

Mrs L Huntley

# Venville House

## Inspection report

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### 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

Venville House is a residential care home providing the regulated activity of personal care for up to eight people. At the time of our inspection there were eight people using the service.

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

People told us they felt safe and loved living at Venville House and spoke positively about the manager and staff team. People were protected from the risk of abuse and avoidable harm as staff were aware of their safeguarding responsibilities and knew how to report any concerns.

There were sufficient numbers of staff available to meet people's needs. Staff had the skills, knowledge and experience to care and support the people living at the service. Staff were recruited safely. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

People were supported by staff who treated them with dignity, respect and were kind, patient and caring. People's needs, and choices were known and respected. Staff understood their roles and responsibilities. Staff liaised with health and social care professionals to ensure people's health and care needs were met.

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

People were supported to maintain relationships with their families and enjoyed being part of the local community.

We have made a recommendation about the management of some medicines and the development of up to date care records.

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 and update

The last rating for this service was requires improvement (published 12 December 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made however the provider remained in breach of regulation.

At our last inspection we recommended that the provider sought advice in developing care plans that were reflective of people current need. At this inspection we found further improvements were required.

### Why we inspected

We undertook this inspection to check they had followed their action and to confirm they now met legal requirements.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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** ●

# Venville House

## 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 one inspector, a medicines inspector 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

Venville House 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. Venville House 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

The service has a manager who is also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed the

information the provider sent us in the provider information return (PIR). This is information provider are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and six relatives shared their experience about of the care provided. We spoke with two members of staff and the manager. We reviewed a range of records, this included three care records and medicine records. We looked at two staff recruitment files and a variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

### Using medicines safely

At our last inspection the provider had failed to ensure systems were in place and robust enough to demonstrate people's medicines were always managed safely. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection although further improvement is recommended; we found the service was no longer in breach of regulation 12.

- Medicines were ordered and disposed of safely. Medicines were stored securely in people's bedrooms. The provider had arranged for temperature monitoring of these storage areas when the cupboards were newly installed and during hot weather. Temperatures recorded at these times were within the required range recommended by medicines producers.
- The provider worked collaboratively with people's GP to make sure medicines were reviewed and to respond to people's changing health needs.
- Specific risks related to medicines had been identified and action put in place to reduce the risk of harm. For example, the identifying risk of bleeding if a person taking an anticoagulant (blood thinner) fell.
- Medicines were administered to people by the manager, who had undertaken medicines training. An annual review of their competence to administer medicines was completed but this was not by an external assessor as recommended in NICE SC1.
- Medicines administration records (MARs) were accurate and contained the required information necessary to safely administer people's medicines. Although there was no separate guidance about medicines prescribed to be given when required, the manager had added information to the MAR and knew people's needs well. The manager signed the MAR after they had given a medicine. This indicated that people had received their medicines as prescribed.

Recommendation: The provider should ensure that best practice recommendations from NICE guidance SC1 are implemented, in particular relating to guidance for when required medicines.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection although further improvement is recommended; we found the service was no longer in breach of regulation 12.

- We found the manager and staff understood people's individual risks and the action they needed to take

to maintain people's safety. This included ensuring people had access to appropriate equipment and the assistance they needed.

- People and their relatives told us the manager talked to them about their safety needs and risks; they explained they were confident staff knew how to meet their needs and support them safely. One relative said, "I think the staff know [person] well they know what they are doing and how to care and support [person] safely". We observed people being supported safely.
- The managers and staff's knowledge of people, their needs and how to meet these needs was exceptionally good. However, this information was not always recorded in care plans as it should be. Care documentation had not been routinely reviewed and updated following any change in need.

We recommend the provider reviews and develops care records to ensure they fully reflect people's current risks and actions taken to manage and mitigate risks.

### Preventing and controlling infection

At our last inspection people were not protected from the risk of infection and cross contamination. Records were not in place in relation to the environment, infection control and health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in respect of infection control.

- We found concerns around the use of hand towels and a fabric toilet seat covering had been addressed. Paper towels had been installed in toilets and bathroom areas and cleaning schedules had been implemented and were completed regularly to ensure the risk of infection was reduced.
- The provider ensured premises and equipment were checked and serviced as required.
- 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. People and their relatives told us the home was clean. Comments from people included, "Its clean and tidy I have no issues with my room", "The cleanliness is spotless my sink is cleaned every day and hoovered three times a week its very homely". Relatives comments included, "I have never noticed any nasty odours in the home," and "Yes, it's very clean I have no concerns around that."
- 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.

### Staffing and recruitment

- People were supported by an established staff team who knew people extremely well. People, their relatives and staff told us there was sufficient numbers of staff available to meet people's needs. One person commented, "There is enough staff they are very friendly."
- The manager checked the suitability of new care staff before they started to work at the service. This included health and background checks such as, Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



### Visiting in care homes

- People were supported to have visits from their family and friends safely and in line with the government guidance. This was confirmed by people and their relatives.

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

- People told us, they felt protected and free from the risk of harm at Venville House. One person said, "I'm very happy here, I'm well looked after." One relative commented, "I knew straight away that [person] would feel safe and contented at [Venville House]. This continues to be the case," and "I have peace of mind [person] is safe."
- People were protected from the risk of abuse or harm because members of staff knew how to recognise and respond to concerns. One member of staff said, "I would speak with [manager] about [any concerns] and I would take it further if needed to [CQC or Local authority]."
- The manager was aware of the processes to follow to ensure people were protected from the risk of harm or abuse such as reporting allegations to the local safeguarding authority.

### Learning lessons when things go wrong

- Recording of any concerns including any incidents were detailed in the daily recording sheets which were analysed by the manager on a monthly basis.
- We saw the manager had acted on any concerns and taken appropriate action to mitigate any risk to people such as, contacting health care professionals. Information was shared with staff during handover.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisals. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection although further improvement is recommended; we found the service was no longer in breach of regulation 18.

- Following the last inspection, the provider enrolled staff onto an online training programme to equip staff with the knowledge and skills to meet people's needs.
- At this inspection we saw staff had completed training in relation to key areas such as infection control, safeguarding and health and safety. Staff told us they had access to an online training programme which gave them the opportunity to refresh their knowledge and skills around particular topics such as, mental capacity and end of life care.
- The manager and staff were knowledgeable and skilled in relation to people's care and support needs. Staff spoke positively about the support they received in their role and said they felt they had the skills to meet the needs of people who were living at the service.
- Staff told us they felt very well supported in their role, many of the staff had worked at the service for several years. Staff said they had daily opportunities to speak with the manager to discuss any concerns or support needs. One member of staff said, "There is ample opportunity to talk to [manager] and [they are] always receptive and listen. I feel very supported in my role." Please refer to the key question of well led regarding lack of formal recording of staff performance and development.
- We reviewed the training matrix which indicated that not all staff had fully completed all aspects of the training. We discussed this with the manager who confirmed practical manual handling training had been booked and that they would ensure staff completed any outstanding online training sessions.

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.

At our last inspection the provider was not acting within the legal framework of the MCA in ensuring capacity assessments and best interest processes were undertaken. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service was no longer in breach of regulation 11.

- People using the service had capacity and told us they were given choices and encouraged to make their own decisions about their care and support. They told us staff sought their consent before providing care. One person said, "Staff always ask."
- We observed staff routinely offering people choices and seeking consent from people for their daily care needs.

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

- Prior to people moving into Venville House people's care and support needs were assessed which ensured the service would be able to meet people's needs.
- People and their relatives told us the manager and staff team were knowledgeable about their needs and, that they regularly checked people were happy with the care and support provided.
- Care records were in place however they did not always contain sufficient guidance for staff to refer to, as detailed in the safe section of the report.

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

- People were complementary about the food and drink provided. Comments included, "It's lovely food here, you get a choice," "Always nice and hot," and "Food is not too bad at all." One relative told us, "[Person] is well fed and able to choose what and when they want to eat. [Person] said one day they would like some smoked mackerel and the [manager] went and bought some."
- The manager and staff were knowledgeable about people's likes and dislikes and any dietary needs such as people living with diabetes.
- Mealtimes were unhurried which meant people could eat their meal at a pace that suited them; people could also choose where and when they wanted to eat their meals.
- Details of people's food and fluid intakes were monitored and recorded on daily records along with, their weight, when needed to ensure people remained healthy.

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 such as the GP and dental services to ensure their health needs were met. One person commented, "When I told the staff I wasn't feeling well; they arranged for a doctor to visit."
- People were supported to attend health care appointments when needed to ensure any health needs were identified, monitored and treated. The manager said they had a good relationship with the GP who they spoke with regularly.
- Records showed staff contacted health care professionals in a timely manner for example, in response to changing needs or if a person was feeling unwell.
- Relatives said people's health needs were well supported and they were kept informed of any changes in

their relative's health or well-being.

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

- We saw people moving independently around Venville House. When people needed additional support to manoeuvre or orientate themselves, we saw this was provided in a supportive way.
- People's bedrooms were personalised with their own items such as furnishings, photographs and ornaments.
- People lived in the provider's home and had access to communal areas including the lounge, conservatory and garden.

# 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 our last inspection we rated this key question good. The rating for this key question has 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 and their relatives were extremely positive about the manager and staff and about the excellent care and support received. Comments included, "I cannot praise [manager] and her staff enough for their care and devotion to looking after the residents at Venville House," and "Its more intimate and friendly being a small home with amazing staff. If I need care for myself in time that's where I want to go."
- It was clear from conversations with people, relatives and staff that people living at Venville House were very well cared for and that people and their relatives had built strong relationships with those staff who cared for them.
- Staff knew people well. We observed kind and caring interactions from staff and the manager towards people. It was clear that people's needs were respected and well met by the manager and staff team.
- The manager and staff team recognised when an individual's needs changed and ensured information was shared with each other, relatives and health care professionals where required to ensure a person continued to receive effective care.
- Relatives told us staff knew people well and understood what was important to them. Staff we spoke with knew people's life histories and people's individual likes and dislikes. For example, people's spiritual needs and individuality were respected and known to staff.

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

- People and their relatives were involved in making decisions about their care. People were encouraged to express their views and make daily choices in relation to their personal care, time they got up or went to bed, what they wanted to wear and food they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy particularly when supporting them with personal care. One person said, "The staff are kind, they can anticipate my needs and always treat me with respect and dignity."
- Staff promoted people to be as independent as possible with decisions about their care and support needs. We observed staff offering encouragement and options with decisions about meals and drinks and where they had these.
- People were encouraged to carry out personal care and daily living tasks but if they required the assistance from staff this was given. One person commented, "I'm encouraged to be independent where possible especially with showering". Another person said, "I'm encouraged to be independent where I can."
- People were well groomed, and their clothing looked clean and tidy. The staff explained how they

supported people. Their comments included, "I care for people like they were my family and encourage them to do as much as they can for themselves."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection we recommended the provider sought advice and guidance about developing care plans that are person-centred. At this inspection although we found care plans had been developed, further improvement was required to ensure care records continued to be reflective of people's current needs.

- People received personalised care that was responsive to their needs because the manager and staff knew people exceptionally well.
- Improvement's had been made in relation to daily recording's which detailed any actions considered or taken to ensure a person's continued well-being or health needs were met; along with an overview of any changes in a person's need that might need further assessment or referral to a health care professional. Please refer to the key question of safe regarding care plan development.
- The manager was always available for advice and support because Venville House was their home, and staff had worked at the service for several years which meant they knew people extremely well and were responsive to people's varying needs.
  - Staff were very knowledgeable about people's likes, dislikes and preferences. People felt the staff knew them very well and were attentive to their needs. One relative told us, "I mentioned to [manager] that [person] did not like instant coffee and she now always makes [person] freshly ground coffee. The [staff] are very good."
- People were encouraged to bring in their own belongings from home when they moved in. This helped to create a home from home feeling for people. One relative commented, "I am more than grateful for the care [person] receives in a family environment. Nothing could be better."

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.

- The manager and staff were fully aware of people's individual communication needs and how these should be met.
- People had information presented in a way they found assessable and, in a format, they could understand.

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 told us they were happy with how they spent their time. Comments included, "I go on trips and I'm happy to sit and listen to music." And "I read a lot." And "I like to go out in the car two or three times a week and I like to sit in the lounge where there is someone to talk too."
- Relatives explained how the manager supported their loved ones to maintain relationships with people who were important in their lives. For example, one relative said, "[Manager] dropped [person] to my house which allowed [person] to have a couple of hours with a family gathering." Another relative commented how the manager and staff team supported people to have regular telephone or video conversations with their family and friends. A relative told us, "When me or any of my family visit, the staff always have time to come and chat to us and give stories of anything that has happened recently and always engages [person] in the conversation."
- Staff supported people to attend 'religious' services when they wanted to which meant people were enabled to meet and maintain their spiritual needs.
- People were encouraged and supported to access and be part of the local community. For example, regular outings and trips occurred to local villages and towns such as Ashburton and Plymouth, people enjoyed fish and chips on the moors and visited garden centres as well as attending events in the local community such as craft shows, pantomimes, school events and visiting local shops. One relative told us their family member was assisted by staff to watch them participate in the 'tour of moors' bike race when it passed through the village, which they enjoyed immensely.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not had to raise any concerns but said they would feel comfortable speaking with the manager if needed. Comments included, "I would go to the owner, I've never had to raise any concerns," and "I'm happy to raise any concerns with the manager." Everyone said they felt confident issues would be immediately addressed.
- Information about how to raise complaints was given to people and their relatives on their admission into the home. The manager and people, relatives and staff confirmed the manager was always available to discuss any concerns or worries.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The manager said they would work with health care professionals to ensure people had access to the care and support they needed in a timely manner.





# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had not ensured there were adequate systems in place to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we noted that improvements had been made, further improvements were required, and the provider remains in breach of regulation 17.

- The manager had some processes in place and was able to talk through how they ensured people remained safe. However, the lack of formal auditing procedures meant the provider did not have a robust system for tracking, monitoring or continuously improving the service. This included not having records relating to staff supervision and appraisal, not having records of audits of care plans or reviews of care plans, not auditing medicines systems and processes.
- People's fire evacuation plans had been formulated but did not contain sufficiently detailed information to ensure people were evacuated safely in the event of an emergency.

The provider had not ensured there were adequate systems in place to assess, monitor and improve the quality and safety of the service provided. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a manager who was also the provider and lived on site. This meant they had clear oversight of the day to day running of the service.
- The registered manager and staff understood their roles and responsibilities and strived to deliver care in the way people wanted to receive it.
- We saw evidence that safety checks were carried out such as Portable Appliance Testing (PAT) which is the examination of electrical appliances and equipment to ensure they are safe to use, and gas safety checks were completed.

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

- Staff told us they felt supported by the manager and were encouraged to develop their experience to

further support people.

- The manager promoted a positive culture and demonstrated a commitment to providing person-centred care. People and their relatives told us the care, support and service received was good and that they would recommend Venville House to others. Comments included, "I know we could not have found a better residential home; we investigated and rejected many others before we made the decision." And "I would not want [person] to be looked after anywhere else. I am more than happy with how [person] is treated as a member of the family at Venville House. Its more intimate and friendly being a small home with amazing staff."
- Relatives told us that they felt their loved ones had a good quality of life at Venville House. Several relatives told us their loved one's health and wellbeing had improved since moving to the service. For example, one relative commented, "[Person] is thriving and having a good quality of life."
- People and their views were valued by the manager and staff team. We observed many interactions where staff waited and listened to people, provided reassurance or made time for conversation.
- Staff told us the manager supported them in their job roles. They confirmed the service was well managed and that they enjoyed their work, felt valued and listened to.

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 manager was aware of their responsibilities regarding duty of candour. They encouraged and promoted openness and good relationships had been built between the manager, staff and people using the service and their relatives.
- The provider had submitted notifications they were required by law to tell us about, such as notifications of death.

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

- Relatives felt the manager and staff were easy to approach and talk with, about their relatives needs or any concerns they might have.
- Surveys were completed by people and their relatives to gain their views of the service provided. All comments were positive about the care people received.
- The service had also received a number of complement cards thanking the manager and staff for all the love and support they gave their relatives.
- There was good communication between the manager and staff. Important information about changes in people's care needs were communicated to staff effectively. Staff confirmed daily handovers with the manager updated them on any changes to people's needs and actions they needed to take to ensure people continued to receive good care. One staff member told us, "We share information regularly and the [manager] updates us on what's going on with [people]."

Working in partnership with others

- The manager and staff ensured people had access to appropriate health care professionals involved in their care.
- We saw key information regarding people's care and treatment had been appropriately shared with other services. This meant people's care needs were met and they were cared for holistically.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured robust systems were in place to assess, monitor and improve the quality and safety of the service provided.</p>