

# Bath and North East Somerset Council

# Cleeve Court Community Resource Centre

## Inspection report

Cleeve Court  
Cleeve Green, Twerton,  
Bath  
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Tel: 01225396788

Date of inspection visit:  
20 December 2022  
29 December 2022

Date of publication:  
01 February 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Cleeve Court Community Resource Centre provides accommodation and personal care for up to 45 people. The service provides support to adults over and under 65 years and people with physical disabilities and sensory impairments. At the time of our inspection there were 41 people living at the service.

Accommodation was provided on 2 floors accessed by stairs and lifts. People had their own rooms and there were communal spaces such as lounges and dining areas. The service had a secure enclosed garden.

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

Risks to people's safety were not always identified so that management plans could be put in place to mitigate risks. Where there were some actions in place to mitigate risks, staff were not recording consistently. This meant the provider could not be assured the correct action had been taken.

People with specific health needs did not have guidance in place for staff to know how to support people. For example, people with diabetes had no management plans in place for this health condition. People who had wounds were receiving treatment from visiting nurses, however, there was no record of this treatment in people's plans.

Governance systems were not effective in identifying improvements. Audits carried out were not robust and where actions had been identified these were not completed in a timely way. For example, a care plan audit carried out in July 2022 still had actions to be completed in December 2022. The provider commissioned an external consultant to visit the home and carry out a full audit. This audit had also generated actions for improvement. The provider told us they would prioritise actions to complete those linked to risk first.

Incidents and accidents had been recorded, but systems to review them were not robust. Not all incidents had been reviewed by management or reported to the provider. This meant action to prevent reoccurrence had not always taken place and CQC had not been notified.

The provider was open and transparent during this inspection. They were responsive to findings and aware of the improvement needed. They told us they hoped with a new manager in post things would improve. The new manager was organising meet and greet events for people, relatives and staff. Those that had met the manager were positive about their first impressions. The manager was going to register with CQC.

People and relatives told us the service was safe and they were happy with the care provided. All spoke positively about the staff and their caring and kind approach. We observed there were sufficient numbers of staff available to respond to people in a timely way. The service used agency staff to fill gaps in staffing rotas. Staff had been recruited safely and had training to help them carry out their roles. New staff had inductions and there was ongoing support provided through supervisions and team meetings.

People had their medicines as prescribed and only trained staff could administer them. People could see healthcare professionals if they needed to. Staff communicated with local community nurses, GP's and social workers and shared information with people's relatives. Staff attended handovers so they could be updated on any new information or changing needs.

The home was clean and smelt fresh. During our inspection there was an outbreak of COVID-19. Staff responded appropriately and followed good infection prevention and control guidelines. Staff were observed wearing suitable personal protective equipment and we found there was plenty of stock. Staff had training on working safely during COVID-19 and guidance was available from local health protection teams.

People could have visits from friends and family members. People and relatives told us the service was homely and had a relaxed atmosphere. People had their own care plans with information about their likes and dislikes. There was also information about their life histories, and we observed staff knew people well. There was a programme of activities on offer for people which included indoor and outdoor activities.

There was no end of life care being provided at the time of inspection. Some people had recorded their end of life wishes and preferences, but others had not. We have made a recommendation about recording end of life care needs.

People told us the food was good and we observed mealtimes were inclusive and relaxed. People had support to eat in a person-centred way. People also had access to drinks throughout the day. People and relatives told us they would complain if needed but had not needed to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

This service was registered with us on 1 October 2020, this is the first inspection for the service. The last rating for the service under the previous provider was good, published on 27 August 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection. We have also made 1 recommendation for end of life care.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cleeve Court Community Resource Centre

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cleeve Court Community Resource Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cleeve Court Community Resource Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 1 month and planned to apply to register but at the time of the inspection had not started that process.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 12 people and 5 relatives about their experiences of care and support. We spoke with 8 staff, the manager and the providers head of 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 care records for 15 people, multiple medicines records, incident and accident forms, health and safety records and 4 staff files in relation to recruitment. Following our site visit, we spoke on the telephone to a further 6 members of staff and 2 relatives. We continued to validate evidence found and reviewed complaints, safeguarding, incident management, training data, quality monitoring records and the service improvement plan.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- Risks to people's safety were not all being assessed and managed robustly. For example, for one person we found they had been assessed as a 'medium' risk of falls. Staff told us this was based on what they knew about the person's needs. The risk had not been calculated using any assessment tool so the provider could not be assured the person was a 'medium' risk. The person had experienced some falls which placed them at risk.
- It was not clear what being assessed as a 'medium' falls risk would mean in terms of mitigation. There was no guidance for staff to know what action to take in response to assessments of risk.
- When people were assessed as being at risk of developing pressure ulcers it was not consistently recorded what actions were needed to mitigate risks. For example, for one person we found they had been assessed as being 'very high' risk of developing pressure ulcers. Their skin care plan recorded the person had 'no skin care routines'. There was no guidance for staff to know how to mitigate risks for this person.
- For another person we found they had been assessed as high risk of malnutrition. Food and fluid monitoring were being carried out to mitigate risks. We found food and fluid monitoring was not consistently being recorded. Staff were not adding up fluid totals and did not have targets as an indication of what was needed for the person to drink in a day. For one person who had lost a lot of weight we found their food monitoring records had gaps in the recording. Staff had not recorded amounts eaten or offered to the person accurately. For example, the person had been given soup and bread. Staff had recorded the person had eaten it all, but it was not recorded how many pieces of bread or how much soup. This meant monitoring information could not accurately be shared with the person's GP.
- People with diabetes had no guidance in place for staff to know how to manage this health condition and what to do if the person became ill. This was a concern due to the amount of agency staff being used. Whilst the service tried to use the same agency staff, there was a risk staff would not know if the person was becoming ill and what action to take.
- People with wounds had them treated by visiting community nurses. Whilst the nurses were taking responsibility for changing wound dressings, there was no record in people's care plans about the wound and the healing progress. The provider could not be assured of treatment plans as staff did not have access to records kept by the community nurses.
- Incidents and accidents had not always been added to the providers system consistently. This meant the provider was not aware of all incidents and had not reviewed them to identify actions to prevent reoccurrence. This placed people at risk of harm.

People were placed at risk of avoidable harm as the provider had failed to assess and take robust action to mitigate risks to people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008



- The provider had commissioned a fire risk assessment to be carried out. This had identified works needed to the property which the provider could not be assured had been carried out. This was due to maintenance requests being submitted by email but not received, therefore work had not been completed. The provider told us this shortfall was being addressed and works needed being completed. We observed during our inspection an external contractor was at the service carrying out portable appliance testing. This was one of the actions identified as a requirement in the fire risk assessment. Further maintenance was planned.

#### Using medicines safely

- People had their medicines as prescribed. Staff used medicines administration records (MAR) to record when they administered people their medicines. Those reviewed had no gaps in recording.
- Staff had medicines training and were assessed for competence. Where there were shortages of staff to administer medicines, the provider had used agency nurses to fill gaps on staffing rotas.
- Medicines were stored safely. Temperatures for one room where medicines were stored were not being recorded consistently. The room was cool and had air conditioning. We shared this with the provider during inspection who told us they would address this shortfall.
- People had 'as required' protocols in place to provide staff guidance for this type of medicine.
- Where any medicines errors had occurred, staff had taken appropriate action and shared the error with the local safeguarding teams.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe at the service. One relative said, "I do feel [relative] is safe here, there is security which stops which stops people leaving the building when they shouldn't which keeps them safe."
- Staff were clear about their role in helping to keep people safe. Staff we spoke with told us they would not hesitate to report any concerns. All were confident the management would take immediate action. One member of staff said, "I would report [concerns] to my manager, we have got an out of hours on call so I would phone them if needed out of hours."
- If any safeguarding incidents took place staff referred them to the local safeguarding teams. Action was taken to review people's needs.

#### Staffing and recruitment

- Staff had been recruited safely following the required pre-employment checks. This included obtaining references from previous employers and a check with the disclosure and barring service (DBS).
- DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People had care and support from sufficient numbers of staff. During our inspection we observed there were enough staff available to respond to people in a timely way. One person said, "Staff are lovely and there when I need them."
- The provider told us recruitment had been a challenge, but they were now using different recruitment methods which had already provided some success.
- Where there were gaps on the staffing rotas, the provider used agency staff. The provider told us they tried to book good staff in advance to provide continuity for people.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could have visitors when they wished. During our inspection there was a COVID-19 outbreak which meant for that area of the home visiting was restricted. People could still have visits, but numbers were reduced.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to moving into the service. Assessments covered a range of needs including oral health.
- Staff used nationally recognised tools to assess needs for malnutrition and developing pressure ulcers. These had been reviewed and updated monthly.

Staff support: induction, training, skills and experience

- New staff were able to attend an induction and complete training for their role. New staff completed the Care Certificate as part of the induction process. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Some refresher training had fallen behind the provider training schedule. The provider told us they were aware of this and had plans to make sure staff had opportunities to refresh skills.
- Staff we spoke with all told us they felt trained and could have more training if they felt they needed it. One member of staff said, "I have had all the mandatory training. There is always training opportunities for us. I feel like when I ask for something, I know that management will help me."
- Staff also had opportunity to have supervisions with their line manager. One member of staff said, "They are regular, once a month. They check we are ok, if we have any problems with anything. I find them supportive."

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

- People, relatives and staff told us people had good food at the service. Comments included, "I really enjoyed my lunch, I enjoy most of the food", "Food is lovely. I get a small choice which is good enough for me" and "The food is very good."
- We observed mealtimes and found them to be relaxed and unhurried. People could eat their meal where they wished, and staff were available to provide them with support if needed.
- Food looked and smelt appetising and we were told people had choices. We observed snacks and drinks being offered to people throughout the day of our inspection.

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

- People had access to healthcare professionals. There was evidence in people's records of visiting professionals for a range of health needs.
- Staff told us if people needed a GP this was arranged as GP's visited the service weekly.

- Staff told us they had opportunities for handover. Handovers were an opportunity for staff to be updated on people's changing needs.
- Relatives told us they were updated in a timely way if people had any issues with health needs. One relative said, "[relative] had a fall recently, the home was very good and contacted family immediately."

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

- The building was a purpose-built accommodation to provide people with a suitable and safe home. Corridors were wide and there were handrails available throughout the building.
- People had their own rooms which they could personalise if they wished. There was ample communal space for people to use which had plenty of natural light.
- Prior to our inspection the provider had started a programme of re-decoration. We observed areas that had been completed. The plan was to work right through the service.

#### 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of the MCA. Staff supported people to make their own decisions. Where people lacked capacity, this had been assessed and decisions made in people's best interest.
- DoLS had been applied for and for those that had been approved there were no conditions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives all told us the staff were kind and caring. Comments about the staff included, "All of the staff treat the residents very well", "They [staff] look after me very well here, I like the carers" and "The carers are very patient with the residents and that is not just when they are aware they are being observed, other times too."
- We observed people being treated with respect. Staff knew people's needs and responded to people's anxiety in a timely way.
- Staff took time to sit with people and talk through their concerns. We observed staff spending time sitting with people holding their hands or just sitting quietly providing reassurance.
- Staff knew people's communication needs. We observed them adapting their approaches when needed. For example, we observed staff encouraging one person to help with some housework when their efforts to reassure had not been effective. We found in the person's care plan staff were to offer opportunity to help with domestic tasks to help the person feel engaged and valued.

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

- People, relatives and staff told us people were involved in their care. We observed staff involving people in day to day decisions about where they wanted to spend time and what they wanted to do.
- People had their own care plan, but few were signed by people or their representatives. This had been identified by the provider and was on the service improvement plan as a shortfall to address.
- People had a key worker. The provider told us the keyworker took time to provide personal and emotional care during their shifts. They took time to get to know people well and developed relationships with relatives. Key workers helped people be involved in reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and dignity. Personal care was carried out behind closed doors and staff were seen to knock people's doors before entering their rooms. One relative said, "I have observed [staff] treating residents with kindness and empathy."
- People's records were kept secure and offices were kept locked. Staff were discreet in responding to requests for personal care, for example, lowering their voices.
- People could have visits from friends and family. We observed during our inspection visits taking place, both in communal areas and people's own rooms. One relative said, "Recently we brought our [relative] in who had great fun and staff included them in what they were doing with [person]. It is greatly appreciated."
- Staff encouraged people to do as much as they could for themselves. Staff supported people to maintain their independence by encouraging them to mobilise, to eat and drink themselves and to help with tasks.

One relative said, "[relative] has improved since coming to the home. With the care and patience of the staff, [relative] has started to walk on their own and eat by themselves. To see her become more independent has been wonderful."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had their own care plan which contained personalised information about how their needs were to be met. They included information on a range of needs including people's social needs.
- Care plans had been reviewed and more information added as needed. The provider had identified that improvement could be made to care planning by adding further details and demonstrating people had been involved.
- The provider was introducing a 'resident of the day' system which would help staff review specific care plans more often and build on the information recorded.
- Staff knew people's needs and we observed staff providing care as per people's care plans. One relative told us, "There is good communication with the home and the staff seem to know about residents, without having to look it up."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded, and guidance was available on how to communicate with people effectively.
- The provider told us they could provide information in various formats when needed. They also had a specific 'equalities' team who could provide advice and information to people, relatives or staff.

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 able to take part in activities that met their needs. During our inspection we observed people had support from staff to take part in activities relating to Christmas which they enjoyed.
- One member of staff showed us photos of activities that had taken place over time. They talked about how people were able to go out in the local community on various trips and events.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and would if they needed to. One relative said, "If there was a problem, I would be ringing up and talking with the management. So far we have had no problem getting hold of them."

- The provider had a complaints policy and kept a log of complaints and their outcomes. This was reviewed by senior management to identify actions needed in response to findings.

#### End of life care and support

- There was no end of life care taking place at the time of our inspection. Staff told us they had provided this type of care before and sought guidance and support from the community nurses.
- People had been able to record some of their wishes for end of life. For example, we found some people had a 'do not resuscitate' record in place completed with them by a clinical professional.
- For other wishes around end of life, there was little information recorded. For some people we saw staff had recorded 'to be discussed', or that the family of the person knew end of life wishes.

We recommend the provider consider and provide opportunities for people to record their end of life needs and wishes.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Governance systems were not robust and effective in identifying areas for improvement. This meant the provider had not identified shortfalls found during this inspection. For example, care plan audits had taken place in July 2022. Actions had been identified but not carried out. Medicines audits had taken place, but they had not identified staff had recorded reviews for people's medicines when they were not living at the home. This indicated that staff had signed boxes without carrying out the review.
- Incidents and accidents had not all been reviewed by management or added to the provider's incident system. This meant the provider could not be assured all incidents had been responded to appropriately. In addition, some follow on actions such as submitting a notification to CQC had not taken place.

People were placed at risk of harm as the provider had failed to put in place effective and robust governance systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had commissioned a large-scale audit prior to our inspection. This had been completed by an external consultant and generated an action plan with areas for improvement.
- We discussed the plan with the provider as there were a number of action points. The provider informed us they would review the plan and prioritise actions based on risks. The provider was open and transparent with us throughout the inspection about areas of improvement required.
- Prior to our inspection a new manager had started employment. They were going to apply to be registered with CQC.
- There was a clear staffing structure in place and staff all understood their roles. Staff told us they were happy to approach any senior with any concern.

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

- People and relatives told us they thought people had good care at the service and they liked living there. Comments included, "I enjoy being here" and "The care here is pretty good, I am very happy. Every time I come in [relative] looks well cared for and content."
- Staff we spoke with all told us they enjoyed their work and wanted to provide person-centred care. Comments from staff included, "I do enjoy it, care is my passion, I love it" and "I love it, I love the atmosphere. The residents come first with all the [staff]. It is a lovely friendly atmosphere, [staff] make it fun."

- We observed people being cared for in a person-centred way. There was a homely feel to the service and a relaxed, calm atmosphere.
- Whilst the new manager had only been at the service a short space of time, staff told us they were impressed with their approach. One member of staff said, "Last week when it snowed, I did not expect to see management but [manager] was in work gritting pathways, making sure we had heating. That was really nice to see, she told us she likes to be part of the team."

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

- The provider had a duty of candour policy and understood their responsibilities. The provider showed us evidence of formal letters of apology sent to people and their representatives.

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

- People had opportunity to share their views and be involved in the service.
- Communications had been shared with relatives updating them of the changes and the new manager had planned to hold coffee mornings in the new year. This would give them the opportunity to meet and introduce themselves to relatives formally.
- The new manager had produced a staff newsletter informing them of changes and updates. They planned to hold staff meetings in the new year to allow them to meet all the staff.
- Prior to the new manager starting there had been some staff meetings held with minutes recorded. Staff told us they felt able to share their ideas with management or voice their views. One member of staff said, "I feel really listened to." Another member of staff said, "I have put ideas forward, [management] do listen. I have no worries about suggesting things. Even if they say no, they still listen."

Working in partnership with others

- Staff worked alongside other health and social care professionals involved in people's care. Evidence was recorded in people's records when professionals had visited.
- The home had some links with the local community, for example with local schools and churches.

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 provider had failed to make sure care and treatment was provided in a safe way. Risks to people's safety had not been assessed and robust action to mitigate risks had not been taken in all cases.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to put in place robust and effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to put in place robust and effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.</p> <p>Regulation 17 (1) (2) (a) (b)</p>