

Methodist Homes Heather Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heather Grange is a residential home registered to provide accommodation and personal care for 70 people with a range of needs. At the time of the inspection, 59 people lived at the home. The home was split into four suites known as Village one, Village two, Garden and Woodlands. People living with dementia were provided with care and support on Garden suite.

People's experience of using the service

People told us they felt safe living at Heather Grange. Staff understood how to safeguard people from abuse and report any concerns. People confirmed there were usually sufficient numbers of staff available to meet their needs. The provider had an effective recruitment procedure, which ensured only suitable staff were employed in the home. All areas of the home had a good standard of cleanliness. Risks to people's health and safety had been assessed, recorded and reviewed at regular intervals.

The provider did not always manage people's medicines safely which placed people at risk of harm. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the systems in the service did not always support this practice. We found staff had not carried out appropriate assessments for one person who expressed a wish to go out alone. A senior manager spent time with the person on the second day of inspection with a view to developing an appropriate risk assessment. People's needs were assessed prior to them using the service.

The provider had appropriate arrangements to ensure all staff received training relevant to their role. New staff completed an induction training programme. The manager had devised a schedule to ensure all staff had a one to one meeting with their line manager.

People were supported to eat a nutritionally balanced diet. However, we observed staff focussed on tasks when supporting people with their meals and did not always respond in a timely way to people's wishes. People had mixed views about the quality of the food provided. We recommended the provider improved people's dining experiences. The area manager explained a food forum had been held in the home and this had resulted in a change in the menus. People were supported to maintain their health and a visiting healthcare professional provided positive feedback about the service.

We saw staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes. Our observations during the inspection, were of positive and warm interactions between staff and people who lived in the home. Whilst all people had a detailed care plan, there was limited evidence to demonstrate people had been consulted and involved in the care planning process. We also found staff had not fully explored and recorded people's diversity needs.

People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

The provider's quality assurance processes were not always effective in achieving positive outcomes for people. The manager was fully supported by senior managers who visited the home on a regular basis. They had developed action plans to ensure improvements were made to the service.

Rating at last inspection:

This was the first inspection of the service. The provider registered in December 2018.

Why we inspected:

This was a planned comprehensive inspection.

Enforcement

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow-up

We will continue to monitor the service to ensure that people receive safe and high- quality care and re-inspect in line with the rating for the service. We may inspect sooner if we receive information of concern.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

Heather Grange

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an adult social care inspector and assistant inspector on 8 and 9 May 2019 and a medicines inspector on 15 May 2019.

Service and service type:

Heather Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The manager was not registered with CQC. This meant the provider was legally responsible for how the service was 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 the information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about by law. We also sought information from the local authority's contract monitoring team. We used our planning tool to collate and analyse the information before we inspected.

We did not ask the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On 8 and 9 May 2019, we spoke with 11 people who lived in the home, two relatives, three staff, the head housekeeper, the catering manager, the activities co-ordinator, the manager, the clinical nurse lead and the area manager. We looked at the care records of six people who used the service, looked around the premises and observed staff interaction with people, and activities that were taking place. We also examined a sample of records in relation to the management of the service such as staff files, quality assurance checks, staff training and supervision records, accidents and incidents, complaints and compliments.

On 15 May 2019, we looked at medicines and records about medicines for 10 people. We spoke with the deputy manager, the clinical nurse lead and two senior staff who had responsibility for administering medicines on the day of the inspection.

Following our inspection, the area manager sent us copies of safety certificates and information about the residents' satisfaction survey. The provider's representative sent us details of the recruitment and selection procedure.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff did not always handle medicines safely, however there were examples of medicines being managed well. For example, when a doctor or another prescriber changed doses the changes were managed safely and in a timely manner. Staff administered medicines which needed to be given at specific times correctly. Staff stored creams and thickeners safely.
- We saw guidance was available for staff to follow when people were prescribed medicines to be given "when required" but the guidance was not personalised, and staff did not have the information to tell them when someone may need the medicine. When medicines were prescribed with a choice of dose there was no information about which dose to choose.
- Staff did not always give people their medicines safely. The provider's systems did not include checks to ensure people were not given doses of medicines too close together.
- We saw stock checks for most medicines showed they had been given properly. However, some stock checks also showed that medicines including Warfarin and a laxative had not been given as prescribed.
- The provider did not ensure people with swallowing difficulties had their medicines in a suitable formulation to ensure they were not at risk of choking.
- We saw records about the use of emollient creams applied by staff contained information about where to apply creams. However, the records about creams which were applied by senior staff did not contain information as to where to apply the creams.
- We noted there were no records about the use of thickeners. This meant the provider could not demonstrate thickeners were added to fluids properly.
- The provider's system for making sure medicines were received in the home in a timely manner was not robust.
- We saw waste and unwanted medicines were not stored safely in line with current guidance.

The provider had failed to manage medicines safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe and were satisfied with the care and support they received. One person said, "It's a very nice, friendly home. I'm happy living here." Relatives spoken with had no concerns about the safety of their family members. One relative commented, "I've got no concerns at all. The staff take care of everything automatically to a good standard."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.

- Staff confirmed they had access to appropriate training and the provider's policies and procedures.

Assessing risk, safety monitoring and management

- Staff assessed, monitored and managed risks to keep people safe. People's care records included assessments of specific risks, such as the risk of falls and risks arising from moving and handling, pressure areas and nutritional needs. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment, the security of the building and the management of hazardous substances.
- Staff and people who lived in the home participated in regular fire drills to ensure they knew what action to take to keep safe in the event of a fire. The staff had developed personal emergency evacuation plans for each person which included information on the support people would need in the event of a fire.
- The provider had arrangements to carry out safety checks on electrical and gas installations as well as equipment in use at the home. We noted all safety certificates were within date.
- Staff received training on how to keep people safe. This included moving and handling, fire safety and responding to healthcare emergencies.

Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home. People had mixed views on the level of staffing. The majority of people said the staff were available when they required assistance, however, two people felt they sometimes had to wait for a long period for staff support. Staff spoken with confirmed they had time to spend with people living in the home.
- The manager and area manager continually reviewed the level of staff using a dependency assessment tool which considered all aspects of people's needs. We noted the staffing levels were flexible according to people's needs and circumstances.
- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- On looking at a staff file, we noted there was a minor gap in the recruitment records. The manager addressed this issue during the inspection.
- Following the inspection, the provider's representative sent us details of the recruitment and selection policy to confirm it was reflective of the current regulations.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean and fresh smelling.
- The provider had provided staff with hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins to ensure staff could wash their hands before and after delivering care to help prevent the spread of infection.
- Staff were provided with appropriate protective clothing, such as gloves and aprons. We saw staff had access to an infection prevention and control policy and procedure and noted an infection control audit was carried out in the home at regular intervals.

Learning lessons when things go wrong

- The staff completed records in relation to any accidents or incidents that had occurred at the service, including falls. The manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.
- The manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends.

- Lessons learned were discussed at management and staff meetings, and during staff one to one support sessions.

Is the service effective?

Our findings

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

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

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 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. The application procedures for this in care homes and hospitals are 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 were being met.

- We found staff had received training and had an understanding of the relevant requirements of the MCA. People told us the staff sought their consent before providing care. One person said, "The staff make sure I'm comfortable and ask me if I need anything. They are happy to help when I ask."
- The staff had carried out mental capacity assessments where it had been assessed a person lacked the capacity to independently make important decisions about their care. Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- The manager understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, one application had been authorised and 24 applications were pending approval. There were no conditions attached to the authorised DoLS.
- We saw people were able to leave the home independently in line with their assessments. However, one person who had been assessed as having capacity to make their own decisions, expressed concern about restrictions placed on their ability to go out alone. We discussed their comments with the staff, manager and the clinical nurse lead and checked their records. Whilst it was evident work was ongoing to support the person, this was not reflected in their records and there was no risk assessment in place to mitigate the potential risks of the person leaving the home alone. The clinical nurse lead spent time with the person on the second day of inspection to discuss their needs and preferences and began work to draw up a risk assessment.

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

- People were supported to eat and drink and maintain a balanced diet. However, people had mixed views on the quality of the meals provided. One person said, "The food is alright, but it could be better". Another person told us, "The food is not much good. It's not very tasty." A relative also made comments about the meat served the weekend before the inspection.
- The area manager explained a food forum had been held with the people who lived in the home and a survey had been carried out. This had resulted in changes to the menus.
- On the first day of the inspection, we observed the lunchtime arrangements on the Village one suite. We noted the dining tables were well presented with tablecloths and napkins. We saw members of staff were available in the dining room, but there was no meaningful conversation between the staff and people living in the home. This meant staff interactions were focused on tasks. We also noted staff were not always attentive to people's needs and wishes.

We recommend the service seeks advice and guidance from a reputable source to improve people's dining experiences.

- The area manager told us, she was aware improvements were needed in relation to the provision and delivery of meals and had devised an action plan to address these issues. We will consider the planned improvements on our next inspection of the service.
- People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to healthcare professionals, as needed.
- Risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.
- We saw a variety of fruit was freely available in all areas for staff and people who lived in the home.

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

- A member of the management team assessed people's needs before they moved into the home. The assessment was used to form a written plan of care which was updated as the staff learnt more about the person.
- People were encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.

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

- People received appropriate support to ensure their healthcare needs were met. People's physical and mental healthcare needs were documented within the support planning process. This helped staff to recognise any signs of deteriorating health.
- Staff supported people to access health professionals when required. For example, advanced nurse practitioners, district nurses and chiropodists visited the service regularly to support people with ongoing treatments.
- We spoke with a visiting healthcare professional during the visit who provided positive feedback about the service. They confirmed staff were knowledgeable about people's needs and they made healthcare referrals in a timely way.
- Staff shared information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.
- The manager and staff ensured joined up working with other agencies and professionals, so people received effective, timely care.

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

- The provider made sure the design and layout of the home was suitable for people living there. There were comfortable and bright communal areas, including a coffee bar, appropriately adapted bathrooms and ensembles and access to well-maintained and safe gardens with outside seating areas.
- The provider ensured mobility aids and hoists were available, to meet the assessed needs of people with mobility problems. Doorways into communal areas, bedrooms, toilet and bathing facilities were sufficiently wide to allow wheelchair access.
- People were able to personalise their bedrooms with their own furniture, decorations, pictures and ornaments. People told us their bedrooms were comfortable and warm. One person told us, "I have a lovely bedroom. I like the privacy of having an ensuite."

Staff support: induction, training, skills and experience

- The provider ensured staff had the appropriate skills and experience and supported them in their roles.
- Staff were provided with a rolling programme of relevant training to ensure they provided effective care.
- New staff completed induction training which included shadowing experienced staff and a six-month probation period.
- The manager and area manager monitored the staff training by means of a matrix on a computer database and ensured all staff completed their training in a timely manner.
- The manager had devised a schedule to ensure all staff had the opportunity to meet individually with their line manager. This approach encouraged the staff to discuss concerns, their responsibilities and develop their role. Staff were complementary about the support they received from the manager.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- The majority of people expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "The staff really look after me and are very kind" and another person said, "The staff are nice and friendly." However, three people made comments about the attitude and approach of some staff. The manager and area manager agreed to investigate people concerns.
- Staff had access to a set of equality and diversity policies and procedures and had received training in this area. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with their preferences. However, we noted there were limited prompts on the care documentation to help the staff to explore people's diversity. This meant people may not be sufficiently supported in important aspects of their life. The area manager told us, the provider had identified this issue as an area for development.
- The manager had recently introduced "Resident of the Day." This initiative provided people with the opportunity to talk about aspects of their life in the home. However, further development was needed to ensure people's comments and action plans were agreed with and signed by the person.
- Staff responded to people in a warm, kind, caring and friendly manner. We observed good relationships between staff and people in the home. People were happy, comfortable and relaxed when with staff.
- Visitors were welcomed into the home and were offered refreshments. Relatives gave us positive feedback about the service. One relative commented, "The staff are like a family. I can tell they love and respect my [family member]."

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

- Staff supported people to make decisions about their day to day routines, in line with their personal preferences.
- Whilst people felt they were cared for, none of the people were familiar with their care plan and could not recall discussing their care needs with staff. The manager and area manager explained they had plans to develop the care planning process to ensure people were more involved and the information was readily accessible to staff.
- The staff had not devised summaries of people's care plans. This meant there was no overviews for agency staff. This is important to ensure visiting staff can readily access information about people's needs and preferences. We saw the manager had started work on individual profiles to address this situation.
- People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped to keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People could spend time alone in their rooms if they wished. One person said, "I like to stay in my room. The staff understand I want to be on my own and just pop in now and again."
- Bathrooms, toilets and people's bedrooms were fitted with appropriate locks and we observed staff knocked on doors and waited to enter.
- There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff were aware of the importance of confidentiality; however, we saw a filing cabinet had been left open and there was information about a person's medicines freely accessible on the Village two suite. The area manager agreed to remind staff to keep all personal information securely.
- People were supported to maintain their independence skills whenever possible. For instance, people were encouraged to maintain their mobility.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's care and support was personalised to meet their needs. People told us they received the care they needed and staff responded to any requests made for assistance. One person told us, "The staff try their best to help with anything I need".
- Each person's individual file contained information around their care and support needs to guide staff. The information included; care plans and risk assessments covering their daily living needs including health, social and emotional well-being. Information was also available about their life history and memories of their life and childhood. This enabled staff to understand each person's personality and history and ensure that people were treated as individuals.
- Staff reviewed people's care plans monthly or sooner if a person's needs changed. This helped to make sure people received the correct level of care and support.
- Staff maintained daily records of care and completed appropriate monitoring charts. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.
- People were provided with a range of activities and details of forthcoming events were displayed on boards around the home. The majority of people told us they enjoyed the group activities. One person said, "The entertainment with [activities co-ordinator] is really good. There is always plenty to do. I really enjoyed a trip out for my birthday." People told us they also benefitted from the music therapy sessions. However, there were few activities for people who wished to stay in their bedrooms. The area manager had recognised this need and explained a new activity co-ordinator was due to start their employment in the home to work with people on an individual basis.
- The manager used technology to enhance the delivery of effective care and support. We noted where people were deemed at risk of falling they were supported by the use of sensor equipment. The home had Wi-Fi available throughout the building and staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link. There was also a computer available and a call system was fitted in all areas and bedrooms.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The manager understood her responsibility to comply with the Accessible Information Standard and people could access information regarding the service in different formats to meet their diverse needs. One person told us, "The staff understand I can't see properly, and they are very helpful to me."
- Staff understood people's communication needs and these were recorded in people's care plans.

Improving care quality in response to complaints or concerns

- People and their relatives had access to a complaints procedure and were confident any concerns would be listened to and acted upon. One relative told us, "I've had one issue with the home. They listened, and it was sorted immediately."
- We saw the complaints procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. There were arrangements in place for investigating and resolving complaints.
- The area manager informed us, there had been six complaints received about the service since December 2018. We noted all the complaints had been investigated and resolved.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care.
- Wherever appropriate, people's end of life wishes and preferences were recorded and reviewed as part of the care planning process. This included information about their DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) status.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.
- The provider employed a chaplain, who supported people to talk about their end of life wishes, wherever appropriate.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Since the home was registered in December 2018, there had been two changes of management. The previous registered manager left the service in February 2019 and the deputy manager had been appointed as the interim manager. A new manager was due to start work in the home in August 2019. The interim manager was being fully supported by the area manager, a clinical nurse lead and a quality business partner.
- Whilst the provider had a range of quality assurance systems, which include a schedule of audits, these had not always been effective in achieving good outcomes for people. We noted the provider had not always managed medicines safely. We also saw people had limited involvement in the development and review of their care plans, staff had not fully explored people's diversity and improvements were needed to the provision and delivery of food.
- The area manager and other senior managers visited the home on a regular basis and had produced action plans to address areas for development. The area manager had remote access to the computer databases and could readily monitor any trends and identify specific incidents which required further investigation.
- Staff were aware of their roles and responsibilities. They were provided with job descriptions and had access to a set of policies and procedures to guide them in their work.
- Staff meetings and handover meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the manager and area manager were open to feedback.

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

- The provider, manager and staff were all keen to promote the provision of high-quality, person-centred care. We observed a positive and welcoming culture within the home. Staff told us they felt everyone was well looked after and they all told us how much they enjoyed their work.
- Compliments received by the service highlighted the quality of care provided in the home. We saw one relative had written, "To everyone who has looked after [family member]. I cannot thank you enough for the kindness you have shown to them. You have all been amazing."
- The manager knew the people who lived in the home well and was knowledgeable about their needs and preferences.
- The manager understood and acted on the requirements of the duty of candour. They promoted and encouraged candour through openness and honesty. The manager also explained the duty of candour had

been discussed at a staff meeting and all staff had been asked to sign the policy to demonstrate their awareness.

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

- The provider and manager encouraged feedback from people living, working and visiting the home. A relative told us, "I can't fault them. They really listen to us."
- People and their relatives were invited to complete an annual customer satisfaction questionnaire. The last survey was conducted in March 2019. We were sent a copy of the comments following the inspection and noted people had provided positive feedback about the service. One person had written, "I receive excellent care and attention with dignity and respect." However, people also made suggestions for improvements. We were assured an action plan would be developed to address these issues.
- People were given the opportunity to attend residents' and relatives' meetings and the minutes were written in the "You said, we did" format. We saw there was a board in the reception area detailing the actions from a recent meeting.
- The manager had a 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. People, their relatives and staff told us the manager was approachable and supportive.

Working in partnership with others

- The provider fostered and encouraged working in partnership with other professionals and agencies.
- The manager told us the service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the advanced nurse practitioners, district nurses and the local GPs, as well as social care professionals such as the safeguarding and social work teams.

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 The provider had failed to manage medicines safely. (Regulation 12 (1) (2) (g))