

Almondsbury Care Limited

# Belmont House Nursing Home

## Inspection report

Love Lane  
Bodmin  
Cornwall  
PL31 2BL

Tel: 01208264845  
Website: [www.almondsburycare.com](http://www.almondsburycare.com)

Date of inspection visit:  
05 November 2019  
06 November 2019

Date of publication:  
09 December 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Belmont House is a care home with nursing and accommodates up to 40 people in one adapted building. The service provides care and support to people who are living with dementia. At the time of our inspection there were 33 people living at Belmont House.

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

Some people were not able to tell us verbally about their experience of living at Belmont House. Therefore, we observed the interactions between people and the staff supporting them.

People were not always safe because health and safety requirements were not always met. A cupboard on a landing containing cleaning materials was not locked. There was a poster advising staff to ensure this cupboard was locked. This meant people could have been at risk.

Changes to the layout and design of the building had not been carried out in people's best interests. A first-floor lounge had been made into two single bedrooms reducing communal space on the ground floor. The dining room had been integrated into the lounge. This meant people mainly took their meals on tables in front of their lounge chairs or in their rooms. The dining experience had been affected negatively by this action. The lack of space meant there were limited opportunities to hold private meetings, training, interviews and supervisions.

The environment was not dementia friendly. The service had been decorated in a bland colour. There were no contrasts of colour which has been proven to support people living with dementia to move around a service independently. One small area of a corridor had been decorated with murals and textured wall coverings. However, this was limited to a small area of the service and did not benefit most people.

The premises were not always well maintained. There was damaged woodwork throughout due to the use of equipment. Most rooms had furniture which was scratched and chipped and looked unsightly. Two rooms had some furniture suitable for people living with dementia. However, this was limited and there was no evidence other furniture would be improved in a specific timescale.

Some areas of the service had malodours. The management team had recognised this and work was underway to replace floor coverings to mitigate this.

Bathing facilities were limited. A first-floor assisted bathroom could not be used as the size of the room could not accommodate the equipment needed to support people. This meant there were two bathing facilities on the ground floor for up to 36 people. Staff told us it was very difficult to manage at times.

Medicines were generally managed safely. However, there was no system to manage the temperature in the area where medicines were stored on the first floor. We have made a recommendation about this.

People had access to activities, but they were not always meaningful for people living with dementia.

Staff had been recruited safely, received the provider's mandatory training and had supervisions although there were gaps in records to demonstrate supervisions were taking place. Staff told us training using

Governance systems were in place, but not always effective in ensuring people received consistent care. Shortfalls identified at this inspection had not all been identified and addressed by the provider's own quality assurance systems.

People were supported to access healthcare services. Staff recognised any deterioration in people's health and sought professional advice appropriately and followed it.

People told us staff were kind and caring, staff involved people in their care and made sure people's privacy was respected. Staff worked well together and understood the service's aim to deliver good quality care, which helped people to continue to live as independently as possible.

People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 27 May 2017).

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, Effective, Responsive and Well Led sections of this full report.

## 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 safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Belmont House 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

The first day of the inspection was carried out by one inspector, one specialist advisor [SPA] and one Expert by Experience. A SPA is an external professional with experience in health and social care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was completed by one inspector.

#### Service and service type

Belmont House 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 on the first day. We announced the second day of the inspection, so the operations manager, registered manager and provider were available to support the inspection.

#### 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 also reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with people, 14 relatives, the registered manager, 12 staff members including, care staff, housekeeping staff, the cook, receptionist, activities person and the maintenance person. We also spoke with four visiting professionals during the inspection of the service. 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 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 were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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; Preventing and controlling infection

- People were at potential risk because the service had not taken steps to ensure a safe environment. A door to a cupboard containing cleaning materials was unlocked and accessible to people who may have been vulnerable. The registered manager addressed this and reminded staff through communication records to ensure they were vigilant.
- Systems to prevent and control infection were not always effective. There were malodours throughout areas of the service. Staff told us, "It's been a problem for a while now. We do our best." The registered manager told us floor covering had been replaced in some rooms with a more manageable covering. However, there were areas of the service which still required attention.

We recommend the provider take steps to ensure systems to monitor and address risks associated with the environment are managed effectively.

- In other areas we found risks to people were managed safely. Where people had been assessed as being at risk of skin breakdown, appropriate support was provided to prevent and manage this. People who were at risk of falls during the night had sensor mats in place to alert staff as soon as they got up. A visiting professional told us, "This is a very good service where residents have good nursing input to keep them safe."
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. This helped to make sure the equipment was safe for staff and people to use.
- People who had behaviours that challenged the service were supported to manage these. This was recorded in people's care plans and risk assessments.
- Arrangements were in place to address any emergencies. Personal evacuation plans were in place [PEEP's] to support emergency services in an evacuation situation. This had been successfully used during a previous emergency which required evacuation of the service.

Using medicines safely

- Medicines were generally stored securely and systems were in place to check that all the prescribed medicines were in stock. However, there was no system in place to monitor medicines stored on the first floor. We discussed this with the registered manager who took immediate action to ensure there was a system to monitor this.
- People's medicines were administered safely and at times prescribed.
- Each person had a medicines administration record in place which included a photograph, details of any

allergies and GP contact details. MAR charts showed people received their medicines in line with their prescriptions. Medicines were administered promptly where it was important people received them at specific times.

- Staff responsible for administering medicines had received training and updates to support their competency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt their relatives were safe living at Belmont House. Families said, "I have complete piece of mind" and "It's a wonderful home and the staff are so kind. Yes, I think [Person's name] is very safe here."
- Staff had received safeguarding training and were aware of how to report any concerns. One staff member told us, "It's so important to speak up but we are very well supported and have confidence in the manager."
- Records showed that concerns were forwarded to the local authority safeguarding team and the commission.

Staffing and recruitment

- There were adequate numbers of staff on duty to keep people safe and meet their physical needs. Staff told us the levels of staffing did fluctuate and the service used an agency to maintain safe staffing levels.
- Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place.

Learning lessons when things go wrong

- Following a fire at the service the provider had evaluated fire procedures and made improvements. For example, updating fire training for all staff and liaising with the fire service to ensure they were up to date with current advice and good practice.
- There was a system to report on incidents and use the outcomes for reflection and learning.



# 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.

Adapting service, design, decoration to meet people's needs; Supporting people to eat and drink enough to maintain a balanced diet

- Changes to the layout and design of the service had resulted in a negative impact on people. The first-floor lounge had been made into two single bedrooms. This had not increased the number of registered beds due to double rooms now being used as single rooms. This had resulted in reducing the ground floor communal space. To compensate for this the dining room was integrated into the original lounge area. This meant the dining experience for people was negative. Meals were mostly served to people on tables by their lounge chairs. We observed it did not support people to engage with each other. The area was observed to be busy and crowded when lunch was being served. There were two small tables for some people to use. Staff also relied on this area to take their meals as there were no staff room facilities.
- Improvements were needed to make sure the meal time experience was a pleasant social occasion for people. As previously reported there was no dining room for people to participate in an inclusive dining experience. People either ate their meals at a side table next to their lounge chair or in their own rooms. This meant people did not have the opportunity to leave their lounge environment or have the choice to eat with other people in a dining environment. Due to people's level of mental capacity and physical needs they were unable to comment on their experience.
- The registered manager and staff were concerned about the lack of space available to hold staff meetings, carry out reviews, interview people and generally have space to speak with people in private.
- Access to the garden area was restricted due to the position of the access door and the limited space provided for people with mobility problems.

The lack of facilities available for people to receive person centred care, was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- A separate lounge was isolated from the main lounge. This always required staffing due to its position and the needs of people using this lounge. Staff told us, "It's difficult sometimes when we have to support residents with personal care and we are a long way from the main lounge."
- Some areas of the service had damaged paintwork due to the used of equipment.
- The service was not dementia friendly. The service had been decorated in a bland colour. There were no contrasts of colour which has been proven to support people living with dementia to move around independently. One small area of a corridor had been decorated with murals and textured wall coverings. However, this was limited to a small area of the service and did not benefit most people.
- The furniture in most rooms was scratched and worn. The registered manager told us there had been a

provider decision to replace furniture. However, this had only occurred in a few rooms and there was no current timeline for this to be completed.

The failure to maintain the premises to a satisfactory standard and ensure the premises were suitable for the purpose for which they were being used, was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People were supported to eat meals independently with the provision of specialised cutlery and plate guards. However, people were not provided with a choice of drinks at lunch. For example, water and juices were not made available.
- People were generally complimentary about the food. Comments included, "Home cooked food, local meat and vegetables" "Nice cakes cooked for tea"" and "Vegetarian and coeliac diets are available."
- Choices in meals were available. For example, one person did not want the main meal and chose a sandwich instead. A relative told us, "The staff are wonderful. I always get offered a meal. I'm having lunch today with my [relative]."

Staff support: induction, training, skills and experience

- At the last inspection staff were receiving supervision and training appropriately. At this inspection we identified formal staff supervision had fallen behind but staff told us they felt supported by the manager. Records showed there were gaps in supervision sessions being held.
- Staff told us they had received training and updates and that they were reminded when training was due. The staff team told us there was an expectation to complete on line training. Staff were able to use an office computer during their shift or at home. Staff consistently told us there was an expectation to complete training at home in their own time as they were not always able to access the office during a shift. One told us, "I don't have the time at home, I have enough to do out of work." However, this had not yet impacted on staff skills. Staff records included training certificates were in place for current and previous training courses.

We recommend the provider consider current guidance on the best way to ensure all staff have access to effective training opportunities.

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

- People received the care and support they required because assessments of people's needs were in place. Care and support was reviewed regularly and, where possible, included the person or their relatives or advocates. An advocate present during the inspection told us, "I work a lot with the service and they do a good job making sure residents rights, needs and choices are represented".
- Care records included information about people's choices and preferences.

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

- During the inspection we spoke with several visiting health and social care professionals who confirmed they were working with the services manager and staff to support a range of changes to improve their approach to care. This included, working with the GP, Dementia Liaison Nurse, Social worker and quality monitoring from health and social care.
- People were referred to health care professionals for advice and treatment, for example to speech and language therapists or dieticians.

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.

- Assessments had been completed when people lacked capacity and best interest decisions made which included professionals and relatives where appropriate. For example, in relation to the use of covert medication.
- People were asked for their consent before any care was delivered. Staff were observed asking people's permission before providing them with support. This was carried out in a gentle and unrushed manner.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this.
- Care plans reflected the principles of the MCA and DoLS and appropriate applications to the local authority had been made where restrictions were in place.

# 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.

Respecting and promoting people's privacy, dignity and independence

- There were separate records recording people's food and fluid intake and other information about care being delivered. These records were kept in an unlocked cabinet in a public area of the service. In the remote lounge this information was kept in a folder on a table which was accessible to anyone using the room. We discussed this with the manager during the inspection. They recognised the need for confidentiality of records and acted immediately to address this by telling all staff on duty, ensuring staff made sure the cupboards were always locked and adding the issue to the staff meeting agenda for the following week.

We recommend the provider follows the General Data Protection Regulation [GDPR] to ensure all personal records are maintained securely.

- A relative told us they were happy with the way staff respected people's privacy and dignity. They said, "[Persons name] is always treated with respect and dignity."
- Care staff supported people with personal care tasks in a way which maintained their dignity. A member of care staff told us, "It's really important to make sure residents' privacy and dignity is protected when helping with things like personal care."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt their relative was treated with respect. They said, "Carers are excellent. Everybody has a happy face. Staff are kind and helpful. The care is person centred and if there is a problem, they [staff] will ring you right away", "Whenever I leave I know [person's name] is going to be cared for. The staff are wonderful" and "Staff are dedicated, I know that they will look after [my relative] when I'm not here."
- A visiting healthcare professional told us they felt the staff were kind and caring. They said, "They [staff] go out of their way for everybody here. They certainly take time to get to know everyone's likes and dislikes."
- There were positive examples of staff showing concern for people. For example, when one person became upset a staff member took time to sit with them until they became calm. Staff were aware of people's individual needs and preferences. People confirmed that staff knew them well, with one person saying, "Wonderful, I am very pleased with the care [Person's name] gets. I recommend the home. Staff are always pleasant. The staff are patient, caring and respectful. We love it here. Never, ever heard anyone being treated unfairly. I can sleep at night knowing that my [relative] is looked after day and night. Nothing is too much trouble, everyone's lovely, like one big family."
- Every effort was made to support agency staff whose knowledge of people's individual likes and dislikes

was limited. An agency staff member told us the service was good at giving them the information they need to understand people needs.

- People were asked about their religious and cultural views as part of the assessment process. The manager told us arrangements would be made for people should specific requests be made. People were supported with their religious faith through visits by local clergy.

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

- People told us, and observations we made, demonstrated consent was always sought prior to providing care. A relative said, "They don't do anything before asking if it's OK. Even though [relatives name] can't understand what's going on."

- A relative told us they were always kept informed of the persons needs and they felt involved in decisions about [Persons' name] care and changes to care plans. They told us, "They [staff] always involve us in everything now."

## 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.

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 all people had equal access to opportunities. There was no evidence that some people living with dementia or had limited mobility had suitable activities available for them to engage with.
- There was limited use of technology to improve people's experiences. Wi-fi connection was restricted to the office. This meant people who may have benefited from communicating with friends and family using internet systems were disadvantaged as there was no connection outside the office area.
- Some people might have benefited from interactive technology, for example, when they were isolated in their room. This service could not be provided due to the lack of wi-fi.

We recommend the provider considers current guidance on delivering meaningful activities for people living with dementia, including the use of technology.

- We did observe some positive engagement. However, this was with people who were more able. For example, one person was being supported to do some sewing which had been of interest to them. The person was not initially interested, but it was left with them. The person picked it up and started doing some stitching. The activity coordinator told us the next plan was to interest the person in knitting. There was a 'silent disco' activity where people heard music through headphones.
- Some people stayed in their rooms due to choice, or because of their health needs. Staff were observed to regularly check on people's welfare.

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

- Staff had a good knowledge of people and knew their individual care needs. People told us that staff knew them well. For example, a family member told us staff were always calling in to check on their relative's welfare. They said, "I call in at different times and there is always someone either with [Person's name] or they pop in to see if everything is alright. It gives me a lot of comfort know that."
- People's care plans included information for staff about the support they required to meet their needs. They included information about what was important to the person.
- People's care records were regularly reviewed and updated. An advocate told us they were always involved in the review process. A family member told us they were kept up to date with any changes and felt they were listened to.

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 told us of the different ways they communicated with people and understood their needs. For example, one person was unable to use words to communicate. Staff were observed to watch the person's body language to know whether they wanted any support. The person responded with expressions to indicate their needs.
- Information relating to people's communication were reported in people's care plans. For example, where people had hearing difficulties, staff were instructed to make sure they were at eye level with the person and to speak slowly and clearly. We observed staff communicating like this throughout the inspection.

#### Improving care quality in response to complaints or concerns

- The service held a complaints policy and procedure. This was accessible to people living at the service. Family members told us, "If there is a problem, they [manager] will ring right away" and "I can go anytime to [the managers] and it's sorted. There is an open-door policy. "
- The registered manager held a record of concerns raised, the action taken and the resolution.

#### End of life care and support

- People's end of life care and wishes were explored and arrangements, where possible were documented in people's care plans.
- Some staff had received training in caring for people at the end of their lives. The manager had links with local services including the hospice and GP and district nurses should people need additional support.

# 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

- Records were not always organised and updated as required. Some records were separate to the main care plan. Other records held in people's rooms were not always complete. For example, everybody had food and fluid records whether they were at risk or not. There were some gaps in these records and this meant information may not have been accurate. The registered manager agreed to immediately review the records and processes, to focus on people who may have been at risk due to poor food or fluid intake.
- There was a lack of oversight from the provider. The provider had not consulted with people in respect of the impact of removing the first-floor lounge and dining room which had resulted in a negative experience for all stakeholders. There was a quality assurance system in place to monitor most aspects of service quality.
- Staff and the registered manager completed daily, weekly and monthly audits. However, quality monitoring had not been used effectively within the service to identify the issues we have raised and provide an accurate overview of service quality. There were no provider visit records and reports which would demonstrate effective overview of the service.

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

- People's surroundings did not support their emotional well-being. Defects had not been addressed in a timely manner. Furniture, which had become damaged and worn, had not been replaced. One family had requested to paint the furniture to improve the look.
- The provider had failed to ensure people had access to meaningful occupation in line with their needs and preferences.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager provided leadership to the care staff team. Staff told us, "We [staff] are very well supported by the manager" and "I feel supported, not just by [registered manager], but by the rest of the staff team as well."



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

- People said they were happy with staff and the way they were looked after at the service.
- The registered manager told us they had an open-door policy and people could come and talk to her at any time. We observed people coming and going in to the office to talk with the registered manager who welcomed them and took the time to listen to them.
- Staff told us they felt supported by the registered manager who was approachable and supportive. They said, "Always available. They [registered manager] goes over and above to help out" and "[Registered manager and nurses] would never ask staff to do anything that they would not do themselves."
- The provider was meeting their legal obligations, submitting statutory notifications when certain events, such as a fire, death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested.

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

- The registered manager was aware of their responsibilities under the Duty of Candour. When things went wrong the registered manager had been open with people and their relatives and informed the local authority to explain what action they had taken to reduce the risk of reoccurrence.

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

- There were systems in place to involve people using the service, families and staff. This included surveys and questionnaires, but there had not been a recent survey to take account of the views of people using the service and their families and advocates.
- Meetings with people using the service and or their relatives were not taking place. The registered manager told us there was constant engagement with people and issues were responded to following any discussions that took place. They told us that due to the constraints in mental capacity, a meaningful formal meeting would not be suitable. People we spoke with told us they were very happy with the communication they had with the registered manager and did not feel the need for formal meetings to take place. As well as face to face communication people were updated with information about the service by the use of a notice board at the entrance of the service.

Working in partnership with others

- The registered manager and staff worked positively with healthcare professionals.
- The registered manager told us they had a very good working relationship with healthcare professionals, including the community mental health team, health and local authority contracts team. Visiting professionals told us the registered manager and staff team worked closely and reported on issues in a timely way. One said, "It's a home that has residents' best interests at the heart of what they do."
- The registered manager attended provider forums. This meant they were able to share ideas with other services and professionals to look at ways of improving the quality of the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider failed to ensure that the care and treatment of service users was appropriate, met their needs and reflected their preferences.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The systems in place for maintenance and design of the service were not effective.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Governance systems were not operating effectively.
Treatment of disease, disorder or injury	