

London Borough of Waltham Forest

Mapleton Road

Inspection report

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Date of inspection visit:
05 June 2019
07 June 2019

Date of publication:
16 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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

Mapleton Road is a residential care home providing accommodation and personal care to 24 older people, most living with dementia. The home accommodates people across two units, each of which has separate adapted facilities. At the time of our inspection there were 18 people living at the home.

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

Medicines were stored safely and PRN (as and when required medicines, for example paracetamol) protocols were in place; however, we found improvements were needed to ensure expired medicines were removed in line with manufacturers guidelines. We have made a recommendation about the management of some medicines.

We were told staffing levels were based on level of need, however, we found staff appeared rushed during busier times.

Quality assurance and audits were in place, however, these had not always been effective.

People were protected from the risk of abuse or harm. Staff received training in abuse and knew the signs to look for. People were cared for in an environment that was clean. Staff followed good infection control practices to minimise the risk of cross infection. There was learning from incidents and accidents.

People were cared for by staff who felt supported by the registered manager. Staff received training and supervision to help them to effectively carry out their role. People's nutritional and hydration needs were met by the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked with other professionals to meet people's health needs. People's needs were assessed, and care individualised to meet those needs. The service had a complaints policy in place. Relatives knew how to make a complaint if not happy with care provided to their relative.

People took part in various activities provided at home and of their choice.

People and relatives spoke highly of the registered manager and staff and felt the service was well run.

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 16 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe 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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Mapleton Road

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 an inspector and two Expert by Experiences specialising in older people and dementia. 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

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people who used the service and nine relatives. We spoke with seven staff, including the head of provider services, the registered manager, deputy manager, a chef, senior care staff and care staff. 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 reviewed care records for four people who used the service, including care plans and associated risk assessments. We looked at staff personnel files, including recruitment records, supervision and appraisal and training certificates. We also reviewed documents related to the running of the service.

After the inspection

We asked the provider to send further information to validate evidence found, including documents related to the running of the service. We reviewed additional care records, internal audit reports and policies and procedures.

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.

Staffing and recruitment

- Staffing levels were not always sufficient to meet people's individual needs. Although people's level of need was identified through their care plans, dependency levels were not recorded to determine staffing levels required. We reviewed the rota and saw that staff were allocated to each unit. On the first day of our inspection we observed one unit did not initially have three staff on duty as shown in the rota, this was immediately addressed by the deputy manager.
- We received mixed views about staffing levels from people and relatives. One relative told us, "They are not under staffed. They cope well." Another relative said, "At times there is no staff in the communal lounge and people are left without staff supervision." The registered manager told us the full staffing complement consisted of a senior care worker who was also shift leader and six care staff for both morning and afternoon shifts with three care staff in each unit. A night shift consisted of three care staff and an on-call manager.
- We observed people waited for approximately 45 minutes before breakfast was served. At busier times staff appeared rushed. Once more staff arrived this improved. At lunchtime in another unit there was two staff serving and assisting people with eating and drinking. Although staff did their best, we observed that staff appeared rushed on the first day of our inspection, when moving around the different tables to encourage or assist people with their meal. On the second day of our inspection we informed the registered manager of our observations. The registered manager told us staffing levels were based on dependency needs and number of service users.
- Whilst the registered manager told us staffing levels were assessed by level of need, including looking at any changes in people's condition, critical illness, mobility and sudden changes in condition or independence, we could not be confident that there were sufficient numbers of staff to support people to stay safe and meet their needs.

We found no evidence that people had been harmed however, we could not be confident that there were sufficient numbers of staff to support people to stay safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment practices ensured that staff were suitable to work with the people they cared for. Arrangements were in place to ensure safe recruitment practices were followed, including criminal checks to ensure that staff were safe to work with people. These checks included obtaining references from previous employers, checking a person's identity and reviewing a person's right to work in the UK.

Using medicines safely

- Medicines were mostly managed safely, and people were supported to receive their medicine as prescribed. Medicine administration records (MAR) charts reviewed contained no gaps and showed people received their medicines as prescribed.
- Staff completed medicine administration training and had their competency assessed to ensure they were competent to continue carrying out this aspect of their role.
- Where the medicine room temperature was above the recommended 25 Celsius, the team leader explained this was managed by adding ice packs to the cooler to reduce the temperature. We saw the same solution being used during our inspection. The head of provider services told us of the local authority's plans to install an air conditioner unit in the medicine room to fully resolve this issue as well as in communal areas.
- PRN 'as and when required' medicine protocols were in place where this was required, and we saw staff followed these instructions. However, for one of the five medicines packs reviewed we found 'as and when required' medicine used to manage pain for one person had expired two days prior to our visit. The registered manager took immediate action and removed the medicine. The medicine had not been used after the expiry date, thereby reducing the impact and risk of the person experiencing harm.

We recommend the provider considers current guidance on safe medicine management and acts to update their practice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and systems and process supported this. Staff knew the signs and types of abuse people may suffer and the actions to take to minimise the risk of abuse or harm. People and relatives told us they felt the service was safe. One person told us, "I feel safe. The staff know what they are doing." A relative commented, "My [relative] is safe here she has not been subjected to any abuse of harm."
- Staff completed training in safeguarding, including yearly refresher training. Staff knew about the whistleblowing policy and understood their responsibilities in reporting any instance of poor care. They knew who to report their concerns to if they thought the actions taken by the provider were insufficient; namely, the local authority, Care Quality Commission or the Police.
- Records showed the provider had worked closely with the local safeguarding authority to investigate allegations of abuse. This showed people were protected from the risk of abuse because staff knew what action to take and systems supported this.

Assessing risk, safety monitoring and management

- People had their risk assessed and risk management plans provided guidance for staff to keep people safe. People had individual risk assessments in place, these covered areas such as, medication, pressure sore and falls.
- Staff were knowledgeable about the risks posed to the people they cared for. For example, one person at risk of falls had a sensor matt installed, which alerted staff when the person got up. This minimised the risk of the person having a fall because the system in place assisted staff to managing the risks.

Preventing and controlling infection

- People were protected from the risk of infection because staff followed good infection control practices. We observed the home environment was clean and staff followed good infection control practices.
- People and relatives told us they felt the home was clean and tidy. Relative comments included, "There is no smells. Everything is clean," and "Very clean beds changed regular and cleaning staff are always mopping the floors, it seems pretty clean to me."
- During our inspection we noted that there was deep cleaning taking place in one unit. Personal protective

equipment such as gloves and aprons were available for staff and there were paper towels and hand washing facilities in communal bath/shower areas.

- Staff completed training in infection control and understood their role in protecting people from the risk of infection.

Learning lessons when things go wrong

- There was a system for dealing with and acting on incidents and accidents. Staff understood their responsibilities to raise concerns and report these to their line manager. After calling out the emergency services staff reported any incident or accident to their line manager.
- We reviewed records of incidents and accidents. These showed a number of falls had taken place over a three-month period. The registered manager told us incidents were discussed during handover meetings where staff discussed individual people and any changes. We observed this taking place at the handover meeting during our inspection. The registered manager told us they reviewed trends, including the frequency, place and time of day, and she took action accordingly. This included making a referral to the GP and falls clinic for two people who used the service. However, this analysis was not recorded.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager told us that people's needs were assessed before joining the service. As people had lived at the home for some time, this information had been archived.
- Evidence reviewed showed people's needs had clearly been identified and reflected in their plan of care. Areas of need included for example, medical, mental health and cognition, communication, sight and hearing, mobility and skin care.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills, knowledge and experience to effectively carry out their roles. Staff said they felt supported in their roles by the registered manager and other senior staff. One staff member told us, "If I have any issues I can always discuss this with the registered manager. I have a good relationship and support from the registered manager."
- Staff completed an induction and training prior to working with people. This involved shadowing more experienced members of staff. Records confirmed this. Staff completed regular supervision and a yearly appraisal of their training and development.
- Staff told us they received mandatory refresher training in areas such as safeguarding adults from abuse, manual handling, infection control and health and safety.

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

- People's nutritional and hydration needs were met by the service. Weekly menu choices showed meals were balanced and included a variety of protein and vegetables. Staff were aware of people's special dietary requirements, and this was documented in their care plans and a copy kept in the kitchen area.
- People and relatives spoke positively about the food. One person told us, "The food is good. I like it. Breakfast is between 9.30 and 11, but it doesn't bother me if it's late. I've never been a big eater. It depends how busy staff are. They have to get people up, washed and dressed." Comments from relatives included, "The food is superb, and they often have a BBQ. People are well fed, and they get everything they need," and "He seems to eat all the food, he tells us he likes it. We usually visit after lunch."

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

- People had access to healthcare services to assist staff in meeting their individual health needs. People's healthcare needs were documented in their care plan. Records showed contact with the district nurse, GP, cardiologist and chiropodist. A relative told us, "The district nurse comes in to make sure she is not in any pain or discomfort. She has seen a chiropodist and she has had her hair done a few times."

- The service worked proactively with other agencies to ensure people received effective and timely care. For example, staff told us they chased up the district nurse to ensure that one person had their insulin injection on time after noticing they had not arrived as planned.

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

- People's needs were not fully met by the design and decoration of the premises. The majority of the people living at the home were diagnosed with dementia. We saw that people's rooms were personalised with family photos and memorabilia, including a memory box located outside people's rooms. We observed various signage around the building, such as pictures for toilet and bathroom, but noted improvements were required to make the environment more dementia friendly, such as colour schemes.
- The registered manager and head of provider services told us a programme was being rolled out across the local authority to re-modernise services, such as this one, to make them more dementia friendly. This involved working closely with a reputable organisation specialising in dementia care.

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.

- There were applications for DoLS either pending or approved by the local authority giving a clear rationale as to why a DoLS was necessary. The registered manager said they were following this up to ensure all were approved and were reviewed when required.
- Where people lacked capacity, a mental capacity assessment had been completed as part of the DoLS application. We saw some evidence of documents where people had power of attorney. However, not all care plans were signed. We informed the registered manager who told us that people and their relatives were involved in developing the care plan, and it was sometimes difficult to get the care plan signed. Records showed this had been addressed during a relatives' meeting prior to our visit.
- Staff understood and worked to the principles of the Mental Capacity Act. A staff member told us, "You have to deem everyone to have the capacity until you have done the MCA on them and give them information in a way they can understand. Everyone here lacks capacity but not for everything, they have capacity to tell you what they want to eat or drink."
- Staff understood the importance of asking people for their consent before providing care and giving people choice. Staff comments included, "You offer people the choice and let them choose. You take out different sets of clothes and ask what they want to wear. Explain what is on the menu and offer them a choice," and "We make sure that choice is incorporated in everything, personal care choice of what to wear, food, drinks biscuits and activities."

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were involved in their care. However, three out of nine relatives told us although staff were caring and kind, they had not been involved in the care plan. Relatives commented, "The attitude of the staff is quite good, cheerful and happy. They are very nice people. We had a meeting with the manager and filled in forms about [people's] likes and dislikes when they moved in," and "All the staff are caring and are doing a good job, but I haven't been involved in the care plan."
- The registered manager told us some relatives we spoke with during our visit were not necessarily the appointed persons involved in developing people's care plans. She told us that people, and their relatives where appropriate, were involved in decisions about their care. We saw evidence of this in minutes of a 'relatives/service users meeting' held in March 2019. Discussions focused on encouraging family members to have input in their relatives care plan.

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

- People had their human rights respected and were treated with dignity and respect. We observed good interactions between staff and people living at the home. Throughout our observations people were asked what they wanted to do or if they needed anything and staff responded to their needs.
- People and relatives told us people were treated with dignity and respect. One person told us, "Everybody is treated equally. I feel well looked after. The staff are very caring. If I need anything I ask the staff. I'm quite satisfied," Relatives commented, "He's always well looked after and clean. The staff are friendly and well trained," and "The care is good 100%, staff are caring... It's near to perfection."
- People were treated well, and staff spoke to them in a respectful manner. Staff knew people well and supported them in a caring and kind manner. We observed one person during mealtime who became very anxious, staff spoke calmly and attentively whilst encouraging them to stay calm by offering a cup of tea. Staff told us that this was what the person liked and often made them calm.
- The registered manager told us they provided a service without discrimination and welcomed lesbian, gay, bisexual and transgender (LGBT) people to use their service.
- Staff told us they completed equality and diversity training and said they treated everyone equally. A staff member told us, "People have the right to live how they want to live, I would make sure their rights are not infringed...having links to the LGBT community is also important, so I would encourage that relationship and also buy magazines about LGBT."
- People's religious and cultural needs were identified in their care plans. The registered manager told us no one living at the home had any specific religious or cultural needs living at the home.

Is the service responsive?

Our findings

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

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

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

- People received personalised care that met their needs.
- Care plans provided details of people's preferences and likes and dislikes.
- People's needs were kept under review and relatives told us they were kept up to date with changes to their family members needs and staff were responsive.

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 were supported to maintain relationships and take part in activities of their choice. Each person had a daily activities sheet documenting the activities available and included an individual choice. For example, for one person their individual activity sheet stated they enjoyed completing puzzle books. This was confirmed by the person and their relative. Records also confirmed that the person had participated in this activity.
- The service had a weekly activity programme which included a variety of activities, such as, TV show/quiz, reminiscence time, crosswords, coffee morning, one to one interaction. We observed activities took place before lunch in the communal lounge. There was music and singing and most people participated in this activity. However, feedback from relatives showed they felt people could do more activities.
- People went out with friends and their families and relatives confirmed this. Relatives also told us that they were encouraged to visit and could do so at any time. We noted the last day trip took place in 2016, however, people more able to went out individually with friends/family. Relatives told us, "The activities are not too much, not too little. The hairdresser comes every two weeks. She gets her hair done and staff paint her nails every day, she likes that," and "They could do with more activities. They sing. Some join in, some don't, it doesn't suit everybody."
- The registered manager told us some people were taken out to the shops or a café by their relatives or the activities coordinator who worked three days a week. She also said that trips out would depend on the weather as people living at the home were elderly and did not want to go out when it was cold; people went out more in the summer. The home was making plans for this year's summer BBQ taking place in August, where everyone was invited.

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.

- Care plans documented people's communication needs. In one care plan we saw that it stated staff should communicate with the person by looking at their facial and body language expressions to indicate their emotions and hand gestures.
- Staff knew people well and their different communication needs.
- Records showed people were encouraged to maintain relationships with friends and family. One person told us, "I don't get bored. I'm making friends."

Improving care quality in response to complaints or concerns

- People's complaints were listened to and responded to and used to improve the quality of care. There were systems in place for dealing and acting on complaints. The registered manager told us, since our last inspection the service had not received any formal complaints. In 2018 there was an informal complaint made. This was dealt with immediately and an apology given to the relative.
- There was a copy of the complaint's procedure displayed on the notice board in the entrance and in the communal lounge.
- We reviewed the complaints folder which also contained a copy of the complaints policy. We noted that this required updating and notified the registered manager. This had last been updated in 2015 and incorrectly stated that people could raise a complaint with CQC if not happy with the outcome of their complaint. The registered manager told us she would address this with the complaints department.
- Relatives told us they knew how to make a complaint if they were not happy with any aspect of the care provided by the service. Relative's comments included, "No complaints from me," and, "Even if I didn't feel comfortable I would go in and speak to them [Staff], I feel I can approach the registered manager and deputy manager, they are very approachable people."

End of life care and support

- People's preferences and choices for their end of life care and wishes were respected and acted on. Records confirmed this.
- Staff knew how to provide care according to people's advanced care plan decisions. A staff member told us, "The important thing is to make [people] comfortable and follow the care procedure [advanced care plan] they give you to care for that person."
- Relatives spoke highly of the end of life care provided by staff. They told us they were involved in their relative's end of life plan of care and were happy with the quality of care. One relative talked about how their relative had gained weight due to the care they received, and this had helped to extend their life. Another relative told us, "Staff understand about dementia and they have set up a meeting for all of us to attend with the palliative care manager. They are monitoring [Relative] and everything is all set up with the doctor."

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

- There had been a number of incidents involving falls over a three-month period between March to May 2019. The registered manager told us she had analysed incidents on an individual basis and taken action as necessary, for example, one person was referred to the falls clinic. These were also discussed during handover meetings. We observed this to be the case during our inspection. However, this analysis was not recorded to capture trends and times when these had occurred.
- Systems were in place for monitoring the service, including health and safety checks, medication audits and fire checks and testing. We saw regularly medicine audits carried out by the pharmacist, the latest in May 2019. Where actions had been identified, these had been addressed by the provider.
- However, we found other audits had not been effective in identifying some of the areas found during our inspections. Such as insufficient staffing levels during busier times and the expired PRN medicine. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) 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

- People and their relatives spoke positively about the service and told us managers, including the registered manager were approachable. One person told us they didn't know who the manager was, but felt the home was well managed and they would recommend the service to others. They told us, "I am a very open person I have no concerns or worry at all and I haven't had to complain before." Relatives comments included, "The [registered manager] is a very nice lady. The home is well managed," and "The managers are brilliant. Nothing seems too much trouble and their main object is that they care for the people they look after. The Council also have been very good."
- We observed the manager had an open-door policy whereby people were able to come and visit them when they wanted. This was confirmed by a relative who told us, "Before I came here the manager made it clear they had an open-door policy, I was welcomed at the start and makes the relationship a lot easier."

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 leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of any notifiable events.

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

- Staff said their managers, [registered manager and care coordinators] were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager.
- Staff told us they enjoyed working with people who used the service. Staff said the registered manager asked what they thought about the service and took their views into account.
- Staff told us they worked well as a team and were able to contribute to how the service was run. We observed handover and saw that staff provided their colleagues starting work with feedback on each person and whether there had been any changes to their needs.
- Staff felt able to approach the registered manager with any concerns or suggestions. A staff member told us, "I get support fully, also management make you feel free to come and see them for any issues, personal and the service user."
- Staff completed a survey this year. This gave them the opportunity to make suggestions/comments about the service. The outcome of this had yet to be analysed.
- Relatives told us although staff kept them informed of changes to people's needs and the service was well run, not all had been asked their views about the service. A relative told us, "We have a survey and the monthly meetings for the service user, very open and transparent and get us involved, they do ask our views."

Working in partnership with others

- The provider worked in partnership with healthcare professionals and commissioners to improve the quality of care and people's experience of the service.
- We noted that a recent monitoring visit by the local authority contract monitoring officer highlighted a few actions were required, such as conducting another feedback exercise with relatives and professionals before the end of the year. It also highlighted the need to have more details about people's likes and dislikes. We saw that this had been actioned as care plans we reviewed provided additional details of people's likes and dislikes.
- Records showed that the provider worked closely with the local authority financial services manager in relation to people with court of protection protocols in place. The financial services manager spoke positively about the service and the support provided to people by staff.

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 17 HSCA RA Regulations 2014 Good governance The governance systems were not robust enough to ensure people receive high quality care at all times. Regulation 17 (1) (2) (b) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not deployed sufficiently to ensure people's individual needs were met. Regulation 18 (1)