Ranc Care Homes Limited

# Park View Care Centre

## Inspection report

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16 January 2019
24 January 2019

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## Ratings

| Overall rating for this service | Requires Improvement |
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|---|---|
| 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: Park View Care Centre provides accommodation, and personal and nursing care for up to 88 older people. There are two units in the home which accommodate people with nursing needs these are Beech and Oak and two which accommodate people with dementia these are Ash and Cedar. At the time of inspection there were 43 people using the service in total.

People's experience of using this service:
At our last inspection in November 2017 we identified that staff recruitment checks did not meet the requirements of regulation to ensure people were cared for by suitable staff. The provider told us what action they would take to improve this. At this inspection we found that the required improvements had been made and the full range of staff suitability checks were now in place for all staff.

At this inspection we found that medicines were not being managed safely and we have issued a new requirement for this breach of regulation.
Some information had not been completed to assess whether a new person was at risk from using equipment or from choking within the first few days of admission, this could mean staff were not made aware of potential risks and take the necessary measures to reduce these. This was rectified at inspection but is an area for improvement to ensure all risks are assessed on admission.
There was a new service manager. They had applied to the Care Quality Commission to become the registered manager; their application was currently being processed by the commission.

Overall the service was being managed well but there had not been enough time to embed the improvements the new management team were making to address the shortfalls identified at inspection. Quality and safety monitoring checks of the operation of the service and the delivery of care happened at regular intervals and actions from these informed service improvements.

People told us that they felt safe and well cared for and overall outcomes for most people were good. People lived in a safe clean and well-maintained environment. There were low levels of incidents, pressure ulcers and falls and staff sought advice and guidance from other professionals about people's health needs when needed. People could make their own choices and decisions in their day to day lives and staff sought their consent. People felt staff understood their needs, treated them with dignity and respect. Staff understood how to keep people safe from harm.

There were enough staff to support people's needs, they received an appropriate range of training and supervision, they felt supported and found the management team approachable when they wanted to raise issues.

A programme of activities to suit different tastes and abilities was provided. Adjustments were made to ensure activities and information was accessible to people with sensory impairments. There were some opportunities for people to go out to a local coffee shop and superstore with staff support.

People and relatives were surveyed for their views and had opportunities through resident and relative meetings to express their views.  Their feedback informed the continuous improvement and development of the service.

Rating at last inspection:
• At our last inspection, the service was rated "requires improvement" (18 January 2018). This service has been rated requires improvements at the last two inspections.

Why we inspected:
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
• We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule.

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

We always ask the following five questions of services.

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| **Is the service safe?**<br><br>The service was not always safe<br>Details are in our Safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br><br>The service was effective<br>Details are in our Effective findings below. | **Good** |
| **Is the service caring?**<br><br>The service was caring<br>Details are in our Caring findings below. | **Good** |
| **Is the service responsive?**<br><br>The service was responsive<br>Details are in our Responsive findings below. | **Good** |
| **Is the service well-led?**<br><br>The service was not consistently well-led<br>Details are in our Well-Led findings below. | **Requires Improvement** |

# Park View Care Centre

**Detailed findings**

## Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector, a specialist nursing advisor (SPA) and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by one inspector.

Service and service type:

Park View Care centre is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who was not yet registered with the Care Quality Commission, although an application had been made. This means that until the manager becomes registered the provider is solely 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. Inspection site visit activity started on 16 January 2019 and ended on 24 January 2019.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to

send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. Prior to the inspection we also contacted the local safeguarding team and commissioning team for feedback, and five other health and social care professionals that had contact with the service, no concerns were received.

During the inspection, we spoke with 17 people who used the service and five relatives to ask about their experience of the care provided. In addition, we spoke with a nursing professional who was undertaking a professional visit.

We spoke with the provider and eleven members of staff including the regional manager, service manager, deputy manager, one nurse, three care staff, four domestic, maintenance and administrative staff and the activities co-ordinator.

We reviewed a range of records. This included six people's care records, medication records. We also looked at five staff files in relation to recruitment, supervision and appraisal records and all staff training records. Records relating to the management and safe operation of the service including policies and procedures implemented by the provider were also viewed.

We asked the provider for additional information after the inspection and made a further six calls to more relatives we had not spoken with on 29 and 30 January 2019 to help inform the inspection.

Requires Improvement

# Is the service safe?

## Our findings

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

Requires improvement: 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

"I have quite a concoction of medicines to take and I have no concerns what so ever about them being brought to me on time and administered correctly"

- People thought their medicines were well managed and they received them when they needed them.
- Our inspection however, highlighted where improvements needed to be made to ensure people were kept safe.
- We found that there were some difficulties with medicine ordering, this had also been highlighted at the last pharmacy audit late last year. At that time training had been provided to staff responsible for ordering. At inspection we found one person had been without their medicine for six days, this was because of the medicines were not available from the pharmacy. Although this was not the fault of the service. Staff had not documented the actions they had taken to resolve the situation such as discussing with the GP and Pharmacist to try and resolve the issue. A risk assessment had not been implemented to assess the impact and risks to the person concerned.
- Medicine care plans detailing what medicines people received, why they received them and likely side effects were not available from staff nor individual guidelines to inform staff when they should be using 'as and when required' medicines.
- The stock of over the counter medicines for issues such as coughs and headaches had not been kept updated and restocked. We subsequently found that some of these medicines were in the office downstairs and had not been booked in or stored appropriately in the medicines room.
- Staff were not always recording administration of over the counter medicines or other information on the back of the Medicine Administration Record (MAR)as per good practice to maintain a complete audit of medicine management.
- Topical creams were kept in people's bedrooms but not in locked facilities, this was not risk assessed. People with dementia type illnesses could be placed at risk if they ingested their own or other people's topical medicines, the senior on duty said this had been a matter for discussion and plans for locked cabinets in people's rooms were in hand.

Failure to ensure that medicines are managed safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staffing and recruitment

- At the previous inspection we found that the full range of recruitment checks had not been made to provide assurance as to staff suitability. At this inspection improvements had been made. We checked five

new staff files to make sure. We found that recruitment files had been reviewed, information was easy to find and the full range of checks on staff suitability required by legislation had been made.

● Most people we spoke to told us they felt safe and that there were always staff they could call on "I need two staff to man the hoist and help me in and out of bed and I am never left waiting." "I wouldn't say they're over staffed here but the staff that they do have are top notch." and "I am always safe here I know that. All I have to do is press my buzzer like this and someone comes to check I am alright."

● Staff told us that they thought there were enough staff currently for the number of people supported.

● People and relatives were generally happy with staffing levels in Ash, Cedar, and Beech units. Although call bells were responded to promptly by staff at inspection we had expressed concern about staffing levels on Oak unit on the first day of inspection. Some relatives had also expressed concern about low staffing on this unit. Overall the outcomes for people on all units remain good with low levels of accidents/incidents, pressure ulcers and falls. We discussed staffing with the regional manager and service manager at inspection and they responded by allocating an additional nurse and provided a third carer to help Oak unit in the mornings when this is the busiest time for staff.

● The provider used a recognised dependency tool to help calculate the right staffing level to meet people's needs.

Assessing risk, safety monitoring and management

● There was a delay of a day in important risk information for one person being completed upon their recent admission to the service. A bed rail assessment and a choking risk assessment were not completed. These would indicate whether there were any risks that staff needed to be aware of to reduce the likelihood of the person coming to harm. This is an area for improvement.

● Risks linked to the environment and peoples care and health needs were assessed and steps had been taken to reduce the likelihood of people experiencing harm. These were recorded to inform the way in which staff supported the person. The measures included using support equipment such as air mattresses, alarm mats and moving and handling equipment, to help reduce pressure areas and falls.

● Sluices were clean and tidy but on Oak and Beech units we found sluices unlocked on three occasions despite clear notices on the doors instructing staff to lock them. This was brought to the attention of the service manager and deputy manager who told us they would continue to remind staff. There was a low risk to people on the units accessing sluices as they were not independently mobile but there was a need to ensure visitors were also kept safe.

● Monitoring was implemented of those people assessed as at risk from poor nutrition, hydration falls and pressure. When there was an increase in incidents, for example falls, poor appetite, pressure areas, people were referred to relevant health professionals for additional advice and guidance.

● The environment was maintained to a high standard. A programme of replacement and refurbishment was ongoing. Equipment was tested and serviced at regular intervals.

● Health and safety audits were conducted monthly to highlight and action any additional hazards or risk.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt they lived in a safe environment and felt safe day and night. ""I have not been worried since moving in here, all my needs are met, and my safety is all but guaranteed."

● All staff had received safeguarding training. They understood where people required support to minimise the risk of avoidable harm. Staff had received training to recognise all forms of abuse and to escalate their concerns. They understood their reporting responsibilities and how they could escalate concerns through their own management team or who they could raise concerns with outside of the service if needed.

Preventing and controlling infection

● The premises were clean, bright and well maintained, by a team of domestic staff.

● All staff were trained in infection control and were aware of what steps needed to be taken to prevent the spread of infection.
● Care and domestic staff were observed using personal protective gloves and aprons. These were readily available throughout the service.
● Staff understood how to manage soiled clothing safely and a good separation of clean and soiled clothing was maintained in the well-equipped laundry.
● The Head housekeeper was the infection control lead and undertook monthly audits of aspects of the service to ensure staff followed and maintained good infection control practice.

Learning lessons when things go wrong
● Evidence was available to show that when something had gone wrong the regional and service manager responded appropriately and used any incidents as a learning opportunity.
● The regional manager said that there had been learning from a placement that broke down that service staff needed to engage sooner with other agencies when placements were not going well.
● Fluid records were in place for people but Managers and staff recognised that hydration targets were not achievable given the ill health of many of the people supported. We discussed this with the regional manager who stated this was an area they were looking to change to tailor targets more to people's usual pattern of drinking during the day and night. This would provide a better understanding of whether people are drinking enough.

Good

# 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

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

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

- People's needs and choices were assessed prior to moving in to ensure the service and staff could meet their needs. Any special needs people might need support with were respected in accordance with the Equality Act 2010, for example religion and disability.
- People told us "this is his first day here and I have had so much support from the office and the staff to make moving in as painless and stress free as possible. They advised what to bring and how to help at every step."
- There was ongoing assessment of people's needs and care plans were re-evaluated monthly or more often if neede.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, there were low levels of falls, pressure ulcers and incidents because staff understood the assessed risks and the measures implemented to reduce these.

Staff support: induction, training, skills and experience

- New staff worked on a two-week supernumerary basis whilst they completed their basic induction which was a mix of face to face and online training.
- All staff completed a programme of training and training refreshers at intervals of one to three years.
- A programme of Nationally recognised vocational care raining was available for staff to complete. Where appropriate nursing staff had time to maintain their professional qualifications. A senior staff member also said if there was a specific training course they wished to do this was positively considered by the management team.
- Staff were reminded and alerted to the need to complete training when it was overdue.
- Staff said they received regular supervision and an annual appraisal if they qualified for this, records viewed supported this.

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

- People told us that they enjoyed the food they received "we have a great choice of food and I am never left hungry. I actually look forward to meal times even though I am not a big eater" and "I can't fault the food I really can't.  There is always such a good choice of tasty things to eat here, I feel like I'm fine dining every day."
- People were provided with a nutritious and appetising range of meals to accommodate their specific dietary needs.
- Written and pictorial menus were available, so people could make choices about what they wanted to eat.

● Some people were at risk of not eating or drinking enough due to their being unwell, food supplements were prescribed and monitoring charts in place to record their intake of food and drink, these were evaluated by the nursing staff. Any concerns regarding diet and fluids were referred to the relevant health professionals to seek additional advice and guidance to support the person.

Staff working with other agencies to provide consistent, effective, timely care
● Health and social care professionals we contacted prior to inspection highlighted no concerns to us about the service.
● A visiting health professional told us that whilst their contact with the service to date had been limited they had found the new manager receptive to information given to them and knowledgeable of the needs of the person whom the professional was there to visit.
● Referrals were made appropriately and in a timely way to a range of health care professionals when that area of support was required.

Adapting service, design, decoration to meet people's needs
● People were enabled and encouraged to personalise their rooms with personal possessions, and photographs to help them settle into their new environment.
● There was clear signage to enable people to find their way around the units they lived on, for example to find bathrooms and toilets.
● All areas were accessible for people that needed to use wheelchairs to get around or had mobility issues. A lift provided access to the first floor.
● The service was warm and provided pleasant furnishings and décor to give a nice ambience. There were comfortable areas for people to sit, and space for people to walk when they were restless.
● Adapted baths, showers and equipment to enable people to be moved safely was available to meet their physical care and support needs. Bedrooms were ensuite to enable people greater privacy.
● An accessible garden was available for people to sit in good weather.

Supporting people to live healthier lives, access healthcare services and support
● When staff were concerned about people's health appropriate referrals were made for example to the GP, dietitian or speech and language. Staff followed the advice and guidance they received from these professionals and care records were updated with any changes.
● Evidence of contacts with other health professionals was recorded in people's records.
● The local GP visited the service weekly. Staff provided them with a list of those people needing to be seen or who were causing concern.
● Changes to people's general wellbeing, their support plan or medicines because of changing health needs were discussed at the daily staff handovers to bring staff up to date.

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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff always sought peoples consent. They knew what they needed to do to ensure people were involved

in decisions about their care and decisions were taken in their best interests.

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

● Where people were deprived of their liberty and decisions were taken about their care and support, the manager had made Deprivation of Liberty applications to the local authority to seek authorisation for this to ensure this was lawful.

Good

# 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

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

Ensuring people are well treated and supported; equality and diversity

- People told us they felt that they had a good relationship with the staff, and thought they understood their needs well "the staff get to know us all very well and always make time to come in for a chat "and "I know all the staff and all the staff make sure that they know me warts 'an all" Relatives said "we feel he has actually improved a lot both mentally and physically since moving here as the care is out of this world." At inspection we observed gentle and compassionate interactions between staff and people throughout the day. Staff took time to talk and listen and chat while helping. "the staff are helpful, kind, caring and very human in that they listen and care and do act on what they see and hear. They seem to know when I am feeling a bit down and come to cheer me up."
- Most people spoken with said call bells were answered in good time and they were not made to wait too long for assistance.
- Life history information was available in room files and staff used this to understand people and establish positive relationships with them.
- Staff we spoke with and observed knew people's preferences and used this knowledge to care for them in the way they wanted.
- Staff spoke about people respectfully. Staff we spoke with knew people's preferences and used this knowledge to care for them in the way they wanted.
- Information about people was held securely and staff respected people's confidentiality.

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

- People were provided with opportunities to express their views through surveys and resident meetings.
- People told us that they were involved in planning their care.
- Where people needed support to make some more complex decisions staff knew to involve relatives or external professionals to help with decision making.

Respecting and promoting people's privacy, dignity and independence

- People and relatives spoke positively about staff attitudes and their caring nature, comments included "The carers are polite and respectful here, they always knock on my door before entering and respect me for who I am", "Yes the carers and staff here are very polite and very caring and treat us as adults with brains!"
- People were encouraged and enabled to be as independent as they wanted to be on the understanding they could call staff if they wanted.
- People were able to spend time how they chose.
- People's right to privacy and dignity was respected by staff.
- At lunchtime we observed staff siting with a person who was uncomfortable, anxious and crying staff

spoke to the person offering reassurance that they were there to help and managed to calm the person and made them laugh each time it was necessary to distract them.

● We observed staff to be quietly compassionate and patient whilst caring and supporting people, they took time and care to explain what was happening and what they were doing.

● People were supported to maintain their relationships with relatives and friends. Relatives and friends, we spoke with told us that there were no restrictions to visiting. One relative said they dropped in late evening on the way home from work they were warmly welcomed by staff and shown through to their relative who was sitting in their chair having a hot drink before going to bed.

● People were supported to observe their faith. Those interested in religious services said they were happy with those that were held. People said there were enough services to enable them to be able to carry on practising their faith. "we do have communion I think on every other Sunday I think."

Good

# Is the service responsive?

## Our findings

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

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

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

- Relatives and people living in the service told us that staff understood people's needs well. For example, they knew some people liked to be quiet, read books or listen to music, whilst others preferred to be out of their room attending activities. "The staff get to know is all very well and always make time to come in for a chat."
- Every person had a personalised plan of care for each area of need, and staff read this to understand the support people needed and how they preferred this to be provided. People and relatives told us they were involved in the development of the care plan if they wished to be. "I am not just involved in decisions about the care and support I receive I would say I am in charge of the plan. "and "My daughter helps with my care plan and we all make sure that it is just right for me."
- Care plans recorded cognitive needs to inform staff how to engage with people and understand de-escalation strategies that might be needed should the person become anxious or distressed.
- People were encouraged to be as independent as they could be in the knowledge that staff were there to help them if needed.
- Care records recorded any communication or sensory impairments people had and the aids or strategies they used to communicate their wishes or to understand information in their daily life for example wearing glasses, hearing aids, or using body language or sign language.
- Staff understood people's needs regarding any protected equality characteristics such as age, disability, race, faith and gender.
- Peoples choices and preferences were regularly reviewed as were their care needs to ensure support delivered was still meeting the person's needs, daily reports by staff on people's wellbeing and handovers between shifts enabled staff to keep up to date with changes in needs.
- An activities co-ordinator and their assistant planned a programme of activities for people Monday to Friday. Time was allocated by the activities co-ordinator for social conversation and one to one activities with those people that preferred to stay in their room. People told us "There are quite a few activities but I don't always want to join in so we can pick and choose what we want to do" A relative said "They do try to get him involved with activities to keep his mind ticking over but it's hard when he is stuck in bed, so they bring it to him."

Improving care quality in response to complaints or concerns

- A complaints procedure was displayed in the home and this could be provided in a larger format if this was required.
- People said that they would complain if they had need to and felt confident any concerns would be handled appropriately.

● People told us "I have never needed to complain. What is there to complain about?" and "the staff care about us one by one we are not herded into one care for all that is for sure."
● People who had complained felt their complaint had been responded to appropriately and resolved to their satisfaction.
● The complaints log showed us that complaints received had been investigated and addressed providing appropriately and provided the complainant with a formal response.

End of life care and support
● A person told us "I am very well looked after and having a good end of my life as much as could be."
● Peoples care plans contained a record for recording their last wishes. The provider acknowledged this was a sensitive area that had not been well documented in care plans and where it was there were inconsistencies in the type of information recorded. To improve this the provider had appointed a member of staff with specific knowledge and skills of end of life care to make improvements and to fully involve people and their families in discussions about their last wishes.
● Staff worked with the guidance of health professionals to ensure that people remained pain free and emergency medicines were available and implemented when needed to ensure people remained comfortable.

Requires Improvement

# 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

Requires Improvement: 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.

There was a calm, warm atmosphere in the service, staff were friendly and welcoming. People had told us: "everyone here is marvellous, and everyone has their own task to get on with and it runs like clockwork." And "We were very worried at his state of health when we moved him here, but he has gone from strength to strength with the help of the staff and the new manager who has kept us in touch with his progress."

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

● Our inspection highlighted some areas for improvement including the management of medicines for which we have issued a breach of regulation. There was a comprehensive quality assurance system however the present medicine audit was not completed robustly to make this effective in identifying shortfalls. We discussed this with the regional operations manager and the service manager at inspection, who agreed that daily checks of medicines needed to be conducted more robustly so that the service manager could be alerted quicker to issues arising. The medicines audit is an area for improvement."

●Most records viewed were up to date and accurate. There was an issue with the timeliness of the completion of some risk information for one person newly admitted. This was pointed out to staff at the time as this could have meant staff were not made immediately aware of potential risks in respect of bed rails or choking risks for that person. This was addressed during inspection but this is an area for improvement to ensure important risks are assessed as soon as possible and people remain safe.

● All the management team were new but very experienced. They showed a clear understanding of their responsibilities and accountabilities to assess risks and have oversight of the delivery of high quality care and the need to meet regulatory requirements.

● The new service manager had applied to the Care Quality Commission to be registered, their application had been accepted and they were awaiting interview for this to be progressed.

● There was a clear management structure in place and staff knew who to report to and people and relatives were aware of the new service manager.

● Except for the medicines audit the provider had implemented good systems for monitoring service quality including for example health and safety audits, falls audits, wound audits, accident and incident audits. Action plans were produced from these and actions taken to address shortfalls.

● The regional operations manager visited monthly and held meetings with the service manager to review the running of the home. Key performance indicators that included falls, accidents and incidents, deaths, wounds for example were monitored weekly by the provider and any increase in these figures scrutinised and discussed with the service manager.

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

● Staff told us that they thought there was an open culture within the service more recently fostered by the new Regional operations manager and service manager. Staff found the management team approachable and felt able to raise issues with them. The senior management team showed themselves to be proactive, enthusiastic and ambitious for the development of the service and felt fully supported in their plans for its development by the provider.

● Overall there were good outcomes for most people with low levels of falls, accidents and incidents, and wounds, with reduced admissions to hospital.

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

● Staff told us that they found the new service manager approachable and felt there had been an improvement to overall staff morale.

● Staff said they thought morale had improved since the new manager had come into post and they found the service manager supportive.

● Staff told us that they felt listened to and records showed there had been some team meetings and a recent one conducted by the new service manager.

● Informal get together with staff, relatives and people using the service were arranged and more formal relative and resident meetings had been restarted by the new service manager.

● People and relatives had completed a survey of their views, this had been analysed and was used for service improvement and development, the regional operational manager said that this was made available for people to view.

Continuous learning and improving care

● The new management team was still to embed and put into practice some of the improvements they wished to make but had already identified the need to improve engagement from staff whose first language is not English. The Workshop have been established to help familiarise staff with what good engagement looks like and is expected from staff.

● The team had also arranged a bespoke dementia course piloted by the university of Worcester who will deliver the training on site, develop dementia champions and give feedback about the service environment and how this could be improved to help people living with dementia.

Working in partnership with others

● The new management team demonstrated enthusiasm and commitment to developing links with the local community and networking with other professionals and agencies to help the promotion of good quality care.

● The service had good links with the day nursery next door and small numbers of children from the nursery spent time each week in the service participating in specific activities with some of the people living there. This was facilitated by the activities coordinator and observation of one such session showed this to have positive outcomes for people involved who were animated to ask questions and showed interest in the activity.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not being managed safely and this could place people at risk. |