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Langdale Nursing Home

Inspection report

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Date of inspection visit:
24 June 2019

Date of publication:
29 July 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The home provides accommodation, nursing and personal care for up to 39 older people, some of whom live with physical disabilities. Accommodation is arranged over two floors with stair and lift access to all areas. At the time of our inspection 39 people lived at the home.

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

The provider lacked effective governance systems to effectively monitor the service and drive the necessary improvement. At times, there was a lack of detailed records regarding medicines, recruitment and complaints management.

People were not sufficiently protected against the risk of avoidable harm because potential risks to people's health, safety and welfare were not managed safely all of the time.

Consent had not been sought in relation to certain aspects of care and where people lacked capacity to make decisions, a mental capacity assessment or best interest decision meeting had not taken place. We have made a recommendation about this.

Despite this, people were happy living at Langdale Nursing Home and people told us they felt safe. There was enough staff to meet people's needs. People received their medicines as prescribed and the environment was clean.

People were positive about the food and drink. Where they needed external health input they were supported to receive this. People were cared for by staff who were well supported and received appropriate training and supervision to meet people's needs effectively.

People were supported by staff who were kind, caring and who understood their likes, dislikes and preferences. People had access to a range of activities and were supported to maintain links with the community and those important to them.

The culture of the home was positive and people lived in a homely and friendly environment. Staff felt valued and listened to and told us they liked working at Langdale Nursing Home. People and staff were positive about the management team.

The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

At this inspection, we have identified two breaches in relation to governance and managing risks.

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 (report published 28 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan from 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 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Langdale Nursing 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

Two inspectors and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

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

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 held about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 10 people who used the service. We spoke with seven members of staff including the

registered manager, deputy manager, nurses, care workers, a housekeeper and an activity coordinator. We reviewed a range of records. This included five people's care records and multiple medicine 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 were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included staff recruitment documentation, feedback surveys and staffing records. We asked for feedback from professionals who regularly visit the service and five responded.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Improvements were needed to ensure that risks to people were managed safely at all times. For example, we observed that at least five people were using bed rails. These are rails attached to the side of a bed to reduce the risk of rolling, slipping, sliding or falling out of bed. The use of bed rails can pose a risk of entrapment and in order to reduce this risk bumpers placed over the rails are used. However, for these five people we saw that bumpers were not in place. The registered manager told us a nurse had identified that staff kept removing these and not replacing them. A memo had been circulated in an attempt to ensure staff did not do this, however this had been unsuccessful.
- We had been made aware of an incident whereby a person had been found on the floor by staff after they had climbed out of bed between the gap at the end of the bed and the bed rails. Despite this risk being known, no action had been taken and we observed this person in bed, with bed rails up, no bumpers in place and a large gap between the bottom of the bed and the rails. The registered manager was unable to explain why.
- Another person was receiving nutrition via a gastrostomy tube. This is a tube which is inserted through the abdominal wall into the stomach. When a person is receiving their nutrition this way it is important that they are positioned correctly to reduce the risks of them developing a health complication. This person's care plan stated that they should be in a semi seated position and not laid down while their feed was running. We found this person was lying completely flat. The registered nurse told us they had just stopped the feed running to administer medicines via the tube and when we pointed out the person's position told us they should be more upright and repositioned the person. Whilst the feed was not running at this time we were not assured that the person had been seated in an appropriate position whilst they were receiving their nutrition.
- Support provided to people was recorded inconsistently meaning that it was not always possible to see that the planned care had been provided. The registered manager told us they would monitor these records to ensure they were consistently completed.

A failure to ensure appropriate action was taken to reduce risks for people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Assessments were used to assess the level of risk for people in areas such as skin integrity, mobility and falls. Care plans contained a good level of information about risks for people and the measures required to reduce these. However, at times due to the titles of care plans it was not always easy to find this information promptly.
- Staff knowledge of people, their needs and any risks associated with these was good and they were able to

clearly describe measures to reduce any risks for people. Environmental risks, including fire safety were assessed, monitored and reviewed regularly. The environment and equipment were safe and well maintained.

Learning lessons when things go wrong

- Accidents and incidents were recorded and the registered manager had investigated these.
- Measures were put in place most of the time to reduce the likelihood of these reoccurring. For example, following a moving and handling incident, staff had received additional training and undertaken reflective practice. However, we identified one incident where effective measures were not put in place to reduce this risk. This has been detailed above.
- Accidents and incidents were not analysed at a service level. This meant trends and patterns such as times or places that people fell had not been considered and therefore, measures could not be put in place to reduce accidents across the service. The registered manager told us they would do this in future.

Using medicines safely

- People received their medicines as prescribed. However, at times records needed improvement in relation to the management of medicines.
- People had care plans regarding the administration of their medicines but where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of this were not in place. However, only nurses administered medicines, and these were permanent staff who knew people well.
- Staff told us they received training in medicines administration and that they observed each other administering medicines but confirmed there was no records to demonstrate their competence to do this had been assessed.
- The temperature of the medicine's refrigerator was checked daily to ensure medicines were stored at the correct temperature. However, the temperature of the medicines room was not checked. This meant medicines may not be stored at the correct temperature which may affect the effectiveness of medicines. The registered manager told us they would ensure this took place.
- Medicines were stored securely. Medicines that required extra control by law, were stored securely and audited weekly. The ordering and disposal of medicines was safe.

Staffing and recruitment

- There were enough staff to support people safely and meet their needs.
- The provider determined staffing levels based on guidance from the Nursing Homes Regulation and Quality Improvement Authority. Records demonstrated that this guidance was met across a period of time. However, staff told us that on occasion they did not have the allocated number of staff on duty due to staff sickness. They felt this did not impact upon meeting people's needs and told us that staff worked well as a team to ensure all tasks were completed.
- All people with the exception of one felt there were enough staff to meet their needs. This person told us, "I ring the bell but it can be ages before they come." Records demonstrated that the managers were working with this person to ensure they felt better supported.
- People and staff told us there had recently been a higher than usual turnover of staff and staff absence. One member of staff told us, "It was tough but all staff pulled together." We discussed this with the registered manager who told us they had recently recruited a number of new staff to ensure the service was appropriately staffed. The registered manager confirmed that agency staff were not used.
- Recruitment procedures were in place which ensured only suitable staff were able to work with vulnerable people. However, records needed improving to ensure a clear audit trail of decisions made regarding recruitment. We discussed this with the registered manager who told us they would ensure records were clear in the future.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place and followed to protect people from abuse.
- People told us they felt safe living at the service. One person told us, "I'm safe here, the staff look after me."
- Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. All staff were confident that the registered manager would take any concerns seriously.

Preventing and controlling infection

- People were protected by the systems in place for the prevention and control of infection.
- The home was clean, tidy and free from bad odours.
- Staff had access to and used appropriate personal protective equipment.
- Staff received infection control training.
- The service's kitchen had received a five-star hygiene rating.

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent forms were in place for the sharing of information and some people had signed these. Statements in records suggested that some people had provided verbal consent to the use of bed rails. However, we found that for other aspects of care such as consenting to staff managing medicines on people's behalf, consent had not been requested but care plans told staff to seek this on each occasion.
- Throughout the inspection staff were observed seeking consent before providing care and care was planned to ensure least restrictive approaches were taken.
- The deputy manager told us they did not carry out mental capacity assessments for people where this was needed, and it was not clear why. For example, one person's care plan indicated that they were not able to express their needs. Staff were managing their medicines. A DoLS had been applied for but despite this application and support no assessment of the person capacity to make such decisions had been recorded.

We recommend the registered persons seek guidance from a reputable source to ensure the principles of the Mental Capacity Act 2005 are followed.

- Following the inspection, the registered manager provided some examples, where people's capacity to make decisions about a health assessment had been assessed.
- Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices. They were aware of the need to gain consent.
- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving

these.

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

- Prior to moving into the home, the registered manager undertook a pre-admission assessment involving the person and any other relevant people. This ensured they could meet the person's needs.
- Once this information was gathered and the person moved in additional nationally recognised assessment tools were completed and the information helped to inform the development of people's care plans and risk assessments.
- Staff made appropriate use of technology to support people. An electronic call bell system enabled people to call for assistance when needed. Pressure relieving equipment was used safely and in accordance with people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a wide range of training to meet their needs. Staff spoke positively about the quality of the training and records confirmed it was refreshed and updated regularly. Staff told us that they had been supported to develop. One staff member told us, "I came in as a junior, they helped me to progress ... I'm now a senior."
- Most people were positive about the skills of the staff. One person told us, "The staff here are just brilliant. I'm very impressed." Another person told us, "The carers and nurses are absolutely fabulous and I couldn't be in a better place."
- However, one person told us the less-experienced staff did not always share these skills. They said, "When you get some new staff they don't know how to look after me." We looked at the induction records and found that new staff undertook a comprehensive induction which consisted of shadowing more experienced staff until they felt confident to work alone. A staff member told us, "It takes a while to get to know people and their little ways but I'm getting there now."
- Staff told us they felt supported in their roles by managers. They had regular supervisions which included feedback about their performance and enabled them to discuss any concerns as well as training and development needs.

Adapting service, design, decoration to meet people's

- The adaption of the service was suitable for the people who lived there. There were communal areas for people to be together and appropriately adapted bathrooms. People were able to personalise their rooms as they wished.
- People had safe access to the gardens. People told us they enjoyed going in the garden and it was evident people did this regularly. The gardens were attractive and very well maintained and the service had won an award because of this.
- Appropriate equipment was available where needed to ensure staff could deliver care and support.

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

- Staff worked well with external professionals to ensure people had access to health services and had their health needs met. One external professional told us, "They work well with our team and do their best to help us out in an emergency."
- Records confirmed regular access to GP's, district nurses and other professionals. One person told us, "They [staff] organise for me to see the doctor when I need to."
- Where external healthcare professionals provided guidance to staff, this was followed.
- Handovers between staff took place to ensure they were kept up to date about everyone's needs.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- People were positive about the meals they received. Two people told us, "The food is very good" and a further person told us the food was "tops."
- People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink according to their preferences. One person told us, "If I don't like it [the food], they bring me something else."
- People were protected from risks of poor nutrition, dehydration and swallowing problems. A healthcare professional told us, "Out of all the homes I cover, I would say that Langdale appears one of the best at keeping on top of nutritional needs."
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way.

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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was no evidence that people's preferences and choices regarding some of these characteristics had been explored with people or had been documented in their care plans. For example, gender, race and sexual orientation. However, we saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this. One member of staff told us, "Yes, I think everyone is treated fairly, I've never seen anything different, people would never be judged on their skin colour for example."
- Everyone we spoke with was positive about the caring nature of the staff. One person told us, "I couldn't get any better staff. They are very understanding. They can't do enough for you." We additionally saw a feedback survey where a person had commented, 'Staff have been very caring, really nice and understanding. This is a lovely, caring home and I don't know what I would do without them.' A healthcare professional was also positive about the caring attitude of the staff and told us, "The care team are compassionate and seem genuinely fond of the residents."
- Although people and external professionals were positive about the caring nature of the staff, we observed that some people sat for long periods of time without interaction from staff. However, when staff interacted with people, they did so in a compassionate and caring manner. It was evident that staff knew people well and displayed warm and familiar interactions with people.
- Staff spoke fondly about people. For example, one staff member told us, "I love it when the clients achieve something... hearing them laugh is amazing." And another said, "The best thing about my job are the relationships with the clients, we are like a big family."

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

- Staff understood peoples' communication needs and the registered manager assured us that information would be provided in a format that people needed to help them understand.
- We saw people were offered choice in everyday situations such as where they would like to sit and what they would you to eat. People told us they could choose how they spent their day. One person told us, "Sometimes I get up late, but I can get up when I choose." And another said, "I choose to spend a lot of time in my room and watch the TV but I'm happy doing that."
- People were supported to continue in their faith and a regular service was held in the home.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the importance of treating people with dignity and respect. Staff could give examples of

how they did this. One member of staff told us, "We always take the lead from the residents and staff always treat people respectfully."

- People's right to confidentiality and privacy was upheld. We observed staff knocking on people's doors before they entered. Staff additionally confirmed that screens were used for the people who shared a room when personal care was being delivered. People's private, confidential information was stored securely.
- People's independence was promoted. The service was supporting two people with the aim of them living in sheltered accommodation. Staff supported them to be as independent as they could be to help people achieve this. One of these people told us, "I'm very independent and staff let me be as independent as I can." Staff also told us how they promoted people's independence whose needs were greater. One member of staff told us, "I will always give them [people] an option of doing something themselves before I do it."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff's knowledge of people was really good. They understood people's history, likes, dislikes as well as their support needs.
- Most care plans contained personalised information about people and the support they needed. For example, where people could display behaviours that presented challenges, care plans gave information to staff about what could lead to these behaviours as well as guidance for managing them.
- Where a change in people's needs was identified this was quickly responded to. For example, we saw how one person's blood sugars had become erratic. Staff had consulted with the GP and were liaising with other appropriate healthcare professionals in order to stabilise their diabetes. A healthcare professional told us, "I find the home to be ... proactive to needs rather than reactive." And another healthcare professional told us how the service had begun to use new tools to help identify the signs of deterioration in a person so care could be escalated if necessary.

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.

- Staff understood people's communication needs and used this so people could make decisions in their day to day life. This helped to demonstrate how the provider was meeting the requirements of the AIS.
- People were provided with information in a way they could understand. For example, some people who had a visual impairment were provided with an audible newspaper and another person used a communication board with letters and pictures.

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

- People had access to a range of activities. These included gardening, bingo, music, poetry and computing. These were mostly provided by the activity coordinators who told us they had received a lot of training in activity provision.
- The home was an accredited member of the National Activity Provider Association (NAPA). NAPA promotes the values of everyone being individual and unique, providing meaningful activities and person centred care through innovation, creativity and fun. One person was pleased to show us a model artist that they had helped to make out of wood. This was for a project inspired by NAPA.
- During the inspection, we observed some people gardening which they clearly enjoyed. The activity

coordinator told us that people who stayed in their rooms were also able to enjoy activities, for example; hand massages, reminiscence and music.

- However, we observed very little in terms of activity provision for other people who spent most of their time in communal areas of the home and there were long periods of time without any social engagement for them. We discussed this with the registered manager who told us they would review this to ensure all people had access to meaningful activity that would engage them.
- People were encouraged to maintain links with the community and people who were important to them. One person told us, "I'm looking forward to going on a cruise around the local harbour." Another person was pleased that their family was made to feel welcome in the home at any time.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place. This was made available to people and advertised on the home's notice board.
- Records of complaints were made and although the registered manager and staff described how these complaints were resolved for people, this were not always recorded.
- The registered manager provided us with a list of the number of complaints that were made each month following the inspection. However, a system analysing complaints for trends and patterns in order to make improvements across the service was not in place. We discussed this with the registered manager who told us they would put this in place.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The registered manager was aware that care plans could be further developed to ensure people's preferences for end of life care were reflected.
- Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- A healthcare professional told us that people were well cared for at the end of their lives. They said of one person, "Whenever I visited the patient, the ambience in the room was lovely and peaceful, she was well cared for and symptom free... it was handled with great professionalism."

Is the service well-led?

Our findings

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

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

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

- The provider had not ensured that there were effective systems in place to monitor and assess the quality of the service or to drive improvements. There were minimal audits and no action plans to demonstrate how they planned to improve the service.
- The provider had not identified all of the areas of concern that were found during the inspection. This included risk management, the application of the MCA and maintaining accurate records in relation to medicines, recruitment and complaints management. We have reported on this in more detail in the Safe, Effective and Responsive domains of the report.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we acknowledge the registered manager responded and acted during and after our inspection to rectify some of the shortfalls found, the current arrangements for monitoring the quality of the service needed to be reviewed and embedded. This was to address concerns and evidence continuous improvement.
- There was a clear staffing structure in place. The registered manager had responsibility of the day to day running of the service and told us they were well supported by the deputy manager. Staff were supported to understand their roles and responsibilities through staff meetings, supervision and appraisal. The registered manager had planned to introduce champion roles for staff, so staff would have extra responsibility in certain areas such as end of life care, mental capacity and contractures.

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

- People told us they received personalised care and were happy to be living at Langdale Nursing Home. Comments included: "It makes me happy. It's the only place I've ever been where I feel safe," "I certainly am blessed to be here" and, "I'm well looked after here, It's a lovely place to live, in a wonderful area."
- The culture of the home was positive and people lived in a homely and friendly environment. Our observations indicated that people were treated equally, with compassion and they were listened to.
- The provider had signed up to a 'Feel Accepted Pledge'. This promoted that people would be accepted

without discrimination regardless of their gender, sexuality, disability and social choices. Staff confirmed that people and staff were treated without discrimination in the service.

- Staff felt respected, valued and supported and that they were fairly treated. One member of staff said of the management team, "They are very, very good, 100 percent behind us and approachable, it's absolutely fantastic to have management like this." All staff believed the service aimed to provide good quality, person centred care to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.
- The inspection report and rating from the last inspection was available at the service and on the provider's website, which is a legal requirement.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive. We saw that where people had made suggestions, these were acted on. For example, one person had asked for more interaction from staff as they spent their time in bed and this was carried out.
- Staff were also encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.
- We found the registered manager and management team worked closely with other professionals to ensure people received effective, joined up care. A health professional we spoke with was positive about the approach of the registered manager and told us, "The team is very well led by [registered manager] ... I have confidence in the nursing home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had not ensured that risks to people's safety were managed in a safe way.
Treatment of disease, disorder or injury	Regulation 12(1) & (2)(a)&(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not ensured that systems and processes were established and operated effectively to assess, monitor and improve the service. They had also not maintained accurate, complete and contemporaneous records.
Treatment of disease, disorder or injury	Regulation 17(1) & (2)(a)(b)&(c)(d)