

Edgbaston Healthcare Limited

Melville House

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?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service: Melville House provides accommodation and personal care for up to 29 people. The home also provides nursing care. The service caters for adults and older people who may live with dementia. There was 24 people living at the home on the days of inspection.

People's experience of using this service:

At our previous six inspections we rated Melville house as requires improvement, this since April 2015. Despite enforcement action we had taken prior to this inspection the provider had not made sufficient improvements to improve the rating to 'good', and address breaches of the law that have been identified. Following the last inspection, we asked the provider to complete an action plan to show how, and by when, they would address breaches of law that we had identified at our last inspection. This action plan showed most of the actions identified would have been addressed by this latest inspection. We found breaches of regulation from the last inspection in respect of safe care and treatment and notifications to CQC had been addressed. People told us they felt safe and works had been completed to make the service safer. Additionally, there was improvement in the way risk to people was managed.

Care, on many occasions, was task focussed though, with little interaction between care interventions which meant people's preferences were not always met. People did not always have an enjoyable meal time experience and we saw meal choices were limited. There were however a number of occasions where we saw people were supported by staff who we saw were caring and we saw some good relationships between people and staff.

The environment, despite attempts staff had made to improve this, did not always reflect the needs of people living with dementia.

People were supported by care staff who had received training in a range of skills and knowledge, although there were some areas where further updates were needed to improve staff knowledge and to embed recent learning especially in respect of dementia care. The manager confirmed further training for staff was planned. Staff felt supported in their role, although there was a lack of formal one to one support for staff. People's health was supported as staff worked with other health care providers to ensure their healthcare needs were met.

People's care plans reflected people's needs and to some extent their preferences. However, staff were not always able to explain recent changes to people's care. This was because they had not always seen the person's care plan, although they did have access to summaries of people's current needs.

People said they could complain to staff although staff did not always have a good knowledge of the provider's complaints process. The manager could describe how complaints would be dealt with, although none had been received by the provider since our last inspection.

People were happy with the care they received but many told us they would like more stimulation and had little to keep them occupied, and people told us they were 'bored'. People told us staff were approachable and they felt well treated but not all knew who the manager or seniors were. We saw people's involvement in care planning had improved, but was still inconsistent.

There was some improvement in quality monitoring systems which included audits and observations of staff practice. This had helped the provider address and improve the safety of the service, although there was still scope to develop the quality of person centred care and build on and embed improvements that had been made, as well as drive improvements in other areas.

Rating at last inspection: The rating for the service at our last inspection was 'requires improvement' (Published on 03/01/2019).

Why we inspected: We inspected the service to check improvements had been made after the last inspection when we identified breaches of regulations. These related to people's safety, legally required notifications and governance.

Enforcement: We found the provider was still not compliant with regulations related to governance and we found an additional breach in respect of person centred care.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. There is a condition on the providers registration to supply monthly reports as to the progress in making improvements to the service and these will be reviewed by us at the point they are received.

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 consistently 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 not always caring
Details are in our Caring findings below.

Requires Improvement ●

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 well-led
Details are in our Well-Led findings below.

Inadequate ●

Melville House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out to monitor the providers progress in making improvement due to us finding there were breaches of the law at the time of the previous inspection (on 09 October 2018). This included breaches due to lack of safety, poor governance and not sending in notifications as legally required.

Inspection team:

The inspection team included three inspectors, one specialist advisor (who was a registered nurse) and an expert by experience (Ex by EX). An Ex by Ex is a person who has personal experience of using or caring for someone who uses this type of care service, in this instance dementia care.

Service and service type: Melville House is a care home that is registered to provide care and accommodation with nursing to older people and adults that may live with dementia.

There was not a registered manager at the time of the inspection. A registered manager is a person, as with the provider, that is are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on the first day (22 February 2019) and announced on the second (25 February 2019)

What we did:

We visited Melville House on the 22 and 25 February 2019. We reviewed information we had received about the service since they were last inspected by us. This included details about incidents the provider must notify us about, such as allegations of abuse, and we sought feedback from the local authority and other professionals who work with the service. We assessed the information the provider had sent us in respect of

improvements they had made (as required by a condition on their registration) and progress to address any shortfalls. We used all this information to plan our inspection.

During the inspection we, spoke with nine people who lived at the home, one family friend who was visiting, one nurse, four support staff, the cook, the manager and administrator. Some people were not always able to share their views so 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 looked at seven people's care records to see how their care was planned and delivered as well as six people's medicine administration records (MARS). Other records we looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

We used this information to form part of our judgement. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Some aspects of the service were now safer but there was limited assurance about safety and the potential that risks could reoccur as we did not have confidence that lessons were always learnt.

Learning lessons when things go wrong

- We saw the provider had addressed the numerous safety issues that we had identified at our previous inspection. We did see several safety audits had been introduced recently to identify risks and these had led to some learning but when we reviewed the home maintenance record from 11 January 2019 to 2 February 2019, out of six occupied bedrooms reviewed, four had not had the maintenance in them completed. None of these issues presented an immediate safety risk although we did see one electrical wall socket in use was loose. The manager informed us that this work had been addressed after the inspection.

The rating for this key question has been requires improvement since 21 April 2015. Whilst the provider had made improvements this was only after we had raised concerns at many previous inspections which indicates that the provider's learning was not proactive, but reactive to the concerns we, and other agencies have raised.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- After our last inspection we asked the provider to complete an action plan to tell us how and by when they would address breaches we identified in respect of safe care and treatment. At this inspection we found this breach had been addressed.
- People were protected from potential abuse and avoidable harm as the manager and staff understood what abuse looked like and steps they should take to safeguard people.
- The provider had systems in place to promote safeguarding. Staff we spoke with understood what safeguarding meant and were confident they could 'whistle blow'.
- People told us they were satisfied with the level of safety in the home. Comments included, "I feel safe" and, "They [staff] treat me properly". A visitor told us, "I have no concerns about safety".
- We saw risks to people were assessed and staff were aware of how to minimise those risks.. One person who could mobilise had freedom of movement and had been involved in discussion about management of risks to them. We saw they had agreed their risk assessments although they did comment they felt staff worried too much about risk.
- We found immediate safety issues identified at our previous inspection in October 2018 had been addressed, for example carpets that presented trip hazards had been replaced and broken glass removed.
- We heard mixed views from people about access to call bells. Some people said they never used them while another person said, "I would use it but I can't reach if required. I just shout if I need help". We saw one person in their bedroom could not reach their staff call bell. We mentioned this to staff and they placed it within the person's reach. We discussed the need for staff to ensure people consistently had access to their call bells with the manager. One person told us they had access and, "I would press the buzzer if I needed help". We discussed this with the manager who said they would review people's access to call bells with staff.

- At this inspection we found all equipment and safety checks had been completed, for example all hoists had been serviced, and new lifting slings purchased when needed.

Staffing and recruitment

- People told us there was sufficient staff available and they did not wait long for assistance. Comments from people included, "There is always staff around," , "I don't have to wait too long at all depends on if they are busy" and, 'If I call for staff I don't have to wait long'.
- We saw there was sufficient staff available during the inspection and people did not wait for assistance. The manager told us they had recently reviewed staffing levels as the number of people living in the home had increased and staffing had increased to reflect this.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks, these were obtained before a person commenced work. Checks on nurse's current registration with the Nursing and Midwifery council (NMC) were in place.

Using medicines safely

- People told us they were satisfied with how their medicines were managed. People's comments included "They [staff] bring me my medication when I need it" and "I get my medicine on time".
- We found people's medication administration records (MARS) were up to date and there were no gaps in records. There were clear protocols for 'as required' medicines.
- We observed a nurse giving people their medicines and saw they took time to explain what they were doing and gave the medicines safely.
- We found appropriate recording of medicines brought into the home and their disposal. The storage of medicines, including those refrigerated, was safe.

Preventing and controlling infection

- People told us they felt the building was clean with comments including, "They [staff] keep the place clean" and "The building is clean".
- We saw staff had access to personal protective equipment (PPE) such as gloves and coveralls and we saw they used these appropriately during the inspection.
- We noted some bedrooms did not always smell fresh and there was an odour that was very noticeable in one person's room, this related to their personal health. The manager told us the provider had ordered a machine to freshen the air. We advised the manager to seek the advice of the pharmacist in sourcing means to deal with the cause of the odour.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Our inspection in October 2018 identified concerns around people having a poor meal time experience, and this was still an issue at this latest inspection.
- People's views about the meals they had varied with comments including, "You get bacon and sausage everyday there's no choice", "I have what they give me and if I don't like it I just leave it", "the food is good" and "If I don't like anything they [staff] will change it".
- We saw people had lunch in various rooms and it was not a relaxed or an enjoyable experience. We saw one person given a spoon as no forks or knives were available, people were not asked if they were happy with the meal they received or offered a choice, and when people did not eat much food staff did not offer alternatives. Staff were walking backwards and forwards whilst people were eating and one person had to get up so another person could be seated. There were no condiments available on tables at the start of the meal and there was a lot of background noise during meal time.
- There were some visual displays in the lounge but not a visual menu. The cook showed us one kept in the kitchen which we did not see used. One person said, "I have never seen a menu".
- We saw staff completed fluid record charts and found people were encouraged to drink sufficient fluids, although these were offered at set times, rather than ensuring drinks were readily available throughout the day.

Staff support: induction, training, skills and experience

- Our inspection in October 2018 found staff had received some training but this needed improvement. The provider now had a system to monitor training and most staff had received input into core areas of safety training. Staff knowledge in relation to dementia care, based on talking to staff, needed improvement, even though some had received dementia training. The manager showed us dates for further dementia training were planned. Staff supervision and use of recently commenced observation of staff practice should be used to embed the learning from staff training.
- Staff told us they had received more training since the previous inspection, one member of staff telling us, "We have training now; the trainer comes in sometimes". The senior and nurse on duty were knowledgeable about people's needs although this knowledge was not always cascaded to all staff.
- We saw information showed new and existing staff were completing the care certificate, with a good proportion of staff having completed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they felt supported by their line managers. We did find formal one to one supervision was not consistently planned though. Staff comments included, "We have supervision, about five months ago I think", "Supervision a few weeks ago. Every three months by the assistant manager or supervisor" with another member of staff unable to recall their last supervision. The manager told us they were developing a

more structured approach to planning staff supervision.

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

- We saw assessments were completed to outline people's care needs. There was some recording commenced to complete people's life histories and preferences, although these needed to be developed further to reflect information about protected characteristics as defined by equality legislation including for example, disability, race and sexuality.
- We found staff were not always aware of what people's care arrangements were as some said two people were on one to one care. The manager told us only one person was on one to one care, with people's assessments confirming this, although the other person was not assessed as needing one to one care which meant that additional supervision was unauthorised. This meant outcomes from assessments were not always clearly communicated to staff.

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

- People's comments on the home environment included, 'Two houses stuck together', 'Not practical'. One person described the home environment as good.
- We found there was some improvement to the environment to reflect the needs of people living with dementia, for example signage had been put on doors for bathrooms and bedrooms. However, the home was not dementia friendly and the provider had not followed recognised guidelines for adapting the property for those living there. For example, bedroom doors had people's names written on rather than use of items significant to the individual and more easily recognised than writing. Bathrooms we saw were all one colour which is not always helpful for people with dementia.
- Many areas were cluttered with the layout of the building not allowing easy access to use of one large lounge which may have reduced the impression we had of one lounge seeming crowded.
- Consideration could be given to use of light and how noise impacts on people (as there was always TVs on with no quiet spaces other than bedrooms).

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

- People's weights were monitored, with concerns about nutritional risk, or choking leading to advice sought from appropriate health professionals.
- People said they had access to healthcare services as needed. One person said, "I have an appointment for my eyes, I see the doctors if I need them". Appropriate contact with a relevant health care professional for urgent and routine appointments were monitored.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had submitted applications to the local authority for assessments of people's capacity as part of a DoLS application as needed and where these were granted was compliant with these DoLS. Best interest decisions were made in accordance with the MCA. We did note one capacity assessment was unclear about what decision their capacity was being assessed on or how this involved the person.

- Staff understanding of the MCA varied. A nurse on duty understood the MCA but some staff were unclear as to what the MCA required. Further training for staff in the MCA was booked for April 2019.

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.

People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; equality and diversity

- We saw occasions where people's privacy was not respected, for example we saw staff knock on bedroom doors on two occasions and entering immediately after, meaning the inspector saw people receiving personal care which compromised the individual's dignity.
- One person told us about the lack of privacy and said, "Anyone can walk in my room why are we all treated the same".
- People had mixed views as to whether they had choice. One person told us, "Today I got up this morning at 6.45am, I told them [staff] it was too early but they said I had to be washed". Another person said they had a say in their care but, "its next to being in prison too much worry about risk".
- We saw people were not always given choice. For example, people living with dementia were offered meal choices the day before they had this meal. People may have therefore forgotten their choice by the meal time and we did not see staff asking people if they wanted the meal they were offered, although some did tell us they had a choice.
- Whilst we saw interactions where staff treated people respectfully, we also saw many staff interactions with people were task orientated, for example offering a drink or supporting people to the toilet.
- Staff told us they felt they were caring as a staff team although one did comment, "I think people have interaction but its basic".
- One person also told us they found activities offered were demeaning for them telling us, "They give you children books to colour" which indicated the persons views had not been sought about the type of activity offered to them.

This was a breach of Regulation 9 HSCA RA Regulations 2014 Person-centred care

- Several people said staff respected and treated them well. Their comments included, "Staff are friendly and nice", "There [staff] quite alright here", Staff, "They look after me". A relative told us, "Staff are caring from what I observe, they treat people with respect".
- One person told us, "I'd say all the staff are caring", another that, "The staff are alright, they go a long way to make you feel good". We saw staff demonstrated a caring approach during some observations. For example, we saw staff chatting kindly to a distressed person about her husband, whilst another staff member put a warm blanket on a person who was snoozing.

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

- At our previous inspection we had concerns that people in shared rooms had not made a choice to share. The provider updated their procedures to ensure that people only shared rooms when it was their choice. Whilst we found the choices people made were not always recorded, when we asked people if they were

happy sharing a room they told us they were. People who shared rooms had done so for many years and no new admissions had been made into a shared room since our last inspection.

- At our previous inspection we were concerned people's care was reviewed without their involvement. At this inspection we saw some improvement in some people's involvement in agreeing their care although the consistency of people's involvement needed further improvement.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations had not been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. While the provider had commenced looking at use of summary care plans and limited use of pictorial information (although we did not see these used) they were not meeting this standard as there was no information available to staff members on how to effectively communicate with someone living with dementia or those with hearing or sight loss. .
- People told us they wanted more stimulation and more to do. Comments from people included, "They [staff] do their best, but I am bored to death, there is just nothing to do", "They [staff] take you out but not often", "There's not much activities I know of", "I asked for bingo [staff member] said they were thinking about it" and, "I want to go out instead of being stuck in the house".
- Throughout the course of the inspection we saw little personal interaction between people and staff outside of the provision of care related tasks with most of the stimulation from the television (in communal areas). Some people chose to stay in their room and we saw their stimulation again was mainly music of their choice or radio.
- Our previous inspection raised concerns that activities people had access to were basic and we found little improvement except in the recording of the activities. We saw photos of a bonfire and Christmas party.
- When we looked at people's individual activity records we found there were two to three entries per week that included low key activities such as, sitting in the sunshine, holding hands, had a shower, watched TV, coffee morning, looking at pictures, throwing a ball, puppets, jigsaw and pancake day. We spoke with the manager about the activities recorded as for example having a shower would not be judged as a meaningful activity but a personal care task.
- We saw staff had commenced completing people's personal histories but we had concerns about how people's wishes and previous interests were consistently met. When we asked people their comments included, "I would like to go to out for a coffee, or go out to Italian restaurant for a meal or what about going to the park there is so much I would like to do", "Too much TV takes away conversation it's been 1 year 3 months since I have been out" and, "I love music I use to go to church every Sunday but nobody from church comes in"(we saw this person slept most of the one day of inspection with no music and a TV on in the background).
- One person said, "I do a lot of reading I use to go to church every week but I now just pray to myself". Other people we spoke with confirmed their priest or a person from their chosen religion did visit. The manager told us they used community resources to source appropriate religious observance for all those people that practiced their religion.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People told us they would be able to speak with the staff team if they had any concerns although some staff were not always sure how the provider's complaints procedure worked.
- We saw the provider's complaints procedure was available in the reception area of the home, with complaints forms that could be taken away. The information within this form would benefit from reference to the local government ombudsman who would investigate complaints should the complainant be unhappy with the provider's investigation. We did not see this information presented in a way that would support people's specific communication needs however, for example pictorial, or large print
- The manager told us they had received no complaints since our previous inspection and records reflected this.

End of life care and support

- We spoke with one person who told us they had completed an end of life care plan and their advance wishes as to how they spent their life had been documented and agreed.
- We saw people's wishes had been considered in respect of do not resuscitate (DNACPR) had been considered where this was their wish, or that of their legal representative, this agreed with the relevant health care professional.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care and this had been the case for a prolonged period of time. Some regulations had not been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- At our previous six inspections we have rated Melville house as requires improvement (this since April 2015). Despite some enforcement actions that we have taken prior to this inspection the provider had not made sufficient improvement to reach an overall 'good' rating, and address breaches of regulations that had been identified. At our last inspection in October 2108 we rated the service inadequate for this key question and identified a breach of the law. The provider had not fully addressed this breach and due to a lack of confidence in the provider's ability to improve the rating over what is an extended period of time, the rating for this key question remains inadequate. At this inspection we found the manager had introduced several audits and quality monitoring tools, although these were still in development and needed to be fully embedded to ensure people received consistent person-centred care. □
- We met with the manager and administrator when first arriving at the home. The administrator introduced themselves as the deputy manager, although the manager told us that they were not, as while having good administrative skills, they did not have a nursing qualification which they said would be needed to allow them to take on a deputising role. We did see that the administrator had completed some care audits, and based on records, seemed to have supervised staff. This was caused concern there may be a lack of clarity about management roles in the service that needs to be addressed.
- The audits we saw had identified where there were risks to people and we found improvements made had ensured people were safer at the time of this inspection, although we did not have confidence based on the provider's past history of compliance that these improvements would be maintained.
- There was not currently a registered manager at the time of this inspection. We discussed this with the manager who said they had applied to register as the manager and we have seen that this application had recently been sent to us.
- Some staff were knowledgeable about people's needs but we did find inconsistencies. For example, the views of the manager as to current care arrangements, as reflected in assessments was not always known by staff. Some staff also told us they had not seen people's care plans, although there were summaries of people's current needs in handover records.
- No one we spoke with could tell us who the manager or a senior team member was, although they did recognise permanent staff from agency. We did see the manager and seniors talking to people during the inspection however.
- A visitor told us that all the staff were friendly and approachable and " They always contact me if there are any concerns as I am the closest person around".

- None of the people or relatives we spoke with were aware of any resident or visitors meetings. The manager confirmed they did not have resident's meetings as they felt individual conversations with people were more productive, and they said they were going to further develop this approach. During our inspection, people told us what they wanted in respect of stimulation and activities, and this information had been captured by the provider. This meant little or no action had been taken in this area to improve people's experiences.
- The manager said they had sent out survey forms to relative and representatives late last year although had little response. We did see that there was one survey form returned and this was positive about the service the relatives said their loved one received.
- We saw the previous CQC inspection rating was displayed at the home. The provider does not currently have a website.
- We asked the provider to ensure they sent us notifications of incidents that they were legally required to. This action had been completed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found that people did not always receive person centred care that reflected the needs of people living with dementia.
- We saw the manager had recently introduced 'care audits' where they would observe staff providing care. This identified that some staff needed to improve the way they interacted with people. One of the actions identified on these audits was for the staff to be supervised and made aware of improvements needed, these actions were recorded as actioned. Based on our observations at this inspection these audits would need to be continued to ensure their effectiveness in imbedding good person-centred practice within the staff team.
- We saw the provider's action plan was mostly focussed on safety issues and there was a need to ensure methods for improving the services person-centred dementia care were included.
- The manager understood their responsibilities under their duty of candour.

Continuous learning and improving care; Working in partnership with others

- We found the provider had addressed safety issues identified by us and other professionals. As the service has been rated as requires improvement for the six previous inspections, we do not have the confidence the provider can effectively identify areas that need improvement and bring about sustained improvement. The manager told us that many of the improvements made had been introduced by them with support from a consultant. The manager said that since taking the manager's position they had received numerous inspections from outside agencies and much of the work they had done related to responding to these inspections/audits and visits. We saw some improvement had been made in respect of governance but there was scope to further improve this to ensure the service was consistently well led and the provider was able to pro-actively identify and respond to any barriers to providing quality care without the input of other agencies.
- We heard from other agencies that they had some concerns when visiting that the manager did not always engage with them. We discussed this with the manager and they said they would review their approach and accepted that they needed to ensure they fully engaged with professional visitors so they could express their vision of how the service was/should operate.

There was a continued breach of Regulation 17(1) Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People who used the service were not always given information in a way that complied with their communication needs (and in accordance with the accessible information standard). People's emotional and social needs were not always addressed due to task focussed care and insufficient and inappropriate activities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People who used the service did not always received good quality person centred care and quality systems needed to be embedded to ensure their continued effectiveness.