

Bupa Care Homes (BNH) Limited

Amberley Court 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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Amberley Court Care Home is a residential care home providing personal and nursing care to 47 people. The service supports younger and older people, some with a physical disability, brain injury or disorder. The service can support up to 62 people.

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

Systems in place to ensure people received their medicines as prescribed were not consistently followed, resulting in people being at risk of their medicines not being effective. Some medicines had not been stored at the correct temperature, resulting in them being destroyed.

The new manager had the support of a management team and a number of systems and processes were in place to assess, monitor and improve the quality and safety of the services provided. However, staff were not routinely following all of these processes and audits that were in place had failed to identify a number of areas for action. Systems were in place to record and act on accidents and incidents, but these were inconsistently recorded which meant opportunities could be lost to learn lessons from events.

People's views of the service were not routinely sought and where people had raised concerns, although they felt listened to, they were not confident that action would be taken to address the concerns raised. Staff did not always keep people's confidentiality and privacy and dignity was not always maintained.

Staff had received training in how to recognise signs of abuse and where safeguarding issues had been raised they had been reported, investigated and acted on. Staff were aware of the risks to people, but not everyone spoken with felt safe in the home, particularly when supported by agency staff. Risk assessments did not always provide staff with the information they needed to manage risks to people.

There were several staff vacancies which were covered by agency staff. Recruitment was on-going, and a number of permanent appointments had recently been made. There was a dependency tool in place to assess staffing levels, but despite this, people did not always feel staff responded to their needs in a timely manner.

Staff felt well trained and supported in their role, particularly by the new manager and had recently undergone a period of refresher training. Staff had not received formal supervision for some time but were aware the new manager was making arrangements to rectify this and felt they could approach them to discuss any concerns they may have.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff obtained people's consent prior to supporting them but were not aware of authorisations in place to lawfully deprive

people of their liberty. Systems in place to monitor these applications were not effective and a number had expired and had to be reapplied for.

Concerns remained regarding staff respecting people's privacy and dignity and maintaining confidentiality. People were supported to be involved in decisions regarding their day to day care but were not consistently involved in the planning of their care. People complained at the lack of activities made available to them. Efforts were being made to introduce a variety of activities that would be of interest to people. People told us they would like to access the community more often.

Staff were aware of people's health care needs and people were supported to access a variety of healthcare services to help maintain good health. Overall, people enjoyed the food on offer and where appropriate, support was offered at mealtimes.

People were supported to make decisions about their care and encouraged to maintain their independence where possible.

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 15 April 2019)

Why we inspected

The inspection was prompted in part due to concerns received about staffing, medicines, and management of care. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to Regulation 12 regarding the management and administration of medicines, Regulation 10 with regard to dignity and respect and Regulation 17 relating to the management and oversight of the service.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 consistently safe.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Requires Improvement ●

Is the service well-led?

The service was not consistently Well led.

Requires Improvement ●

Amberley Court 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 team consisted of one inspector, a pharmacy inspector and an Expert 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.

Service and service type

Amberley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 11 people who used the service and two relatives about their experience of the care provided. We also spoke with a visiting healthcare professional. We observed people interact with staff, visitors and

each other. We spoke with 13 members of staff, including, the manager, the deputy, the quality lead, regional manager, area manager, nurses, care staff, an activities co-ordinator and the receptionist.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and minutes of meetings were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager continued to send through updated copies of their action plan and information regarding current staffing levels.

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.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicine administration record (MAR) charts were not able to demonstrate people received their medicines as prescribed. Audits showed some discrepancies between the quantity of medicines found and those signed form. We also witnessed a member of staff sign MAR charts two hours after the administration of medicines had taken place.
- Two people were not receiving their time specific analgesic medicines at the correct intervals, which could lead to poor pain control.
- A number of protocols in place to aid staff as to when to administer medicines that had been prescribed on a 'as required basis' lacked detail and required more information so that these medicines could be administered safely and effectively.
- Refrigerator temperatures were not being measured correctly. This resulted in temperature sensitive medicines, such as insulin having to be destroyed and re-ordered as they had been stored incorrectly, which can reduce their effectiveness. We also found over ordering and poor stock rotation had resulted in out of date insulin being found.
- Systems were in place to ensure analgesic skin patches were being applied to different sites of the body to reduce the risk of unnecessary side effects. However, these processes were not consistently followed and for one person we found the patches were not applied in line with the manufacturer's guidelines.
- To maintain people's health and wellbeing, the provider was administering some medicines by disguising them in either food or drink; this is known as covert administration. We found the provider had all the necessary information in place to ensure these medicines were administered safely. However, in practice, staff were not following the advice of the pharmacist for one particular medicine which could reduce the effectiveness of this.
- Where people needed to have their medicines administered directly into their stomach through a tube, the necessary information was not in place to ensure these medicines were administered safely. There were no written protocols in place to inform staff on how to prepare and administer these medicines.
- Records seen failed to provide staff with information as to how to support people who displayed behaviours that may challenge. For example, following an incident between two people living at the service, staff had been instructed at handover, to try and keep the individuals separate. Care plans and risk assessments had not been updated following this incident and did not provide staff with information on how to reduce the risk of re-occurrence and keep people safe from harm.
- One person told us they asked the manager to arrange for them to receive additional support when carrying out their personal care as they felt unsafe on their own. They told us despite the manager instructing staff to do this, they had difficulty getting the support they needed in a timely manner and we observed this.

This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff spoken with were able to describe the risks to people they supported, such as who was at risk of choking and how to reduce that risk.

For people who wished to administer their medicines independently, the provider had processes in place to ensure risk assessments were completed, which explored the risks to them and other people using the service.

- People raised concerns that not all staff were aware of the risks to them and how to support them safely. Some people told us they felt safe when supported by permanent members of staff but did not always feel safe when supported by agency staff. For example, one person was not happy with how an agency member of staff had supported them following a fall and had reported this to the manager who was looking into this. A relative commented, "There is recruitment of agency staff with a lack of understanding of residents' needs, which is unsafe."

- Staff told us they felt people were safe at the service. One member of staff said, "I believe 95% of the time people are supported in a respectful and safe way."

Staffing and recruitment

- The service was going through a period of recruitment as there had been a reliance on agency staff. Despite efforts to provide continuity of care and use of the same agency staff where possible, people raised concerns that staff did not know them well. One person told us, "They are recruiting cheap staff, and this is damaging to the service that they are providing. I am fed up here, but I have no choice."

- There was a dependency tool in place to assess staffing levels, but despite this, people complained that staff did not respond to their call bells in a timely manner and both people and relatives complained there were not enough staff. One person said, "Staff seem very busy and I get the feeling that I am in their way." A relative said, "Residents have to wait for long using call bells and when they come the care staff are always in a rush and make excuses that they have to deal with so many other people." We observed staff responding to people during the inspection, but also people directly approaching the manager for support when it had not been received from staff.

- A healthcare professional who visited the service regularly told us they observed staff responding to people's calls for assistance and were consistent in their approach.

- The manager confirmed that recruitment was on-going, and a number of caring and nurse vacancies had very recently been filled, with planned start dates for the month of March. A member of staff told us, "We were understaffed previously, [manager's name] has come in and tried to get extra staff and the whole agency thing is settling down. Residents like a familiar face. They are now cancelling agency staff as permanent staff are picking up shifts."

- Staff files seen held copies of references but those listed did not always correspond with the names given on the application form and provided no explanation as to why the initial reference was not received.

- Staff told us prior to commencing in post, references were requested, and checks made with the Disclosure and Barring Service [DBS]. A DBS check enables a potential employer to assess a staff member's suitability for potential employment. A member of staff told us, "I had to wait sometime for the DBS to come through before I could start."

Learning lessons when things go wrong

- Systems were in place to record accidents and incidents, but they were inconsistently recorded which meant opportunities to learn lessons from events were lost. For example, one person told us they had suffered two falls. We checked records and found although the falls had been logged, only one had been noted on an incident form which meant they weren't looked at collectively and appropriate follow up action was not taken.

- There was some analysis of accidents and incidents taking place, but this was not consistent and required improvement. The manager told us, "Moving forward, we plan to do analysis of the information [collected] for actions to take."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from abuse. One member of staff said, "If I had concerns, first person I would tell would be [manager's name] or [deputy's name], but I know how to do it myself and would contact the local authority safeguarding team."
- Where safeguarding concerns had been raised, they were investigated, acted on and reported appropriately, including reporting them to the local authority.

Preventing and controlling infection

- There was a dedicated team of staff responsible for housekeeping and maintaining a clean environment.
- Staff had received training in infection control and confirmed they had access to protective personal equipment such as gloves and aprons.

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 now 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principals of the MCA and DoLS, but were not aware of anyone at the service who was being deprived of their liberty.
- We discussed this with the manager, who had identified several people living at the service with a DoLS in place and others who may have been deprived unlawfully. Further to this, the manager had identified a number of DoLS authorisations had very recently expired and had not been reapplied for. We saw the manager had acted promptly and arranged for new applications to be made for existing and new authorisations.
- Where conditions were in place in relation to one person's DoLS, they were being adhered to.
- People confirmed staff obtained their consent prior to offering support.

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

- Initial assessments seen showed people had been involved in the planning of their care and reflected people's individual needs and preferences. This included, but was not limited to, health and wellbeing, medical diagnosis and care needs.

Staff support: induction, training, skills and experience

- People told us they felt confident the permanent staff who worked at the service knew them well and how to support them safely, but raised concerns regarding the knowledge of some of the agency staff who

supported them.

- Staff told us they benefitted from an induction which included shadowing more experienced members of staff, getting to know people who lived at the service and familiarising themselves with policies and procedures.
- Staff told us they had not attended a formal supervision meeting for some time, but the new manager in post was approachable and was making arrangements for them to attend a supervision meeting in the coming weeks.
- Staff felt well trained. Staff had recently undergone refresher training in a number of areas following concerns raised at the service. There was a training matrix in place to monitor compliance and identify areas where additional training was sought. We saw the service's website highlighted they specialised in caring for people living with Huntington's Disease, but staff had not received training in this area. We discussed this with the manager who was aware of this and was looking at sourcing additional training for staff.

Staff working with other agencies to provide consistent, effective, timely care

- People complained of poor communication across the home which impacted on care delivery. A relative gave an example of staff not being ready to support their loved one during a planned physiotherapy appointment. We saw this had been noted in the diary, but the details were incorrect and had not been communicated to staff.
- In response to concerns regarding poor communication, the manager had introduced a detailed handover sheet for each shift. Staff reported that communication had begun to improve following the introduction of this. One member of staff told us, "I am now confident when leaving shift that I have passed on information and everything is documented."
- The manager had recognised the need for an allocation sheet for each shift to ensure all staff were aware of their roles and responsibilities and had very recently introduced this. Staff spoke positively about this and the difference it had made.
- Staff had filled in the allocation sheet and signed to confirm they had completed the tasks that had been allocated to them. However, nurses (who were responsible for overseeing each shift and signing off the allocation sheet) had failed to consistently sign to say they had completed their own tasks or monitored those of the staff they were supervising.

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

- We observed people enjoy their meals at lunchtime and were offered two choices. Some people told us they were happy with the food and offered choices if they did not like what was on offer. One person said, "The food here is not too bad, I prefer to have lunch in my room and staff respect my wishes"
- Where appropriate, charts had been put in place to monitor people's food and fluid intake to ensure they maintained a balanced diet. However, these charts were not consistently completed by all staff.
- People's specific dietary needs were identified and catered for and for those who required support at mealtimes, this was provided.

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

- The environment was accessible and spacious. People had personalised their own rooms and the service had undergone a period of refurbishment.
- There were a number of communal areas that were infrequently used, and the manager told us they hoped they could work alongside people to utilise the space available to better meet people's needs. For example, a room that had been refurbished to be used as a gym was currently being used to store equipment. Another room that had been refurbished to support people to retain their independence was not being used as the service did not support people who were being rehabilitated back into the community.

Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us, if they needed to see a GP or other healthcare professional, the appropriate arrangements would be made.
- A visiting healthcare professional told us they considered people were supported to access the healthcare services they needed.
- We observed people were supported to access a variety of healthcare services such as dentists, opticians, physiotherapy and speech and language services.
- People had their own oral care plan in place, but plans were in place to develop these further and for staff to attend additional training in this area.

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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- It was a concern that this was the third consecutive inspection where improvement was still required regarding respecting people's confidentiality and maintaining their privacy and dignity.
- We witnessed a conversation between two staff in the corridor in front of other people who lived at the service. One member of staff was clearly unhappy with what they were being told and the instructions they were being given and immediately went into the dining room to share this with staff, in front of people who used the service.
- We noted in one person's file that was held in their room and contained daily records and charts, minutes of a meeting which held personal information regarding the individual and people's views about them. We asked the nurse in charge why this information was left on the file and they told us, on reflection, it should not have been put in there and removed it.
- One person told us staff did not always knock the door when entering their room, but other people we spoke with talked positively about staff and told us they respected their privacy and dignity. One person told us, "They (staff) are from my background and always call me uncle as a sign of respect" and another said, "The girls (staff) are very kind." A relative said, "Staff are very kind and never raise their voice."
- One person told us, "They don't always cater for my cultural needs; I miss my food so sometimes I order from outside."

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People told us they were encouraged to be independent where possible and staff spoken with confirmed this.

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

- People told us they were involved in making decisions about their care and we observed this. At lunchtime we observed people being offered choices and their preferences being respected. One person told us, "The home doesn't have any restrictions, and we can spend our time as per our wishes."
- Where people required the services of an advocate the manager told us this would be arranged. An advocate supports people by speaking up for them so that their opinions are heard and their views are shared.

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 has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People told us they had raised complaints in the past, they were listened to, but the complaints were not always acted on. One person told us, "I am so frustrated, I have raised my concerns with the nurses and the staff before, but there has been no action." A relative told us, "They [staff] are good at writing notes, but there is no follow up."
- People told us they were hopeful that under the new manager, things would change and were confident that if they raised concerns, they would be dealt with appropriately. One person told us, "If I'm not happy or worried about anything I can go to the office to discuss." We observed a number of people approach the manager with queries and concerns and each person was listened to, reassured and action was taken.
- When a formal complaint was received, it was investigated. However, some people complained staff did not always follow up on their informal concerns. There was a system in place to record and investigate complaints and we saw where complaints had been received, they had been investigated and lessons had been learnt.

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

- Not everyone spoken with felt their needs were being met when it came to being offered activities that were of interest to them. The manager was aware of people's concerns regarding the activities on offer and meetings had been held with people and ideas put forward. Efforts were being made to be more creative and offer a number of alternative activities to suit every taste, but progress was slow and it was recognised more work was needed to be done.
- People were encouraged and supported to maintain relationships with friends and family. Relatives spoken with told us they were made welcome at the home. One person told us, "My family and friends can visit me at any time."

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

- There was little evidence available to demonstrate people were consistently involved in the development of their care plans and not everyone spoken with were aware of their care plan.
- From our conversations with permanent staff, it was evident they knew people well, knew what was important to them and how they wished to be supported. People told us they were happy with the care they received and said staff knew what support they required.
- The manager had committed to meet with each person and their family/representative to discuss their care needs and provide reassurances regarding the service and their care. We saw these meetings had commenced and four people and their families had already met with the manager. One relative told us

following their meeting with the manager, "My impression is she will bring lots of changes, she has already started to implement things."

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 had their own communication care plans in place to provide staff with information to communicate with people effectively.
- We observed staff communicating with one person through a series of hand gestures and facial expressions in order to assist them make a choice at breakfast.

End of life care and support

- End of life care plans were in place to record people's wishes, should they require this care.

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.

Continuous learning and improving care

- The manager had introduced a number of systems and processes which would provide them with oversight of the service and assurances that people's care needs were being met. However, not all staff were consistently following these processes. For example, charts recording people's food and fluid intake were not routinely completed by all staff and staff responsible for leading the shift were failing to check this information was recorded. The manager had identified additional training for staff to support them in this area.
- Systems in place to monitor authorisations to deprive people of their liberty had not been effective and a number of these applications had expired and had to be reapplied for.
- People had previously raised complaints and although they felt listened to, did not feel the provider had always acted on their concerns.
- Medication audits in place had not identified a number of areas for action that were highlighted on inspection. For example, poor rotation of stock levels of insulin, incorrect monitoring of temperature storage of medicines and failure by staff to administer covert medication effectively.
- Accidents and incidents were not consistently recorded. This meant analysis of this information did not provide a true reflection of these events and opportunities to learn lessons from these events could be lost.
- The provider had failed to actively seek the views of staff through regular supervision and provide staff with the opportunity to discuss their role and raise any concerns they may have.
- People's views of the service had not been consistently sought. People were not routinely involved in reviews of their care and this, coupled with the lack of feedback obtained from people meant the provider could not be confident people were satisfied with the care they received.
- For the third successive inspection, improvement was still required to ensure people's confidentiality was maintained and staff respected their privacy and dignity.

The systems in place to monitor and improve the quality of the service were not all effective in ensuring care was monitored and improved. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Prior to the inspection, we had been made aware of a number of concerns regarding the service. The provider had responded to these concerns and had placed an embargo on placements whilst they were investigated.

- People, relatives and staff were frustrated at the number of management changes and lack of improvement at the service which had taken place during the last 12 months. People and relatives told us they felt they had been patient, had followed the correct procedures [for example when raising concerns] and had been listened to, but little action had been taken to remedy things and progress was slow.
- We inspected the service at a time of change. There was overwhelming support for the new manager and people, relatives and staff spoke positively of the changes that had been introduced by them. People were hopeful that the new manager could bring about the improvements promised but were guarded in their enthusiasm as to whether or not this would actually happen.
- There were a number of staff vacancies which were being covered by agency staff and there had been a period of time where the service did not have a permanent manager in post. Staff told us morale had been low and the impact of the use of agency staff in the service had had a negative effect.
- At the time of the inspection, the new manager had been in post approximately six weeks. They were supported by a new regional director, a regional manager and a quality lead. People and staff all spoken positively about the new manager and the positive impact she had on the service. A member of staff said "[Manager's name] is very supportive. If I go to her with any issues or concerns, she doesn't give me more problems, she comes back with a solution."

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 manager was open and transparent during the inspection and was receptive to the feedback provided.
- Staff were aware of the provider's whistleblowing policy and told us they were confident that if they used it, they would be listened to.
- The manager understood their regulatory responsibilities. Systems were in place to notify CQC of serious incidents at the home.
- The provider ensured the rating from their last inspection was displayed both at the home and on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager felt fully supported by the provider and we observed representatives from the management team providing this support throughout the inspection.
- The manager had introduced a number of systems and processes to provide staff with clear guidance regarding their roles and responsibilities. Staff spoke positively about the new allocation sheet that had been introduced and the overall improvement of morale.
- A variety of audits were in place to provide management with daily oversight of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was in the process of making arrangements to meet with people on a one to one basis in order to gain their thoughts of the service and discuss their care needs.
- People's views of the service had not been consistently sought.

Working in partnership with others

- The service worked alongside other professionals, such as GPs, dentists, opticians and physiotherapy services, in order to ensure people's care needs were met.

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 10 HSCA RA Regulations 2014 Dignity and respect Improvement required in order to ensure people's confidentiality is maintained and staff respected people's privacy and dignity.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The proper and safe management of medicines was not consistently managed.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There were insufficient and inadequate systems in place to monitor and improve the quality of the service.