not ensure staff's competency to carry out

their role in relation to medicines administration was assessed and considered safe.
● Where people required support to manage the administration of controlled medicines, the provider's policy directed two staff to observe and sign the appropriate medicine administration record in line with current best practice guidance. However, we observed one staff member administered a controlled medicine and the second staff member signed the record without witnessing the administration. Staff we spoke with confirmed this was standard practice.
● Systems to monitor the safe storage of medicines were not always effective. We reviewed the home's systems and processes around the safe and effective storage of medicines in line with manufacturers' guidance. We found that the provider did not ensure fridge temperatures where medicines were stored were regularly monitored or recorded. Temperatures were not considered or monitored in the medicine's storage room or people's bedrooms where appropriate, placing these medicines at risk of being unsafe to use.
● On the first day of the inspection we observed staff left medicines cabinet keys, which included access to locked controlled medicines storage where access should be restricted, easily accessible. Keys were placed in a cabinet which had signage to prompt staff to ensure keys were kept secure, however this practice was not consistently followed.
● Where paraffin based creams had been prescribed to people, risk assessments were not in place in respect to their use and storage away from sources of ignition; and action had not been taken to mitigate those risks related to the use of this type of cream.
● Where a person was prescribed the use of transdermal patches, staff recorded which side of the body the patch had been placed, but they did not keep a record of where on the body the patch was placed. This meant we could not be assured that staff appropriately followed the manufactures guidance.

Even though people had not been harmed as a result of these concerns, people were at risk of not receiving their medicines safely and as prescribed. Failure to ensure medicines were safely stored and managed was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

● We reviewed people's medicines administration records (MAR) and found staff did not always accurately record the administration of people's medicines. This meant people were at risk of not consistently receiving their medicines as prescribed. We make further comment on this in the well-led section of this report.

Staffing and recruitment
● Staff recruitment checks were made to ensure staff employed were appropriate to work in the care setting, which included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, we noted that staff recruitment records did not always detail staff's full employment history. We raised this with the provider who took immediate action to address this.
● There were enough staff deployed to provide safe care. People and relatives' we spoke with told us they felt they had access to appropriate levels of support. We observed staff were not rushed and had sufficient time to deliver people's care and interact and engage with people throughout the day.
● There was an established and long-standing staff team. One relative commented, "What struck me was the low turnover of staff, consistency is important for my [loved one]."

Preventing and controlling infection
● Some fixtures and fittings in the home were not always appropriately maintained to prevent the possible risk of infection. For example, we observed where a bath panel was cracked, tape had been applied to address this and the bath hoist seat had an excessive build-up of limescale and rust. We discussed this with

the provider who acted to rectify this following the inspection.
● Other areas of the home were observed to be clean and tidy, and feedback from people and their relatives confirmed cleaning was generally completed to a good standard.
● The home had a housekeeper who was responsible for completing a range of cleaning tasks which covered people's bedrooms and the communal areas on a regular basis.
● Staff had access to personal protective equipment such as disposable gloves and aprons, and we observed staff used these consistently when providing care to people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People and relatives we spoke with told us they felt safe. For example, one person told us, "I feel safe, I know this because when I fell [staff] all seemed to do the right thing."
● There were systems in place to support staff to recognise, respond and report any concerns. This included sharing information with relevant agencies such as the local authority where appropriate to ensure people were safe.
● Where accidents or incidents occurred, the registered person and the head of care monitored and reviewed the information and any actions taken. This included considering steps to prevent future accidents and incidents occurring. For example, a relative told us, "When [loved one] had a fall, they did things in the room like moving furniture around to prevent it happening again."

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.
● We noted for one person where steps had been taken in their 'best interest', recent decision making around their care plan and support provided had not been clearly recorded in accordance with section 5.15 in the MCA Code of Practice best practice guidance. The provider told us the person had experienced an unexpected decline in their physical and mental health prior to the inspection, and we reviewed records which confirmed this. Following feedback, the provider acknowledged that systems in place to assess and record people's capacity and best interest decision making, did not consider where people could experience the onset of sudden illness or incapacity and took immediate action to address this.
● Where people had been assessed by the provider as lacking capacity to consent to their care and accommodation, records demonstrated that the provider appropriately followed the principles of the MCA. This included making relevant applications to the local authority where people's inability to consent to their living arrangements had the potential to deprive them of their liberty.
● People's capacity and ability to make specific decisions was consistently incorporated throughout their care plans, which included steps staff should take to encourage people to make their own decisions.
● Where people had elected relatives or important people through enduring or lasting power of attorney to support them in decision making, this was clearly recorded in their care plans. This ensured staff knew who was lawfully permitted to make decisions on behalf of their loved one where appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People' needs were assessed, and we saw most records were regularly reviewed and updated where

appropriate.
● However, for one person the assessment of need did not always enable staff to effectively identify changes which may need referring to other professionals. For example, where their mobility had deteriorated care plans were implemented to maintain their immediate safety, however they had not considered timely relevant referrals for professional guidance where the persons situation had improved. We discussed this with the provider who had actively engaged with the local authority to address this.
● People's choices were reflected in the care that was delivered to them, and they were supported in line with their preferences.
● We received positive feedback from two visiting healthcare professionals that staff worked in collaboration with the community nursing team where appropriate to support people to meet their healthcare needs.
● People and relatives, we spoke with told us staff supported them to access healthcare resources such as the GP, district nursing team and chiropodist. We reviewed people's records which confirmed this.

Adapting service, design, decoration to meet people's needs
● We noted some areas of the home were in need of maintenance and refurbishment. This included general fixtures and fittings, some areas of flooring and gaps in the wall of the downstairs bathroom. We discussed this with the provider who acknowledged home improvements were on-going and there was a maintenance schedule in place to support this.
● People and relatives commented that there was a homely feel to the service layout and furnishings. People's rooms were personalised with their items on display such as trinkets, photographs and ornaments.
● People's bedrooms were spread across three floors. There was a stair lift in place to support people to safely move between floors where required.

Staff support: induction, training, skills and experience
● We were unable to fully review records in relation to staff training as the external online database used by the provider was temporarily unavailable. However, all staff we spoke with told us they had access to relevant training opportunities to support them to fulfil their role. One staff member commented, "The training is good, [the provider] will let us know when our training is due, and we can do it online either at work or at home."
● Staff consistently praised the support given to them by the provider and senior staff. Staff told us they were able to seek advice and guidance when needed and felt valued in their roles. We reviewed records which demonstrated staff received regular supervision.
● The provider spoke positively of the staff team's skills and experience. They told us people benefited from support provided by a consistent staff team, with many staff having more than 15 years' service with the home.

Supporting people to eat and drink enough to maintain a balanced diet
● People we spoke with consistently told us the food on offer was good quality and enjoyable. We received comments such as, "The food is very good, and we have a sherry daily", and, "I have the best breakfast, toast, butter and ginger jam, my favourite."
● Relatives also spoke positively on the meals provided. One relative told us, "The food always looks good and smells nice."
● Where people chose to eat in the dining room staff served up meals from a hot plate and we saw people were able to choose what they would like served on their plate and what portion size they preferred. We observed people who opted to eat in their rooms were also made comfortable and had an enjoyable meal experience with staff helping when required.
● We observed staff sat and ate their meals with people in the dining room and it was a relaxed and social

affair. One staff member told us, "It's lovely to sit and eat with people, [the provider] is strict with food being good quality and people having the most of their time."

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a relaxed and calm atmosphere and we observed staff interacted and engaged with people in a caring and respectful manner.
- People told us staff often made time to chat and joke with people. One person told us, "On the whole I am very happy here, there's always laughter" and another person commented, "The staff are very good here, I wouldn't tell a lie, I like it when they come to my room we always have a laugh together."
- Relatives praised staff and the care they provided. For example, one relative commented, "I am pleased and thankful [relative] is there, it means we have a bit of a drive to get there but the drive is worthwhile because we have found right place for my [relative]. There is lovely staff and they're very friendly."
- People were supported by staff who knew them well, and staff across all roles demonstrated a good understanding of people's preferences, interests and dislikes.

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

- People's preferences were regularly sought, and information was communicated through people's care plans. For example, one person's care plan advised staff in the summer that they liked to have their door and curtains open and at night they preferred to use a night light. This supported people to receive personalised care.
- We saw staff promoted people's choices and respected their decisions. For example, we saw people could choose where they would like to have their meals either in the dining area or their rooms and staff supported this. The cook also regularly sought feedback from people and menu's accounted for people's individual preferences and where appropriate were adapted to meet these.
- Staff understood how to support people to express their views and wishes and to make decisions about their care. One member of staff spoke about supporting people with dementia and told us, "We offer lots of choices, I make sure I'm careful not to take the first answer if people just say yes, I offer more to make sure that's what they really want."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. We observed staff knocked people's doors before entering their rooms and asked people if they needed support before assisting with tasks.
- Staff generally supported people to maintain their independence where appropriate. For example, one person told us they liked to maintain their independence and staff respected this. They said, "They know me well, if I need help I can get it, but they leave me to my own devices and I am happy with that."
- A visiting healthcare professional told us, "[Staff] encourage people to maintain their independence, we

often see them helping people to get up to mobilise."

● A relative we spoke with praised staff's efforts in maintaining their loved one's dignity. They commented, "My [loved one] has always been a very smart lady, staff make sure she is always dressed smart and that is really important to her."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

● People's care plans included details of their preferences and how staff could support people to engage in their care. For example, where a person was known to experience confusion and agitation, their care plan directed staff in these instances to allow the person time to calm and relax and deliver information 'on their level' to support them to have more positive outcomes.

● A relative we spoke with praised the personalised approach used by staff with their loved one. They explained how their relative had previously suffered with poor mental wellbeing but since living at the home this has greatly improved. The commented, "The fact that [relative] is now content speaks volumes to us as a family."

● We saw technology was used to support people to have choice and control. For example, where people had access to their own computers they were able to use the homes Wi-Fi to access the internet and maintain their interests.

Meeting people's communication needs

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

● People's care plans contained information about their communication needs, and supported staff to communicate with people in a way that aided their understanding.

● People were kept informed of activities and events in the home and local community. We saw leaflets and posters were available in communal areas of the home to support this.

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

● People had the choice of engaging in planned activities at the home. This included activities based around music, exercise, and arts and crafts. One person told us, "A lady comes in on Fridays to play music and we do a little quiz, I always go down to her."

● We spoke with a relative who commented, "I have been in before when activities have been on and they didn't mind me and my grandchild joining in."

● People were encouraged to join in with celebrations and the provider held events throughout the year for people, their relatives and staff. One relative commented, "The Christmas party was good, there was lots of food and everything was cooked from scratch."

● Where people had established links to community activities prior to living at the home, people were

encouraged to maintain attending local groups to pursue their hobbies and interests.

Improving care quality in response to complaints or concerns

● The provider had systems in place to record, respond to, follow up and close complaints.

● People and relatives we spoke with said they would feel comfortable raising any concerns and knew who they could speak to in the event that they were unhappy. For example, a person told us, "If I was unhappy I would go to [head of care] and then [the provider], I know I could approach them." A relative commented, "If I was concerned we would bring it up definitely, but we haven't needed to."

End of life care and support

● At the time of the inspection no one was receiving end of life care. We reviewed people's care records and found they did not always detail people's end of life wishes. We spoke with the provider who told us staff knew people and their wishes and were committed to supporting people to remain at the home to receive end of life care where this was possible. The provider told us they recognised the importance of people wanting to remain in a familiar environment and worked proactively with key agencies.

● We received positive feedback from both visiting healthcare professionals with spoke with, who praised the support provided by staff when meeting people's end of life care needs. For example, one professional commented, "[Staff] are not frightened by end of life care, they recognise this is people's home and work closely with [professionals] to keep people having familiar faces."

Requires Improvement

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had some quality assurance processes in place to monitor and review the overall delivery of people's care and the service provided, however these were not always effective.
- Audits of people's care files were not robust in identifying or driving improvements in line with our findings. Systems in place failed to ensure all care records reflected effective assessment and management of potential risks to people, or ensure staff had access to appropriate levels of detail to recognise and respond to people's specific health needs.
- We reviewed people's medicines administration records (MAR) which demonstrated staff did not always accurately follow or record the administration of people's medicines. This included the use of transdermal patches and the recording of application of people's prescribed topical creams. We found multiple gaps in people's MAR records and identified for one person, medicines had not been administered as required on 28 July 2019. We spoke with the head of care who explained this had been an oversight. The provider completed monthly audits of people's MAR records, however these had not been effective in driving improvement.
- Processes were not operated effectively when assessing and monitoring the home environment and equipment. For example, we observed a bath panel was broken, a bath hoist chair seat was in poor condition and the bathroom chair hoist control switch was unsafe and in need of repair. Following feedback, the provider took immediate action to address this. However, audits and maintenance records we reviewed did not evidence this had been identified through the providers own governance system or that these were robust enough to identify quality and safety issues and ensure prompt action was taken.
- The provider was responsible for oversight and auditing of staff records. However, we found they had failed to ensure all relevant information in respect of safe recruitment practices were consistently recorded in staff files in respect of full staff employment histories.

The provider failed to have effective systems or processes in place to assess, monitor and mitigate the risks relating to people's health, safety and welfare. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure in place and the provider was regularly available and visible at the home. Staff were clear on each other's roles and who they could access support from when required.
- Staff understood their roles and responsibilities. They worked well together as a team and were flexible in

their approach to meeting people's needs.
● We observed good communication and engagement between the provider, care staff, housekeeper and kitchen staff. This supported the provider to maintain oversight of the day to day running of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.
● The provider encouraged an open and transparent culture in the home. They told us, "We [senior management] are always open and transparent, we lead by example to the staff. We encourage staff to come to us and the door is always open."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff told us there was an open culture and were confident that any issues they raised would be addressed. Staff consistently told us they felt supported by the provider and their contributions were valued.
● We noted during review of staff supervision records, that where practice issues were highlighted by the provider during these discussions, actions were identified to address these in a supportive manner.
● The provided prided themselves on promoting a whole team approach to the delivery of people's care and told us they were passionate in promoting their ethos of being a small, family-run home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Annual quality assurance reviews were sent to people and their relatives. We reviewed responses from the last survey completed in February 2019 which evidenced consistently positive feedback was received.
● We observed people had built positive relationships with the provider and staff and were comfortable in their interactions and engagement. When we spoke with people and their relatives, they knew staff by name and had a good understanding of the different staff's roles and responsibilities.
● People and relatives told us they had good communication with staff and were kept updated of any changes. One relative commented, "We have built up that type of rapport with staff, we talk to them and they feel they can talk to us. There always professional but I see staff as my friends now, when I go in we can have a chat."
● We received positive feedback from two visiting health care professionals who regularly visit the home that they had established positive working relationships with staff. One professional commented, "We are in and out all the time, if staff have any worries or concerns they will come and find us, and they always take our advice on board."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: Medicines were not always effectively managed to assure people received their medicines safely and as prescribed. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The failure to maintain securely an accurate, complete and contemporaneous records for each person and operate effective governance processes to ensure compliance with regulations. Regulation 17(1),(2)(a)(b)(c)