

Ashrana Limited

Cleaveland Lodge

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Cleaveland Lodge provides accommodation and care for up to 54 older people some of whom may be living with dementia. On the day of our inspection there were 47 people living in the service. Most of the accommodation including communal areas are on the ground floor although there are a small number of first floor bedrooms.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We were also aware of a notifiable incident which was being investigated by the safeguarding team at the time of this inspection which raised questions about the care of people who were at risk of pressure ulcers.

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

Risks were not always assessed or managed effectively to reduce the risks of harm. We have required the provider to address this. There were limited use of systems to record and report safety concerns and near misses. Where people had fallen, technology was not being used to promote their independence and reduce risk.

Oversight systems and audits were not effective as these checks had not prevented some of the shortfalls in the quality of service provision. We have required the provider to address this.

Safeguarding processes were not working effectively, and incidents were not always recognised as safeguarding or subject to sufficient levels of scrutiny.

Pre-admission assessments were not sufficiently robust, and issues had not always been clarified or translated into the care plan. We saw that some people had moved into the service but subsequently left because the service was not able to meet their needs. We have made a recommendation about the assessment processes.

There were sufficient staff available to support people and staff were accessible and visible. Staff knew people well and had good relationships with people.

There was a low turnover of staff and shortfalls in staffing were covered within the staff team. Checks were undertaken on staff prior to them commencing employment but we have recommended that the recruitment checks are more robust.

Peoples medicines were managed safely

Staff were provided with training to develop their skills and knowledge. However, staff practice in areas such as catheter care did not always follow the recommended guidelines. Additional training on pressure care was planned but we have recommended that training is provided to staff on catheter care.

People were positive about the meals provided and we saw that the food served looked appetising and was well received.

The systems in place to monitor people health and support needs was not fully effective. Peoples nutritional needs were identified but the ongoing monitoring of those at risk needs to be more robust.

People had care plans in place to guide staff on people's preferences and how to support people. However, information was not always up to date or sufficiently detailed which meant that people were at risk of not having their needs met in a safe and effective way. We have made a recommendation about care planning and developing plans for people at the end of their life.

People had access to some social activities, but the feedback was inconsistent, and people would benefit from a wider range of opportunities. We have made a recommendation about this.

People and relatives were happy with the care provided and spoke positively about the leadership of the service.

The provider encouraged feedback from people and we saw that they acted when issues were identified.

The mental capacity act was not fully understood by staff or implemented. People were not supported to have maximum choice and control of their lives. Staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation about this.

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 02 December 2016.)

We have found evidence that the provider needs to make improvements. The provider has taken some steps to mitigate the risks and you can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cleaveland Lodge on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Cleaveland Lodge

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 was carried out by two inspectors, an assistant inspector and an expert by experience. The expert by experience had experience of supporting older people and people with a diagnosis of dementia.

Service and service type

Cleaveland Lodge 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. The registered manager was not present during the inspection as they were on maternity leave, although they continued to have some oversight. There were interim management arrangements in place.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.

The provider had completed a provider information return (PIR). 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. As part of planning we sought feedback from the Local Authority and we used this information to plan our

inspection.

During the inspection

We spoke with the company director and other senior staff as well as nine members of staff. We spoke with nine residents, seven visitors and six professionals who were supporting people in the service. We reviewed six care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate the 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 requires improvement. At this inspection this key question has remained the same, 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

- Risks were not always assessed or managed effectively to reduce the risks of harm.
- Peoples safety was not being protected against the risks associated with unsecured furniture. We found free standing wardrobes in people's rooms which were not fixed to the wall and we expressed concerns that people could inadvertently pull the wardrobes over.
- Peoples safety was not being protected against the risks associated with radiators. We found radiators which were not covered and did not have a low surface temperature. We expressed concerns that people could fall against the radiators and sustain an injury.
- Peoples safety was not being protected against risks associated with accessing hazardous chemicals. We found that the laundry room did not have a lock and contained items which would have been harmful if ingested.

The shortfalls we found in safety demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the provider on the first day of the inspection. They responded immediately and had addressed some of the issues by the second day of our inspection and had a plan to address the remainder.
- The provider had addressed the safety issues we identified at our previous inspection. Personal emergency evaluation plans (PEEPs) which are individual plans to guide staff and the fire service on how to assist individuals to leave the building safely in the event of a fire or other emergency were in place, although were not very detailed. Water temperatures were tested to manage the risks associated with Legionella.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were not working effectively, and incidents were not always recognised as safeguarding or subject to sufficient levels of scrutiny. We saw for example that an individual had sustained an injury for which there was no explanation. This had not been identified as requiring further investigation and we requested that this was reported to the safeguarding team as a safeguarding alert. This was undertaken by the provider during the inspection and was subsequently investigated and closed.
- Staff knew about safeguarding and whistleblowing and were able to tell us about different types of abuse and what signs to look out for. They were however less clear about the role of the local authority and the reporting mechanisms.

Staffing and recruitment

- People and their relatives told us that staff were available when they needed support. One person told us, "Yes, [they answer my call bell] in about a minute, two at the most."
- Staff told us that there were enough staff available and that cover was provided when staff were ill from within the staff team which meant that people were supported by staff who knew them. We saw that staff were accessible and visible on the days of our inspection.
- Checks on staff suitability were undertaken on all new staff prior to their appointment. Identity checks, criminal records check, and appropriate references had been obtained on newly appointed staff.
- Staff recruitment processes were identified at the last inspection as an area needing improvement as there was no evidence that gaps in employment were explored at interview. At this inspection we found that changes had not taken place. The application form only requested a five-year work history and records of interview were not being maintained.

We recommend that recruitment processes are strengthened in line with current guidance and legislation.

Using medicines safely

- People told us that they received their medicines as prescribed. We observed a member of staff administering medication and saw that they administered one person's medicine at a time, then signed to say they had administered. We checked a sample of medicines against the administration records and found that they tallied.
- Medicines were securely stored.
- There were clear arrangements in place for the management of topical medicines which included body maps which showed where on the body the creams should be administered. Creams were dated on opening.
- Records were maintained on controlled drugs and two staff had oversight of the arrangements.
- Staff competency to administer medicines was checked at regular intervals.

Preventing and controlling infection

- People did not have individual slings assessed according to individual need which meant that they were at risk of cross infection as they were shared with other people living in the service. The provider told us that they would immediately ensure that people had an individual sling for which they were assessed.
- The service was clean and tidy. We identified an issue with one mattress which we brought to the attention of the deputy manager and was immediately addressed.
- Staff had a good awareness of personal protective equipment in reducing the risk of infection.

Learning lessons when things go wrong

- Safety concerns were not consistently identified or addressed. There was limited use of systems to record and report safety concerns and near misses.
- There had been a recent safeguarding investigation in relation to pressure care and catheter management which was still ongoing at the time of our inspection. There had been some learning and the management team recognised that they needed to keep more detailed records and provide staff with more training.

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.

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

- Peoples needs were assessed prior to their admission to the service, however the preadmission assessments were brief, and the issues identified in the local authority assessment had not been clarified or translated into the care plan. We saw some people had moved into the service but subsequently left because the service was not able to meet their needs.

We recommend that advice is sought from a reputable source and the preadmission process is made more robust.

- We were told that the service does not have designated staff champions to share and drive best practice with staff, but they did have links with the Prosper team which is a local multiagency project which aims to improve safety in care homes and reduce falls and pressure ulcers. We saw limited use of the oversight tools and have recommended that further work is undertaken with Prosper or other organisations to develop processes in these key areas.
- The use of technology to enable people to communicate their needs was at very early stage of development. Technology was not used for example to help people who were at risk of falls who were unable to use a call bell to summon assistance. The provider told us that this was an area that they were looking at developing.

Staff support: induction, training, skills and experience

- Staff received training but staff knowledge and practice in areas such as catheter care and pressure care did not always follow best practice. Additional training had been sourced on pressure care.

We recommend that the provider considered current guidance on catheter care and provides staff with training to ensure that they can meet people's needs.

- Staff were positive about the training that had been undertaken and told us that they were encouraged to undertake additional training to develop their skills and knowledge
- The provider told us that all training was face to face and they maintained a spreadsheet showing who had completed what and when a refresher was due.
- Staff told us that new staff were inducted into the role and given the help and support that they needed.

This included completion of shadow shifts and completion of the care certificate which is a nationally recognised induction for care staff.

- Staff received regular supervision and told us that they were supported

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

- The systems in place to monitor people's health and support needs were not fully effective or robust.
- We spoke with several professionals as part of the inspection. The feedback was not consistent. Some told us that the service communicated well with them and was good at highlighting issues, but others told us that they did not always notice things, such as changes to people's skin.
- People's weights were recorded monthly but the response to weight loss was not always sufficiently proactive. One person for example had been identified as being at high risk of malnourishment but we saw that they had been refusing to be weighed. This had been recorded but no action taken. We spoke to senior staff about this and they told us that they would put a management plan in place to address this.
- At our last inspection we raised some issues with the support to people with diabetes. At this inspection we found that a person with diabetes did not have a care plan setting out how the symptoms of high or low blood sugars might affect them. Staff told us that they had completed training on managing diabetes but were not clear about the symptoms and how this should be managed.
- Policy and guidance were not always up to date and did not inform practice. There was no policy on catheter care and practice was not consistent. A new policy/protocol had been drafted by the second day of our inspection.
- People had access to occupational therapists, GPs and dieticians. The district nurses visited the service where people had developed nursing needs, such as wound care and diabetes. They told us that when the service had concerns about individuals skin they let them know and they ordered specialist equipment such as mattresses for them. We saw that repositioning charts were in place which showed that people at risk were being repositioned regularly to reduce the likelihood of skin damage.
- We saw that an individual had been admitted with a pressure sore, but this had improved since their admission
- Relatives told us that the staff communicated well with them about people's health needs and any changes.

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.

- The mental capacity act was not fully understood or implemented.
- We saw that some people did not have access to their toiletries and they were locked in office. This was not the subject of a best interest decision and we were not clear if this was the least restrictive option available.

Other people had signed consent documentation but in other documents it was recorded that they did not have capacity to make decisions.

- The provider told us that they would review the storage of toiletries and ensure that where possible people had access and any restrictions were clearly documented and regularly reviewed.

We recommend that staff receive further guidance and training on the mental capacity act.

- We saw that the service had made applications to the local authority.
- Staff were observed offering people choices and seeking their permission before commencing support.

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

- People told us that they enjoyed the food and the meals served looked nutritious and appetising. People were offered seconds and asked if they had enough before their plates were taken away. People were observed to eat well.
- People had access to regular fluids and were supported to drink. A relative told us, "[My relative] has always got a jug filled up beside the bed."
- Where people needed additional support, it was given at the individuals pace. Staff sat alongside people and chatted to people about the meal.

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

- Peoples bedrooms were comfortable and had been personalised with items of importance to the individual.
- There was good signage to help orientate people and promote their independence.
- The environment was well maintained, and some areas had been refurbished since our last inspection. There was a system in place for identifying and responding to repairs however we found some items which were worn or broken which we highlighted to the provider, who subsequently told us that they had addressed.
- People had access to a pleasant internal garden with raised beds.

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 Good.

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

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

- People told us that they liked living in the service and were cared for well. One person told us, "It is absolutely wonderful, and I have no worries here, it is comfortable, and staff are very efficient. They are always very helpful, they care and support you. You just feel safe, they are supportive, and I don't have to worry."
- People were supported by staff who knew them. There was a stable staff team and most of the staff had worked at the service for some time and were able to tell us about people and their needs.
- Staff understood it is a person's human right to be treated with respect and dignity We saw good interactions between staff and people, they knew each other well and had developed caring relationships.
- We observed that staff responded quickly when people started to mobilise or indicated that they wanted to use the bathroom.
- Relatives told us that they were welcomed at the service and one described the service as, "Having a nice feeling." Another said, "Staff are not sitting around doing nothing, they are actually looking after people, taking people to the toilet, they are fairly on the ball with toileting. Staff are attentive."

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

- People told us that staff were approachable and they had time for them. We observed that staff were kind and caring in their interactions. One person was fast asleep, and the staff took their time slowly waking the person up. They gave the person the option of eating at the table or staying where they were. The person chose to stay in their armchair.
- Staff supported people to make choices about how they spent their day, what they had to eat and what to wear. One person told us, "They (staff) talk to us and find out what we want, they knock on the door and explain why they are there." Another told us, "If I want something I don't ring, I did in the early days, now I just go and find someone. It does not take long to find someone."
- People and their representatives were involved in making decisions in how they wished to be cared for. A relative told us "They give my relative options, such as do you want to stay in the lounge, or go to your room, they are encouraging people to make up their mind."
- Regular meetings were held so people could express their views about menus, activities and how they spent their time in the service.

Respecting and promoting people's privacy, dignity and independence□

- People moved around the service freely and we observed staff encouraging people to do things for themselves and retain their independence.
- One person told us, "They knock on my door, I suppose they treat me with respect." A relative told us, "The cleaning staff always knock and say do you want me to clean now or wait until lunchtime, there is definitely respect."

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.

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

- People had care plans in place to guide staff on people's preferences and how to support people. However, information was not always up to date or sufficiently detailed which meant that people were at risk of not having their needs met in a safe and effective way.
- People did not have a clearly documented plan in place for the management of their catheter which meant that they were at risk of an infection. There were no strategies in place to guide staff when they were faced with difficult situations or distressed behaviours.
- Other records were being completed such as input and output charts, but these were not being totalled so there was no system in place to accurately monitor what people were drinking and if there was a concern.
- The provider told us that they were in the process of looking at the care plans and were devising a more person-centred recording tool.

We recommend the provider seeks advice from a reputable source on care planning and documentation.

- However, despite these gaps in documentation most people had a good experience and they told us that they were cared for well. Relatives too were positive about the care and how the service communicated with them. One told us, "We have been quite happy... They are very much on top of medical issues, quite observant and have called the doctor out each time they had concerns. I visit regularly and talk to the manager and the girls regularly."
- Daily records were maintained by staff and we observed staff completing these records during our visit. Staff told us that the daily records were supplemented by handovers at the start of each shift to ensure that they were up to date with any changes in people's wellbeing
- Monthly evaluations of people's progress were undertaken by senior staff to identify any changes or deterioration.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs were identified through the assessment process. Staff understood people's individual communication needs and we observed staff getting alongside people to ensure that they could hear what they were saying.
- A relative told us, "My relative lost their hearing aid, but they arranged to have it replaced. They organised it

and someone came from the hospital and did an assessment."

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 enabled to follow a variety of interests and activities, but further work could be undertaken to help people live a full life. Outside entertainers visited and worked alongside in-house activity staff to provide activities such as music, bingo and quizzes.
- People and their relatives gave us inconsistent feedback about the activities. Some were positive, but others thought that more could be available. One relative told us, "The only thing is stimulation is not always available. Any room for improvement would be more stimulation, out of all the areas they are all fine, it is just that one." Another person told us, "They introduce having a sing song, we don't do much else, no arts and crafts, no cooking. Flower arranging would be interesting, I would like some gardening."
- Some people had life story documentation in place which provided a picture of each service users life experience however we could not see that this information had been translated into the care plan or used to inform their activities. One of the people whose care we looked was born abroad and did not have English as their first language. This information has not been used to identify culturally appropriate activities or interests.

We recommend that staff receive additional training from a reputable source on the provision of activities for people with a diagnosis of dementia.

Improving care quality in response to complaints or concerns

- Complaints were inconsistently managed; some people had a good experience but others less so. People and their relatives told us they would speak with the managers or other senior staff if they had any concerns.
- Records were maintained of formal complaints, but the outcome of investigations and any learning was not always identified. It was not clear how learning was translated into practice. Informal complaints were not always logged.
- Two people raised issues with us about the laundry and we asked the service to follow these up as a complaint. One relative told us, "Laundry is always a problem....my relatives' underwear is missing again, as well as other clothing." Another person said, "Laundry keeps disappearing, they end up in other people's rooms, there are items in the wardrobe that is not my relatives with no name."
- The providers complaints policy was on display on the communal notice board in the entrance of the service for people and their visitors to refer to if needed.
- A file was maintained of compliments, including the following, 'Thank you to all for looking after me, you have done a fantastic job.'

End of life care and support

- The provider told us that they supported people's preferences at the end of their life. Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place, which set out their wishes for resuscitation in the event of a cardiac arrest.
- Care plans however contained minimal information about their preferences around their end of life care, other than details about their funeral arrangements

We recommend that the provider seeks advice from a reputable source on developing more person-centred plans on end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has 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

- There was a lack of oversight and risks were not fully understood or addressed. The provider had not identified some of the health and safety issues that we identified at the inspection, such as uncovered radiators and the unlocked laundry which placed people at risk of harm.
- Quality assurance was not well developed and the systems in place to monitor the quality of the service were not effective. We were not confident that staff completing the audits fully understood what they were looking for, for example they had not identified that one person who was at high risk of malnourishment was not being weighed.
- Audit processes had not been effective in identifying shortfalls in policy, practice or in record keeping, which have been referred to elsewhere in the report.

Oversight systems were either not in place or robust enough to demonstrate safety and quality was effectively managed. The shortfalls are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service is owned and managed by a family and one of family members was the registered manager. They were not present on the day of the inspection and we were told that they were on maternity leave, although did continue to have some oversight.
- The senior staff were visible and assessable. Staff told us that one of the family members attended the service on a daily basis, and were often present at weekends. One member of staff told us, "There is a strict regime.... the provider runs a tight ship."

Continuous learning and improving care; 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 managers and staff told us that they were committed to developing the service and providing good care, but we found that improvements are needed to ensure that lessons are learnt, and people receive safe effective care.
- Several the issues we identified at this inspection had been identified at our last inspection but had not been progressed. This included the use of shared slings and diabetes care. We had recommended that they sought advice to mitigate risks but could not see that this had been undertaken.

- Senior staff were aware of their responsibilities under the duty of candour, however we could not see how the regulation was met. The provider told us that when they identified anything that did not meet their own standards that they apologised and tried to put things right, however this was not undertaken in writing.

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

- Care plans were not always person centred and did not show how risks to individuals should be safely managed. However, people were supported by a consistent team of staff who knew them well.
- Staff told us that they were happy working at the service and that the management of the service was approachable and helpful. One told us, "I've worked in a lot of homes, but people here are well looked after. Staff try their best and go out their way to make sure people are happy. It has a family feel, good food and doesn't feel institutionalised. The majority of people appear happy."
- Relatives too were positive about the service, one told us, "My relative is well cared for, very relaxed, I have now stopped worrying and I am relaxed."

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

- The provider sought feedback from people through surveys and residents' meetings. Relatives were invited to residents meeting but those we spoke to were not aware of when they were held. The provider agreed to address this to ensure that they could represent their family member and be updated on changes.
- Staff meetings were held, and staff received regular supervision and an annual appraisal regarding their performance.
- Peoples friends and family were welcomed in the service and encouraged to participate in discussions about their family member as appropriate.
- The service communicated with a range of professionals and we saw that appropriate referrals had been made to professionals.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The shortfalls we found in safety demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Oversight systems were either not in place or robust enough to demonstrate safety and quality was effectively managed. The shortfalls are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> |