

Advinia Care Homes Limited

West Ridings 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

West Ridings is a residential care home providing personal and nursing care for up to 180 people across six separate units, although one unit has not been used since 2015. Swaledale unit provides general nursing care, Wharfedale and Airedale units provide personal care, Wensleydale unit provides personal care for people living with dementia and Calderdale unit provides nursing care for people living with dementia. At the time of the inspection there were 130 people in the service. We did not visit Wensleydale during the inspection as the unit was closed to visitors, on the recommendation of the local authority infection control team, due to an outbreak of diarrhoea and vomiting.

People's experience of using this service and what we found

People were happy with the care and support they received and told us they felt safe. Staff were aware of risks to people and knew how to keep them safe. Overall medicines were managed safely, although we raised some issues on the first day which were addressed promptly.

People gave mixed feedback about the staffing levels; some felt there were enough staff and said they came quickly, others reported they had to wait for staff and thought there were not enough. Overall, we observed staff were available to people, although staff were very busy at mealtimes on some units. Staff were trained and had the required skills to meet people's needs. Staff told us they felt well supported. Recruitment processes ensured staff were suitable to work in the care service.

Staff knew people's needs and how to meet them, although people's care needs and preferences were not always fully reflected in their care records. People were not always given information in a way they could understand. We have made a recommendation about meeting people's communication needs.

The home was clean and well maintained. The environment was decorated and furnished to a high standard with adaptations made to help people find their way around. Improvements had been made and were ongoing to make the environments on Calderdale and Wensleydale units more dementia friendly.

People and relatives praised the staff for being kind, caring and compassionate. We saw staff treated people with respect and maintained their privacy and dignity. People enjoyed a range of activities and events, including spending time outside in the garden and going out on trips. People had access to healthcare services. People's nutritional needs were met but many complained about the quality and presentation of the food. The management were aware and were taking action to make improvements.

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 supported this practice. We have made a recommendation about obtaining and recording people's consent to care and treatment.

A new registered manager had been appointed since the last inspection and everyone spoke highly of this individual. Leadership and management had improved, which resulted in better outcomes for people and an increase in staff morale. More thorough quality assurance systems had been implemented which identified similar issues to those we found during the inspection. Senior managers carried out regular reviews and provided assurances that actions were being taken to address these. The provider recognised these improvements need to be sustained and developed further to ensure the service is consistently well-led.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 7 March 2019) and there were breaches of regulations. We took enforcement action and issued warning notices. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 7 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

West Ridings 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

The inspection was carried out over two days. On the first day the inspection team consisted of five inspectors, a medicine specialist professional advisor (SPA), a governance SPA and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspection manager also attended as an observer. On the second day three inspectors attended.

Service and service type

West Ridings 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all of this information to plan our inspection.

During the inspection-

We spoke with 33 people who used the service and 12 relatives about their experience of the care provided. We spoke with 25 members of staff including the registered manager, deputy manager, clinical services manager, unit managers, nurses, care workers, housekeeping, catering and laundry staff.

We reviewed a range of records which included 15 people's care records and some medication records. We looked at staff records relating to training and supervision and three staff recruitment files. A variety of records relating to the management of the service, including quality audits, were reviewed.

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.

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 Inadequate. At this inspection this key question has now improved 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; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Overall risks were well managed, although record keeping needed to improve.
- Staff were aware of the risks to people and how to manage them. Risk assessments were in place and up to date however these varied in the amount of detail recorded. Although people were provided with the correct equipment, specific details were missing from some records, such as the type of hoist, sling size and settings for pressure relieving mattresses. The registered manager took action to address these issues.
- People told us they felt safe and relatives were also assured. Comments included, "I feel much more safe than at the flat living by myself", "Yes [family member's] safe. The staff pop in quite often because she can't use the call bell" and "Yes, I do [feel safe]. I just feel like I'm safe in my little room and the front door is locked up."
- Equipment and the environment was safe and well maintained. Environmental risk assessments were in place and had been updated since the last inspection.
- Overall medicines were managed safely, although some improvements were required.
- Monthly medicine ordering systems were not always effective as on occasions people's medicines ran out. This was because there was insufficient time between medicines delivery and the new cycle commencing for staff to address any shortfalls with the pharmacy. This was addressed by the registered manager the day after the inspection.
- The majority of medicines were stored safely and securely. However, we found prescribed thickeners on one unit were stored in an open kitchen which was accessible to everyone. This was addressed when we raised the issue.
- People told us they received their medicines when they needed them. Overall medicine records were well completed, although some needed to improve. For example, staff were not always recording on body maps where pain patches had been applied and nurses were not always recording accurately the amount of water given between medicines when people had their medicines via a percutaneous endoscopic gastrostomy (PEG) tube. The registered manager addressed these issues.
- Some people received their medicines covertly (hidden in food and drink) and correct processes had been followed to ensure this was done safely and legally. One person who received their medicines covertly had

refused them for three weeks, yet no action had been taken to raise this with the person's GP. When we raised this, the GP was contacted and reviewed the person's medicines. They confirmed no harm had been caused to the person by not having these medicines.

Staffing and recruitment

At our last inspection the provider had failed to ensure robust staff recruitment processes were in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff were recruited safely with all required checks completed before they started in post, including criminal record checks with the Disclosure and Barring Service (DBS) and references.
- Systems were in place to ensure nurses registration with the Nursing and Midwifery Council was valid and there were profiles for agency staff verifying their recruitment and training.
- We found overall there were enough staff to meet people's needs and keep them safe, although we noted staff were very busy during mealtimes on Calderdale unit. The registered manager agreed they would review this.
- People gave mixed feedback about the staffing levels. Some felt there were enough staff and said staff responded promptly if they needed assistance; whereas others, mainly on Swaledale and Calderdale units, told us they often had to wait for help from staff.
- Staff said improvements had been made in staffing since the last inspection with more permanent staff employed providing consistency for people, and a significant reduction in the use of agency staff.
- The registered manager kept staffing levels under review and adjusted them according to people's needs. Unit managers told us they were involved in discussions about staffing levels.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and understood how to recognise and report abuse.
- Systems were in place to record and monitor any incidents. Appropriate referrals had been made to the local authority safeguarding team, although we found there had been a delay in referring two incidents. The registered manager acknowledged this and took action to make sure all staff were aware referrals should be made promptly.
- Concerns and allegations were acted on to make sure people were protected from harm.
- Accident and incident recording had improved and any follow up action required was recorded and implemented.
- A new electronic recording system for incidents and accidents had been implemented recently. Events were recorded and triggered actions to be followed, such as, contacting the safeguarding team or updating risk assessments. The registered manager was confident the new system would be effective but acknowledged it was not yet being used to its full potential.
- We saw some evidence of lessons learned in relation to a recent medicine error.

Preventing and controlling infection

- Infection control was managed well and there were good standards of cleanliness.
- Infection control procedures had been followed and staff had worked in conjunction with the local authority infection control team to contain the outbreak on Wensleydale unit.
- People and visitors told us the home was kept clean. One person said, "My room is cleaned regularly, and plates and cups are moved promptly. It's never messy." A relative said, "Whenever I come here the home looks good and is clean. It never smells unpleasant like some homes do."

- Staff had received infection control training and followed safe practices; washing hands and wearing gloves and aprons appropriately.

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 Requires Improvement. At this inspection this key question has remained the same. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Information within people's care records about how consent was obtained or how decisions had been agreed where people were not able to give consent was variable. Mental capacity assessments and best interest decisions were not always completed when people lacked capacity to make particular decisions. For example, one person's consent to care and treatment form had been signed by their relative but there was no information to show the relative had legal authority to do so. A mental capacity assessment had not been completed. Another person's care records gave conflicting information about whether they were able to consent or lacked capacity to make decisions.

We recommend the provider considers current guidance on the obtaining and recording people's consent to care and treatment and takes action to update their practice accordingly.

- Systems were in place to monitor DoLS authorisations, ensure conditions were met and make sure re-applications were timely.
- We saw staff explained to people what they were proposing to do and gained consent before proceeding. One person said, "I am always asked how I would like to be helped and they check if I might want to be helped in a certain way."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the training they required and there were no arrangements in place for nurses to receive clinical supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this

inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff received the training and support they required to meet people's needs.
- New staff completed a 12 week induction which incorporated the Care Certificate. A buddy mentoring scheme was in place to support new staff through the induction process.
- The provider had sourced a new training provider and staff said their access to training had improved. Staff had completed training in subjects the provider deemed mandatory such as safeguarding and moving and handling. Specialist training was available in areas such as epilepsy and catheterisation.
- Staff said the training was good, although some staff told us they did not feel adequately trained to deal with people who displayed behaviours that challenged. The learning and development manager said they were starting to roll out positive behavioural support training to staff working with people living with dementia.
- Staff said they received regular supervision and an annual appraisal which was confirmed by the records we reviewed. This included clinical supervision for nurses.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their dietary needs and offered a choice of food and drink. Staff understood some people needed additional calories and offered regular drinks and snacks. We saw staff supported one person who did not want to sit down by offering them food they could eat whilst walking.
- However, the majority of people we spoke with raised concerns about the quality and presentation of the food. Comments included: "Inedible, bland, tough meat, grey mashed potatoes, vegetables cooked too long", "Fish not nice, very rubbery, like something the dog would play with" and "Puddings are diabolical."
- People told us their choices and preferences were not always respected. One person said, "The chef said to me anything you fancy just ask. So, I asked for a jacket potato, but they said they didn't have any. After about four goes I gave up." Another person said they couldn't eat the fish and when they asked for another option staff said, "No there isn't one, it was sausage and mash, but it's all gone."
- Several people complained about how often they were given sandwiches. The sandwiches were described as 'mediocre' and 'unimaginative' and were said to contain only a small amount of filling.
- The registered manager was aware that some people were unhappy with the food and told us they were taking action to address the issues with the catering staff. They were also carrying out a food survey with people to clarify the concerns.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service and this information was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had developed good relationships with other agencies which ensured any support people required was accessed promptly, including care related to people's health.
- People's care records showed health and social care professionals were involved in people's care such as GPs, dieticians, chiropodists and tissue viability nurses. We saw advice given was acted upon.
- People said staff were proactive in supporting their health needs and arranged any health care they needed promptly and with their consent. One person said, "When you are not well you are really well cared for and the staff keep a good eye on you to make sure you are okay." A relative told us, "If a GP is needed the staff act promptly and arrange this, they always keep me in the loop."

Adapting service, design, decoration to meet people's needs

- The service was decorated and furnished to a high standard providing a pleasant and bright environment for people.
- Colours, pictures and signs were used to help people find their way around the units. For example, contrasting colours on bedroom doors, pictures and signs to indicate bathrooms and toilets. On Calderdale unit one room had been transformed into a hairdressing salon and another into a tea room. The registered manager told us work was ongoing and further improvements were planned to make both Calderdale and Wensleydale units more dementia friendly.
- Pictures and posters lined the corridors and information boards in communal areas gave people the date, time, activities and menu.

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

- People were pleased with the care and support they received and praised the staff who they described as 'lovely' and 'very good'. Comments included: "The staff are friendly and approachable, always happy to talk with you", "They're all very nice and pleasant" and "I'm happy here, yes, very happy."
- Relatives also spoke positively about the staff and the care provided. Comments included: "All of the staff are really excellent, even the younger staff have got what it takes to care for mum. They are dedicated staff, we feel very fortunate" and "The manager has been so good at making my husband settle here, she has also been a great support to me as I adjust to the changes he is going through. The staff also have been so compassionate and caring not just for him but for me too."
- Staff were kind and patient in their interactions with people and observant of people's moods. One person became anxious and tearful and staff quickly intervened and gave reassurance and a gentle hand hold. Another person was singing and staff joined in. Staff noticed one person was 'not themselves' and reassured relatives they would keep a close eye on them. Another person was confused about what day of the week it was and staff told them, then patiently told them again when they asked. One relative told us, "Staff have gone out of their way to make my relative feel at ease."

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

- People were involved and supported in making decisions about all aspects of their daily lives. Some people told us they were involved in planning and reviewing their care plans and relatives told us they were invited too.
- People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink.
- People were supported to keep in contact with family and friends. Relatives said they could visit when they wanted and were always made to feel welcome.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked on doors and asked if they could enter. Any personal care was carried out in private and staff were discreet and sensitive when asking people about their care needs.
- Staff supported people to maintain their appearance, ensuring they were well dressed and groomed.
- People told us they were encouraged and supported to be independent. One person said, "The staff put my toothpaste on the brush, I find that difficult. They lay out my toiletries where I can reach them, then I can do the rest easily."

- We saw staff took a drink and cake to a person with limited sight and guided the person's hands to both so they could manage them independently.
- One person became agitated about not having a birthday card for a member of their family, and staff supported them to make a card from pre-printed materials they could cut out and stick on.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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 did not provide sufficient information about their communication needs. For example, one person's communication plan stated the person was unable to communicate verbally and expressed themselves through facial expressions. However, there was no information about the facial expressions the person used to communicate or what they meant.
- A lot of information was displayed in the home such as activity lists, events, complaints procedure, details of other organisations people may want to contact. However, this was not provided in formats that were accessible to meet people's needs.

We recommend the provider considers current guidance on meeting people's communication needs and takes action to update their practice accordingly.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and relatives were satisfied with the care provided. However, although some people's care records contained person-centred information, others were not up to date and did not reflect individual care needs or preferences. This placed people at risk of not receiving appropriate care.
- For example, one person's care plan stated they could reposition themselves in bed, yet the person was immobile and dependent upon staff for repositioning. Their care plan had not been reviewed since February 2019. Another person's care records showed they had epilepsy and diabetes, yet there were no care plans in place for either of these conditions.
- One person received one-to-one support from staff to help keep them and others safe as the person sometimes displayed behaviours that challenged. This was not reflected in the person's care plan and there was a lack of guidance for staff about how to manage the person's behaviour.
- Staff had received training and knew the amount of thickener to be used to make sure drinks were the correct consistency for people. However, this was not reflected in people's care records which provided conflicting information. This had been addressed when we returned on second day of the inspection.
- We looked at the care plans for three people who were receiving end of life care. These were not person-centred and gave little information about the person's preferences or wishes.
- Recent quality audits had identified improvements were needed in care documentation and the registered manager advised action was being taken to address these issues.

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

- Activities for people had improved and were now available seven days a week. A list of weekly activities was displayed in each unit and provided to each person. These included craft sessions, exercise classes, pamper sessions, visiting entertainers and afternoon tea. There had been a recent trip to Bridlington and a September fair was planned.
- People gave mixed feedback about activity provision; some felt there was a lot going on, others said they were bored. Comments included: "The staff invite us to take part in activities; we have the pamper sessions, bingo, exercises, film night and entertainers", "[I'm] bored all the time" and "They do activities with mum; they play bowls and have a sing song." One person said they enjoyed going out on trips, walking around the gardens and visiting the summer house outside. Several people told us they would like the staff to spend more time chatting to them.
- There were puzzles, crosswords, jigsaws and books available on the units for people to enjoy. On Calderdale unit there was a 'dementia cat', which vocalised and moved. We saw some people enjoyed picking the cat up, petting it and carrying it around. One relative told us how much pleasure the cat gave their family member and said, "She's a changed woman."

Improving care quality in response to complaints or concerns

- People and relatives we spoke with had no complaints, but felt confident any issues they raised would be dealt with appropriately. One relative told us, "I am here almost every day and speak with the manager and staff every time I visit. The manager is very understanding and always makes time to talk to you. They always sort out anything and don't make you feel like you are a nuisance."
- The complaints procedure was displayed in the different units and in the main reception area. The complaints log we reviewed showed complaints had been dealt with appropriately and a detailed written response had been sent to the complainant.

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 Inadequate. At this inspection this key question has improved 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there was effective leadership and management and quality assurance systems were not effective in identifying and resolving issues. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Leadership and management had improved since the last inspection. Staff attributed the positive changes to the new registered manager who they described as very professional and approachable and someone who genuinely cared about people and staff. Staff said morale had improved. They said they felt listened to and able to contribute their views.
- Staff were clear about their roles and understood their responsibilities. Unit managers said they felt better supported in their roles. The management team had been strengthened by the recent appointment of a clinical services manager providing additional oversight and support to the nursing units.
- The majority of people and relatives we spoke with felt the home was well run and had confidence in the management team. Comments included; "The manager keeps everything in order", "The manager is a 'doer', take a problem to her and it gets sorted, you don't have to ask twice" and "The manager is excellent, really caring and understanding and that rolls out to the rest of the team."
- Communication systems were in place to ensure staff were kept informed of any issues and actions required, providing them with an opportunity to raise any matters. These included the manager's daily walk round and a mid-morning update meeting with those in charge on each unit as well as ancillary, catering and maintenance staff. Information was cascaded to staff through handovers at each shift change.
- Quality assurance systems had improved. Regular audits were carried out reviewing all aspects of service provision. The audit process was thorough, identifying issues and actions to be taken. However, it was not always clear how actions had been followed up or if they had been fully addressed.
- The provider's quality team and senior managers carried out their own reviews and reports from these visits were comprehensive.
- The provider was in the process of reviewing and updating all the policies and procedures.
- The provider recognised these improvements need to be sustained to ensure consistency in how well the

service is managed and led, and to ensure continuous improvements in care for people using the service.

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 registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held with people, relatives and staff, however the management team had identified these needed to improve as there were inconsistencies across the units.
- Residents and relatives meetings were held on the units, however, these varied in frequency and minutes did not always show who had attended, the discussions held or any action points.
- Similarly staff meetings were unit based, varied in frequency and there were no action points recorded or evidence of follow up at subsequent meetings.
- Satisfaction surveys had recently been sent out to people and relatives, however, these had not yet been returned. A staff survey had been completed in January and February 2019 however, the results had not been analysed or shared with staff.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.