

Tees, Esk & Wear Valleys NHS Foundation Trust

367, Thornaby Road

Inspection report

367 Thornaby Road
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Date of inspection visit: 27th January 2015
Date of publication: 11/05/2015

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 

Overall summary

The inspection visit took place on the 27th January 2015 and this was unannounced.

We last inspected the service on 18th December 2013 and found the service was not in breach of any regulations at that time.

367 Thornaby Road is a small home providing personal and nursing care for five people with learning disabilities and additional support needs. The bungalow is purpose built, and each room has ensuite bathroom facilities. Two of the bedrooms are adapted to meet the needs of people with a physical disability.

The service had a registered manager in place and they have been in post as manager since 2012 and registered

with the Care Quality Commission since 4th November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at the service received good, kind, attentive care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse. People we spoke with were positive about the care they received and said that they felt safe.

Summary of findings

Staff were trained and understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would feel confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

Accidents and incidents were monitored each month to identify trends. At the time of our inspection there were no significant accidents and incidents to trigger alerts or to highlight any trends.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

We saw medicines were not being managed or stored appropriately.

The service was very clean and tidy. We saw there was plenty of personal protection equipment (PPE) such as disposable gloves and aprons. Staff we spoke to confirmed they always had enough PPE available.

Staff received training to enable them to perform their roles effectively and the service looked at ways to increase knowledge to ensure people's individual needs were met. Staff did not receive supervisions. We saw an annual appraisal for one staff member had taken place in May 2014. This identified developmental needs that still had not been addressed such as monthly key worker summary meetings. We saw no appraisals prior to May 2014 as these had been destroyed.

The registered manager had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They understood when an application should be made, and how to submit one.

The registered manager said they were in the process of sourcing an Independent Mental Capacity Advocate (IMCA) in case it was needed in the future. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions.

People were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. Some of the staff had worked with the people who used the service for about 18 years and knew their likes and dislikes.

367 Thornaby Road was built to accommodate the people who lived there; all their needs and preferences had been incorporated into the build such as low windows to enable people to see outside easier.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans did not include sufficiently detailed risk assessments to demonstrate consideration of risk and how risk should be managed to ensure the safety of each individual.

Each person who used the service attended a day service where they enjoyed activities such as swimming, pottery and hydrotherapy. The service encouraged people to maintain their preferred activities and people were supported to be involved in the local community as much as possible such as going to the local coffee shop and attending the theatre.

The service had no system in place for the management of complaints.

There were no effective systems in place to monitor and improve the quality of the service provided.

We saw safety checks and certificates that were all dated within the last 12 months for items that had been serviced such as fire equipment and water temperature checks. Some documentation of checks were confusing as the estates maintenance person had added information onto the incorrect page or had wrote 'all done' but did not state what 'all' was. Fire drills had never taken place. Therefore people were at risk due to no one being aware of evacuation procedures.

We found the provider was breaching a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to care and welfare of people who used the service, use of managerial oversight, record keeping, assessing and monitoring the performance of the home; safety and the management of medication. You can see what action we took at the back of the full version of this report.

Summary of findings

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.

Staff knew what to look for as signs of potential abuse and how to report any concerns. Risk assessments were not sufficiently detailed for each individual.

There were sufficient skilled and experienced staff on duty to meet people's needs. Recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Systems for the management and administration of medicines needed to be improved. No fire drills took place to ensure people's health and safety was protected. Personal emergency evacuation plans (PEEPS) were not in place. Accidents and incidents were monitored to ensure any trends were identified and lesson's learnt.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff had the knowledge and skills to support people who used the service. Staff did not receive supervision and there was only evidence of one annual appraisal for one staff member.

Staff needed support to improve their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The lack of understanding could have an impact on the people using the service.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement



Is the service caring?

This service was caring.

We saw that the staff were very caring and people were supported to live ordinary lives. The staff discreetly supported people to deal with all aspects of their daily lives.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People were treated with respect; their privacy and dignity were promoted.

Good



Is the service responsive?

This service was not always responsive.

Requires Improvement



Summary of findings

Not all care records demonstrated that people's needs were continuously assessed. However staff could clearly outline what needs and support people required.

People were supported to access the community, with one to one support. Staff were attentive to people's needs and engaged people with activities and stimulation. These interventions were tailored to ensure each individual's needs were taken into consideration.

Complaints and concerns were not managed appropriately.

Is the service well-led?

The service was not well led.

There was a registered manager in post. The service had only recently transferred to an adult social care setting but still used hospital paperwork; this was not supportive of the people who used the service.

There was no staff or relative meetings taking place. The trust sent out an annual survey form but this was more hospital led such as ward experience and did not benefit this service.

There were no systems in place to monitor and improve the quality of the service provided.

Requires Improvement



367, Thornaby Road

Detailed findings

Background to this inspection

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

This inspection took place on the 27th January 2015 and was unannounced. This meant the service did not know we were visiting.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the service. We looked at notifications that had

been submitted by the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. This information was reviewed and used to assist with our inspection.

The provider was not asked to complete 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.

During the visit we spoke with the registered manager, the modern matron and three members of staff. We spoke via telephone with three relatives of people who used the service. We undertook general observations and reviewed relevant records. These included three people's care records, five staff files, audits and other relevant information such as policies and procedures. We looked round the home, saw some of their bedrooms, bathrooms, the kitchen and communal areas.

Is the service safe?

Our findings

There were no individual risk assessments in place and people were not supported by individualised plans which detailed how to manage risks. This meant people were not protected against the risk of harm because the provider had no suitable arrangements in place. For example one person often crawled if they felt insecure with their mobility, no risk assessments were in place to cover this.

We saw no evidence that fire drills took place to ensure people's health and safety was protected. We saw no evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Therefore people were at risk of not being evacuated safely in a reasonable foreseeable emergency.

This was a breach of Regulation 10 (Assessing and monitoring the quality of service provision), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (a,b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the storage and administration of medicines.

The service had no drugs liable to misuse called controlled drugs.

The service had protocols for when required medicines (PRN) and these were individual to each person, explaining why and how each PRN should be administered. This information was documented in each person's care file.

Medicines training was up to date but we saw no evidence of competency checks to make sure the training was put into practice.

We looked at the medication policy, this was more relevant to hospitals and did not include what was required for an adult social care setting who obtained the medicines from a local pharmacy.

The service used a hospital kardex system rather than medication administration records (MARs). A drug Kardex is a long stay in-patient medicine prescription and administration record. The consultant from the community team handwrites these out every 10 weeks. It was clear all

medicines had been administered and recorded correctly. However, there was no documentation of medicine stock levels. Staff recorded the amount of medicines that came in from the pharmacy in a note book, but there was no recording of when they started to administer these medicines. This meant that a full audit trail was not available and staff did not know what medicine stock levels were in the service at any given time. Staff did not record daily temperatures to make sure medicines were stored correctly. The registered manager did not perform any medicine audits to make sure medicines were administered or stored appropriately.

This was a breach of Regulation 13 (Medication), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service had no verbal communication. People were out during the day at day services and we observed staff interactions and engagement on their return.

Relatives we spoke with via telephone said, "My relative is 100% safe." And "She is absolutely safe."

Staff we spoke with said, "Everyone is safe, we always keep them safe." And "Yes they are definitely safe here."

From our observations, we saw that staff took steps to ensure people living at the service were safe for example carrying hot drinks for them until they were sat down. Four people who used the service had lived together for about 18 years and the majority of staff had also worked at the service for the same length of time

We spoke with three members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to the person in charge and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing (telling someone) and safeguarding procedures.

Those people we met who used the service, were unable to verbally communicate what they thought about the home and staff. Therefore we spent time observing how the staff

Is the service safe?

interacted with people and worked with each individual. From our discussions with staff we found they were able to outline each person's needs, including what support people needed when outside and these discussions were corroborated by what we observed.

Accidents and incidents were managed appropriately. At the end of every month all accidents and incidents were reviewed to see if any themes or patterns emerged. At the time of our inspection accidents and incidents were too few to identify any themes or patterns.

We saw a three week staffing rota for two weeks before and one week after the inspection day. Staff we spoke with told us that they thought there was enough staff. They did have four staff off sick at the time of our inspection all for different reasons. The registered manager said "The trust have a centralised bank we can use, if someone has not been here before, we try to get them in before their shift, supernumerary, so they can get to know the people who live here and the people can get to know them." Relatives we spoke with said, "Sometimes I feel they are a bit short staffed." At the time of our inspection and from reviewing staff rotas we judged there were enough staff on duty.

We looked at the recruitment records for five staff members. We found recruitment practices were safe and

relevant checks had been completed before staff had worked unsupervised at the service. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults. The registered provider had relevant disciplinary procedures in place.

The service was clean and tidy. We observed the cleaning rota which detailed what cleaning needed doing and when. We saw there was plenty of personal protection equipment (PPE) such as disposable gloves and aprons. Staff we spoke to confirmed they always had enough PPE available.

We saw safety checks and certificates that were all within the last 12 months for items that had been serviced such as fire equipment and the boiler. Water temperature checks were recorded this was sometimes done daily and sometimes done weekly, plus when someone was taking a bath.

Is the service effective?

Our findings

Staff did not receive support through supervision. The service's policy stated 'Employees will receive a minimum of four hours managerial supervision a year in addition to their developmental review meeting which would take place once per year'. The registered manager said that staff did not receive an annual appraisal. We observed one from May 2014 for one staff member, appraisals before this time had been destroyed, therefore we could not see any evidence that personal development plans were in place and working. If appraisals were kept for the previous year they could monitor and evaluate objectives and look for evidence of improvement from last appraisal. The service's policy stated 'In all forms of supervision there must be a brief record of supervision contact maintained and signed by both parties'. The appraisals from May 2014 had recognised the need for monthly key worker meetings; we saw no evidence nine months later that these were taking place.

We saw an overview of the service's induction process. This included what was expected on the first day, first week etc and lasted for three months. In the three staff files we looked at no supervisions were recorded during people's induction.

This was a breach of Regulation 14 (Supporting workers), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with said, "You can see how well trained they are." and "The majority (of staff) are good lasses and work hard."

Staff we spoke with said, "We get plenty of training, I have just done health and safety." and "I have done all my mandatory training and I have just done food hygiene."

All training was up to date and we saw evidence of certificates to match what was stated on the training matrix. Staff had received training on topics such as safeguarding, food hygiene and manual handling. Staff had also received Minibus Driver Awareness/Assessment & Training (MIDAS), to ensure they transported people to and from the day service or to activities safely. Staff we spoke with confirmed that they had access to further training as required.

We saw evidence in care files of communication with external health care professionals such as the GP and the dentist. Relatives said, "They always keep me well informed, I know when they go to the dentist, get their hair cut, they have my relatives best interest at heart." and "I ring regularly; they are a support for me."

Each file contained a 'health or hospital passport' which helped improve the hospital experience for people with learning disabilities. These passports can include lists of what the person likes or dislikes, from physical contact to their favourite type of drink, as well as their interests. This will help all the hospital staff know how to make them feel comfortable.

The registered manager had an understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, impairment of the brain or a learning disability. They ensured that if a person lacked the capacity to make a decision for themselves, best interest's guidelines were followed. At the time of the inspection, three people who used the service were subject to an application to deprive them of their liberty using a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The registered manager understood when an application should be made, and how to submit one. Capacity assessments had been undertaken and 'best interest' decisions were recorded. However staff had not received training on either the MCA 2005 or DoLS, and when asked could not provide an explanation of what DoLS means. This meant that staff may not be aware that they should always try to care for a person in a way that does not deprive them of their liberty. If they are not able to do this, there is a requirement under DoLS that this deprivation of liberty be authorised before it can go ahead.

The registered manager said that no one has any special dietary requirements. The service had introduced the 'eatwell plate'. The eatwell plate highlighted the different types of food that make up a healthy diet, and showed the proportions people should be eating to have a well-balanced diet.

Is the service effective?

Staff we spoke with knew what people's likes and dislikes were as many had cared for the people who used the service for over 18 years. One staff member said, "You can tell when they don't like certain foods, they will refuse to eat it, such as one person does not like rice." and "They will come shopping with me and point or pick up what they want to eat." Another staff member said "We have menus covering a four week period devised from people's preferences, we know what everyone likes." Not all people's likes and dislikes were documented in their care plan. We discussed this with the registered manager who recognised the need to document people's preferences.

Each person had a treat box containing their favourite snacks. Staff said, "We always encourage a healthy nutritious meal but then they have the occasional treat."

and "One person who used the service always likes a bag of crisps after their night time shower, this is their routine." Another staff member said, "We get takeaways as a treat or if they want one." We asked how they would know if they wanted one since they cannot communicate verbally, the staff member could not answer this.

We spent time looking around the service and found it to be in very good condition, we also found it to be homely, comfortable and furnished to meet the needs of people who used the service. Bedrooms were individualised to how each person's family wanted them. The service had been rebuilt about two years ago with the people living there in mind. One relative we spoke with said "A lot of thought and planning went into the rebuild and we were very much involved."

Is the service caring?

Our findings

We discussed the needs of people who used the service with staff. All staff could clearly explain about each person, they knew their preferences and routines. One staff member said about a person who used the service, “We can tell by the behaviour if they are not happy.” and “They are like our family and that is how we treat them.”

Relatives we spoke with said, “I am extremely lucky she is in such a lovely place and is so well looked after.” Another relative said “It’s a wonderful amazing home; every home should be like this one.” and another “I can’t speak highly enough of the staff.”

There were five people who used the service at the time of our inspection. All five attended day services during the day and returned late in the afternoon. Staff started preparing the home ready for their return. They put on DVD’s ready, set the lights in the sensory room, made tea and generally pre-empted their individual needs. The registered manager said, “We try and prepare for the needs, most are quite tired and just like to sit with a cup of tea, possibly watching a movie.”

We observed the care between staff and people who used the service. People were treated with kindness and compassion. Staff were attentive and interacted well with people. Staff were aware of people’s likes and dislikes. Each person received individual attention, one was provided with sensory games, another a vibrating blanket, whilst others sat and drank their drink or went to their individual rooms.

Relatives we spoke with said, “They are very well organised, they keep to a ritual to settle them in.” and “The staff are like family, they are the mam and dad, they do everything 100%” Another relative said, “It’s a wonderful place, amazing.”

The service had policies and procedures in place to ensure that staff understood how to respect people’s privacy, dignity and human rights.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this

encompassed all of the care for a person. We discussed the personal care that was provided and found the staff were adept at supporting people with personal hygiene in a discreet manner. We found the staff team were committed to delivering a service that had compassion and respect for people.

We asked staff about maintaining people’s privacy and dignity and they said, “We always knock on the door before entering and if providing personal care we always shut the blinds or curtains.” Another staff member said, “Doors can be locked from the inside to make sure no one comes in, we also keep their modesty covered.”

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home and people who used the service had the opportunity to visit their relatives regularly. Relatives we spoke with said, “My relatives key worker adores them, they bring them to visit me.”

We asked relatives if they feel welcome when visiting the service, they said, “Yes I am always made to feel welcome.” Another said, “I am kept stood at the front door for ages, I never get offered a cup of coffee anymore, I used to, I used to sit and have a cup with them but not now.”

The registered manager said they were in the process of sourcing an Independent Mental Capacity Advocate (IMCA), this was in case one was needed in the future. We saw evidence of this in the care plan. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions.

We did not see that end of life wishes and preferences had been discussed with people who used the service or their representatives. We spoke with the registered manager about this and they told us that this had not been done in order to avoid causing distress. In discussions with the registered manager we described the importance of ensuring that people were given the opportunity to discuss and share wishes relating to all aspects of their care, including end of life preferences. The registered manager said they would implement this straight away.

Is the service responsive?

Our findings

Relatives we spoke with said, "I have never had to put a complaint in." Another said, "I would not put a complaint in as I would worry about the repercussions on my relative." We asked this relative if they had any complaints they said, "No I have no complaints, I did have concerns and I invited the manager to come and talk through them with me, I left messages and they never got back to me, I feel they don't care about me." We passed this comment onto the registered manager who said they will look into it.

We saw the complaints policy and asked to see a record of complaints. There was no information on how to make a complaint in any format displayed around the service. The service had no record of any complaints. We asked the registered manager if anyone had ever put in a complaint, they said, "Any concern we deal with straight away, we do this verbally and there is no record."

This was a breach of Regulation 19 (Complaints) and Regulation 20 (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at care plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were not always documented in the care plans. Each care plan stated they were to be reviewed monthly. We did not see full evidence of this; the registered manager said that they documented the reviews on the services computer system. They showed us one print off of a review; others that were not printed off were 'lost in the system.' The manager said it was a difficult system to use and a lot of work could not be found even though it had been done.

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Two files we looked at had a pen picture; a pen picture provides information on who the person is, for example their life history, likes and dislikes. The registered manager said "We want to develop personalised 'life story' books for each resident drawing on the knowledge and

experience of their family and those who have known them well for a long time. This book will be added to over time. It will also be beneficial in informing the care planning process in documenting a lot of the knowledge that is held about the person by those around them, to preserve it as much as possible."

Each person using the service had a keyworker who helped them maintain their care plan; liaise with relatives and friends and to support the person to attend activities of their choice. It was documented that key workers should meet up monthly to discuss any recent events or changes. We found that this was not happening.

We saw that everyone got one to one time to do activities of their choice. Staff said, "We went to the theatre last week to see the Dolly Parton show." Another staff member said, "We went to see the Lion King, we take them out when we can." Staff knew what each person preferred to do, such as one person who loved action movies, another liked to draw and another loved hand and foot massages.

Staff we spoke said, "We often have movie nights, with popcorn." Another said, "We get the disco ball out and have a disco." All staff we spoke with understood the need for anything to do with the senses, such as light, sound and touch stimulation.

Relatives we spoke with said, "My relative gets one to one time, they go shopping or on trips." Another said, "Any opportunity they get they take him out, he loves feeling the wind, sun and rain on his face." and "It would be nice if she could go on another holiday, but it's down to staffing issues."

We could find nothing around the service to support people to communicate, such as picture boards or easy read signage. The registered manager said, "They would not understand that." We found no evidence to show the service had explored what would be understood by the people living there.

Four people who used the service had lived there for about 18 years and before that at a previous service. Relatives said, "I hope and pray they do not ever separate them." and "They all have a special bond, even though they have no language they really gel together." Another said, "It's a dream place I am very lucky."

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. There were no effective systems in place to monitor and improve the quality of the service provided. The only audit we saw was for infection prevention and control.

This was a breach of Regulation 10 (Monitoring and assessing the performance of the service), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to regulation 17 (2) (a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection there was a registered manager in place. They have been in post as manager since 2012 and registered with the Care Quality Commission since 4th November 2014. The service had only recently transferred to an adult social care setting but still used hospital paperwork; this was not supportive for the service.

Staff we spoke with said, "I am supported, we have a very good manager." Another said "I can go to the manager about anything."

We spoke with three relatives. One relative said, "I don't see much of the manager, the other manager worked shifts, so I would see them on an evening or weekends, which is when I visit." Another relative said "I have not had much to do with the new manager, I phoned several times to speak to them but they did not ring back." And another said, "The manager is fine, they introduced themselves."

There was no evidence of staff meetings. We asked the registered manager why staff meetings were not taking

place, they said, "No staff turned up to the last four or five." And "I can't get the staff to come in when it is their time off, they work on the morning to get people to the day service, then on an evening when the people return, the same staff do not work the morning and the night, therefore once they finish they go."

We asked if they held relative meetings, but were told no. Annual surveys were sent to relatives by the trust, but were more hospital led and did not support an adult social care service.

The registered manager said, "We will implement regular family member and staff surveys to gather important feedback on the service and where we can make improvements. The findings will be reviewed, shared with all and acted upon. To complement this communication process a biannual newsletter will be sent to all family members keeping them updated, including a 'You said, We did'."

The registered manager said, "We plan to increase our use of volunteers. We have the facility to identify individuals, engage with them, vet and train them. This will enhance and complement the service we offer for the five residents. We hope to identify a person or people with skills in gardening who can support us in developing our outside space so that it has sensory elements and attracts birds and other wildlife for the enjoyment of our residents and the enrichment of their environment. We also would like to source someone with musical skills who would be willing to come and do interactive music sessions with us. Other ideas and suggestions will be gathered from family members and staff alike. We plan to have volunteers to only do things that will benefit the residents, be only things that we can't do better ourselves and don't already have the skills for."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The registered provider was not protecting service users against the risks associated with the unsafe use and management of medicines, as appropriate arrangements were not in place for the recording, handling, using, safe keeping and safe administration of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The registered provider was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity.
The registered provider was not assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.
The registered provider was not seeking and acting on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

This section is primarily information for the provider

Action we have told the provider to take

The registered provider was failing to listen, act on and record complaints effectively, and making sure people know they or their relative will not be discriminated against for making a complaint.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive appropriate support through supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.