

# Chartwell Care Services Limited

## Barkby Road

### 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: Barkby Road is a residential care home which provides accommodation and personal care for up to 11 people. At the time of the inspection seven people were living in the main building and two people in the adjacent bungalow.

People's experience of using this service:

- We found improvements had been made following the previous inspection of the service by the Care Quality Commission.
- We found that Barkby Road met the characteristics of a 'Requires Improvement' service.
- Although improvements in recruitment records had been made we still found some records did not contain all the elements they should.
- Although incident recording had improved we did find that not all incidents had robust debriefs and lessons learned recorded. However, systems were in place to monitor this and drive improvement.
- Improvements were ongoing in the environment and oversight continued to be needed to ensure the timeliness and quality of repairs.
- Audits were now in place, the head of adult operations closely monitored the service. Some of the audits were new and still need to fully embed to ensure their effectiveness.
- People received safe care. Risks to them were identified and managed.
- There were sufficient trained and supported staff to meet people's needs.
- Staff understood how to maintain people's safety as they had received regular training and updates.
- People's medicines were managed safely, and prescribed medicines were reviewed by a health care professional.
- The service was welcoming and provided opportunities for people to socialise, both within the service and the garden.
- Staff were kind and caring and promoted person centred care.
- People's needs were reviewed with their involvement where possible, or that of a family member. Changes were incorporated in the care plan.
- People's health needs were identified and met. Referrals to healthcare professionals were made when needed.
- People were happy with the meals provided. People were supported to eat a healthy diet which met their dietary requirements. Food and drinks was readily available.
- People were consulted with about their care, and safeguards were in place for people who were unable to make decisions about their care.
- Family members commented on the improvements which had taken place over the last few months.
- People had opportunities to take part in activities, which were important and meaningful to them.
- The head of adult operations was aware of the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Rating at last inspection: Inadequate. The last report for Barkby Road was published on 18 January 2019.

Why we inspected: This was a planned comprehensive inspection based on the rating from the previous inspection and as the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

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** ●

# Barkby 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 checked whether the 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.

Inspection team: The inspection team consisted of two inspectors.

Service and service type: Barkby Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. However, they had left and were in the process of de-registering. A new manager was in post and had applied to be registered as the manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

Why we inspected:

This inspection was carried out to follow up on breaches in regulation identified during the last inspection in October and November 2018

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider did not complete the required Provider Information Return (PIR). We took this into account in making our judgements in this report. The provider made arrangements following the inspection to submit the PIR.

The service was providing care to nine people. We telephoned two relatives and received feedback from one relative via email. We were unable to communicate in detail with people using the service. However, we spoke with four people who were able to indicate they were happy with their care and activities they took part in. We also spoke with the acting manager, the deputy manager, head of adult operations, the maintenance person and three members of staff.

We looked at three people's care records including their daily records and medicines charts. We also examined other records relating to the management and running of the service. These included three staff recruitment files, training records, supervisions and appraisals. We looked at the complaints and quality monitoring information.

# Is the service safe?

## Our findings

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

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

At our previous inspection on 29, 30 October and 26 November 2018 we found the registered person had not ensured there were sufficient skilled staff available. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Whilst improvements had been made further improvements were required in some areas. The provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

### Staffing and recruitment

- Since the last inspection improvements have been made in recruitment. Agency staff were no longer routinely used and this meant people using the service had a more consistent staff team supporting them.
- The acting manager and head of adult operations had a clear oversight of staffing levels to ensure people's needs were met safely and timely. Staffing levels were regularly reviewed to ensure people continued to be safe.
- One staff member told us, "Staffing levels used to be quite poor, but now they are excellent. People get the support they need and more."
- Prior to commencing in post staff had a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- We did note that not all files had photographic identification and some references were not available or verified. For example, where a reference was a hand written character reference it was not verified to ensure it was a legitimate reference.
- We brought this to the attention of the head of adult operations and they arranged for the missing references to be sent to the service during the inspection. They also told us they would arrange for photographic identification for all staff to be obtained.

At our previous inspection on 29, 30 October and 26 November 2018 we found the registered person had not ensured people received safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found improvements had been made.

### Assessing risk, safety monitoring and management

- At the last inspection we found people were not being kept safe as risk assessments and risk management plans did not reflect people's needs.
- People now had detailed risk assessments in place which covered all aspects of risk within their lives. This included plans to manage any behaviours which may challenge.
- Staff were guided by these plans in a safe, proportionate approach to physical intervention that may be required.

- Staff we spoke with confirmed they felt confident in supporting the individuals using the service, and knew how to respond to risk safely.
- One staff member said, "Our training is that any kind of physical restraint is a last resort. It is not required very often, as we know how to de-escalate situations where people are becoming anxious."
- During the day we heard a person become anxious, however staff were able to distract them and the person became calm very quickly as a result of the staff intervention.

At our previous inspection on 29, 30 October and 26 November 2018 we found the registered person had not ensured people were living in a clean and safe environment. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made. At this inspection we found improvements had been made but further improvements were required in some areas. The provider was no longer in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

### Preventing and controlling infection

- At our last inspection we found the service was in a poor state of repair and was unclean.
- During this inspection we found significant improvements had been made to the environment.
- We saw major work was in progress in refurbishing one bungalow and the damage identified in the second bungalow had been repaired.
- The problem causing a shower to constantly leak into the dining room when used had been identified and resolved.
- The communal areas had been redecorated and the people using the service had been encouraged to choose the colour used to paint the communal living room.
- The conservatory area was now a pleasant place to be, with an area for people to sit and relax. Another area could be used for people to take part in activities if they so wished or eat their meals.
- We did note several double glazing window units had 'blown' and as a result were full of condensation. There was large crack in a wall in the dining room as well as paint bubbling off the wall. An upright strut in the conservatory roof was missing. We brought these matters to the attention of the acting manager and head of adult operations to investigate.
- The garden area was now a pleasant useable space for people to take part in activities. We saw people using the garden to play football or sit with staff whilst they enjoyed a hot drink.
- Throughout the day we saw staff supporting people to clean their personal spaces.
- Cleaning rotas were in place but we did note some gaps. The head of adult operations told us not all staff recognised cleaning as part of their role. This continued to be monitored.
- Staff had access to personal protective equipment and we saw staff wearing gloves when they needed to.
- There were some areas which still needed to be repaired and we identified several light switches which did not work. These had also been identified by the acting manager in their environment audit and reported to the maintenance person.
- We were told the service sometimes had to wait for repairs to take place as the provider only had two staff covering all the services within the group.
- We discussed this with the head of adult operations who told us they were working with the maintenance person to get repairs completed as fast as possible, including obtaining outside contractors to carry out some work.
- We also noted some repairs had been not been carried out to a good standard. The head of adult services told us this work had been carried out by previous workmen who they no longer used. They had brought in new trades people and repairs would be brought up to a suitable standard. This work was now being overseen by the head of adult operations.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding and whistleblowing policies and procedures to guide staff on what action to take should they have any concerns. These are laws that protect whistle-blowers from being unfairly treated for reporting misconduct.
- Staff had a good knowledge and understanding of safeguarding and whistleblowing. They understood the reporting procedures and told us they were confident to report any concerns.
- The head of adult operations was open about where mistakes had been made in the past and was clear what should happen in the service to keep people safe.

Using medicines safely

- At the last inspection in October and November 2018 we were concerned medicines were not consistently stored at the manufactures' recommended temperature. This is important as it may impact on the efficacy of the medicines.
- During this inspection records indicated the temperature of the room where medicines were stored remained with acceptable guidelines. However, we did note the fan purchased to keep the room cool was no longer available.
- The provider had introduced an electronic medicines monitoring system to help minimise medicines errors.
- Records showed people received their medicines when they should and at appropriate intervals.
- Staff had received training in the use of the new system as well as safe handling of medicines training.
- There were clear protocols in place for people who were prescribed medicine to be taken as and when required (PRN), for example for the management of anxiety.
- Staff confirmed that PRN medicines were not overused.
- The head of adult operations had introduced the STOMP initiative following our last inspection. This initiative is from the NHS to stop the over medication of people. Although it had not been fully implemented the acting manager was able to tell us where they had spoken with a person's consultant as staff believed the person was over medicated. Following this intervention the person's medicines were reduced and had shown improvement in their well being.
- Prior to our inspection we had received information a person had not received their medicine when they should have as the service had run out of the medicine. We asked the acting manager what they were doing to minimise the risk of this happening again.
- They told us, "When we ran out of medicine it was because the pharmacist had not sent enough. The new system shows us clearly how much we have in stock and so we know to order more. We hope this new system will stop this happening again."

Learning lessons when things go wrong

- At our last inspection in October and November 2018 we were concerned at the high level of restraint used by staff with people living at the service.
- We had previously found incidents had taken place and there was a lack of debriefing amongst staff and recording of lessons learned.
- Audits were now undertaken in these key areas where people needed to be restrained.
- The head of adult operations had weekly oversight to these incidents. This ensured any actions taken by staff were accountable and proportionate in keeping people safe.
- Records we looked at showed this was still an ongoing and developing process and not all incidents had been fully debriefed with lessons learned recorded. In discussion with the acting manager they were fully aware of the importance of maintaining this process for the safety and wellbeing of the people who used the service. The head of adult operations restated their position they would continue to closely monitor incidents to ensure lessons learned were recorded.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection on 29, 30 October and 26 November 2018 we found the registered person had not ensured there were sufficient skilled staff available. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found improvements had been made. The provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Staff support: induction, training, skills and experience

- At our last inspection staff were not being supported through regular supervision or suitable training.
- At this inspection staff confirmed they had all received supervision with the new acting manager.
- One staff member told us, "I wasn't getting supervision, but I've had one recently, and I know the new managers have a plan to do this regularly."
- Training records also showed staff were getting appropriate training to meet people's identified needs such as diabetes.
- The acting manager told us they were currently working with the occupational therapist and speech and language team to develop a better understanding of a person who had been experiencing a high number of behaviours. This was to help improve staff understanding of the person's needs and through this improving the person's quality of life.
- This was confirmed by records in the person's care plan.

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

- People who lived at Barkby Road had done so for many years. They had been assessed prior to them moving to the service by the commissioners and a representative of the service at that time.
- Current assessments did not always reflect the Equality Act and provide information on how people's protected characteristics would be supported. We discussed this with the head of adult operations who told us assessments and care plans were being developed further to reflect the current legislation and guidance.

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

- At the last inspection in October and November 2018 we had concerns in the way food was being ordered as stocks were often low. This had impacted on people in a negative way.
- At this inspection we saw there was plenty of food. The head of adult operations told us they had now put in place a system where food was ordered each week and delivered. Staff could go out and buy food should they run low on any items.
- Minutes of a recent resident's meeting showed people were being asked about the meals they had and choices on offer. They showed people were happy with the quality, choice and quantity of food available.

- Staff had excellent knowledge on people's dietary requirements and care plans confirmed what staff knew about people's needs.
- Care plans and risk assessments identified people's needs with regards to food and drink. Specialist diets to meet people's needs were provided. For example, where people had diabetes or food allergies.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other organisations. The management team were currently working with the occupational therapist and speech and language team to improve the support provided to a person living at Barkby Road.

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

- Significant improvements had been made to the environment of Barkby Road since the last inspection.
- A variety of new garden furniture had been bought to enable people to use the garden more fully.
- We saw a trampoline in the garden and staff told us people were being supported to use it safely when they wanted to.
- We saw one person using a hammock at intervals throughout the day. We could see from their expression they really enjoyed the using it.
- The main communal area had been decorated since the last inspection and people using the service had been involved in choosing the colour. We asked a person if they like the lounge area and the colour, they told us they did.
- New windows had been added to one of the bungalows this had improved the daylight in the space making it a much more pleasant environment for people to use.

Supporting people to live healthier lives, access healthcare services and support

- People had regular contact with a range of healthcare professionals to promote their health and welfare.
- Staff were proactive in contacting healthcare professionals where they identified concerns. For example, where a person had an increase in self-harm behaviours records indicated a referral had been made to a healthcare professional to look at ways of supporting the person more effectively.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care plans contained assessments about people's capacity to make informed decisions about their health, care and welfare. These were regularly reviewed.
- Where assessments had identified people did not have the capacity to make an informed decision, then a best interest decision was made on their behalf. Best interest decisions involved health care professionals and family members.

- A number of people at the service, who did not have the capacity to make an informed decision had an authorised DoLS in place, with conditions in place, for example, ensuring the person was supported to remain in contact with their family.
- Staff had received training on the MCA and our observations showed that staff always sought people's consent before providing care and support.
- Staff had a good understanding about people's individual capacity to make day to day decisions.
- Where people's DoLS were due to run out a fresh application had been completed and submitted to the managing authority.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At our previous inspection on 29, 30 October and 26 November 2018 we found the registered person had not ensured people were treated with respect and dignity. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found improvements had been made. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations

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

- People were treated with kindness and respect.
- Staff recognised when people needed individual emotional support. During the day we saw a person become distressed. Staff immediately responded to the person and distracted them by taking them outside to walk in the garden.
- Family members we spoke with told us staff worked well with their relative and supported them with kindness.
- The training information we received following the inspection showed staff had completed equality and diversity training. We observed staff throughout the day treat people in a non-discriminatory way.
- We observed positive relationships between people and staff. People were relaxed and were seen to be laughing and joking with staff. We saw one person who liked to lie on a hammock outside. A staff member was knelt on the ground next to them quietly talking to them. The person's facial expression showed they were happy and content in the activity.

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

- People were given choices in everyday decisions such as meals and activities. During the meal time we saw people were involved in choosing their meals and were supported to make drinks throughout the day.
- Monthly resident meetings took place, which was an opportunity for people to be involved in making decisions on activities and meals.
- People were supported to get up and go to bed when they wanted to. When we arrived at the start of the inspection a person was telling staff they were tired. Staff told us the person always got up very early and so was sometimes tired later in the morning. They were encouraged to go back to bed, which they did and got up a few hours later.
- The head of adult operations told us they planned to carry out staff interviews at the service in future, so prospective staff could meet people who lived at Barkby Road.

Respecting and promoting people's privacy, dignity and independence

- People had their own personalised bedrooms. Throughout the inspection we saw staff knock on people's doors to get permission to enter.

- People's independence was promoted. People were encouraged to be involved in cleaning their bedroom with their keyworker.
- Family members were supported and encouraged to be involved with the care of their relative.

# Is the service responsive?

## Our findings

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

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

At our previous inspection on 29, 30 October and 26 November 2018 we found the registered person had provided people with opportunities to live fulfilled lives. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found improvements had been made. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations

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

- People had person centred care plans in place. They provided staff with the detail and information on how people should be supported.
- Behaviour support plans were in place for people who required them. Staff were aware of potential triggers for escalation in behaviours that challenged. This information enabled staff to respond appropriately and swiftly to deescalate situations.
- Care plans outlined people's communication needs. Some people could communicate verbally whilst others used gestures, facial expressions and pictures to communicate their needs.
- Staff told us how they supported people who did not communicate verbally. This involved signing, objects of reference, knowledge of people's vocalisations, and body language.
- We saw staff communicating with people in their preferred way.
- The service worked to the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw the complaints procedure and service user guide was written in an accessible format.
- Each person had a person-centred programme of activities. During the inspection we observed people were involved in going food shopping, as well as going out for coffee in town.
- One person told us they had gone to watch their favourite football team recently and were planning to see them again when they next played at home. Staff had supported the person to decorate their bedroom in the colours of their team.
- We also saw one person had been on holiday. They had chosen to go to an 80's music weekend. Staff reported the person had enjoyed themselves.
- The provider had bought a trampoline. Staff told us this was used under safe conditions following a risk assessment. They told us people who had used it really enjoyed it.
- Family members told us they felt activities had improved recently.
- Following a recent survey, people had decided they wanted to have a family fun day where family members were invited.
- A family member told us they had attended and felt the day had been a success.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place which was accessible to people and their families.
- A family member told us they had complained about their state of their relative's bedroom in the past but nothing had been done. They said, "There was a serious leak in [person] bedroom. Staff had complained, I complained repeatedly but nothing was done. I feel unhappy with the provider's behaviour in not taking quick action until he was made to."
- We were told repairs in people's bedrooms which needed doing had been completed.
- Staff were aware of their responsibilities in relation to receiving complaints.
- All complaints received since the last inspection in October and November 2018 have been investigated using the provider's complaints procedure.

#### End of life care and support

- No one received end of life care at the time of our inspection.
- End of life care plans were in place which enabled people to record their thoughts, future plans and preferences, should they wish to.

# Is the service well-led?

## Our findings

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

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

At our previous inspection on 29, 30 October and 26 November 2018 we found the registered person had a lack of oversight to the management of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Whilst improvements have been made further improvements were still required in some areas. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations

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

- The registered manager was on maternity leave and we had been informed they would not be returning. The provider had employed a new manager who had applied to become registered with CQC. 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.
- The acting manager, along with head of adult operations supported staff through ongoing training, supervision and meetings to ensure staff were motivated and caring.
- The head of adult operations had now put an improved system of quality auditing in place. This covered key areas within the service. For example, safeguarding, environment and staffing. Any areas for improvement were identified within an action plan. Some audits were new and taking time to fully embed amongst staff. For example, the cleaning rotas. The head of adult operations was aware of this and had oversight of actions to ensure they were completed.
- One family member we spoke with told us they felt they and their relative had been badly let down by the provider in the past. They said, "The service has been allowed to deteriorate in the past few years. I have complained but nothing happened and they have lost good staff." They added, "I feel the improvements now are too little too late."
- Other family members were pleased improvements were being made.
- The provider had a business continuity plan in place, which detailed how the people's needs were to be met in the event of an emergency, for example if the service experienced a utility failure or a fire.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The day to day running of the service was well organised, staff were clear about their collective and individual duties. A shift leader ran each shift and ensured staff knew what needed doing. Staff worked together as a team to provide good quality care.

- Staff told us they felt the management of the service had improved in the last few months.
- One staff member told us "There have been some inconsistencies in the past with management which was difficult, but it's really good here now, much better."
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people.
- Although the acting manager was aware of the requirement to do this and had been sending notifications to us since they took over as acting manager, we found one incident had not been sent. They ensured it was sent to us following the inspection. The head of adult operations told us they would continue to monitor notifications sent to CQC.
- The provider had displayed the rating from inspections awarded by the CQC, both within the service and on their website, which is a legal requirement.

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

- People who used the service and family members had opportunities through regular meetings held at the service to comment upon and influence the service.
- A quality survey had recently been introduced to find out what people using the service thought and wanted.
- Minutes of meetings showed people were consulted around changes. For example, people were consulted over the colour choice in the communal lounge.
- As a result of consultation, the service had a 'family fun day'.

Continuous learning and improving care

- The service had systems in place to ensure learning from incidents to prevent reoccurrence. However, this was still an ongoing process.
- The service had improved the systems in place for sourcing training for staff to meet the needs of people living at Barkby Road

Working in partnership with others

- The service engaged the services of other professionals in supporting them to meet people's needs.