

Harley House Care Home Limited

# Harley House Care Home Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Harley House Care Home is a care home providing personal and nursing care to up to 28 people aged 65 and over. At the time of the inspection 22 people were using the service.

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

The service does not have a manager registered with Care Quality Commission (CQC). The manager had begun the process to apply to be the registered manager.

The provider's quality assurance systems was not effective. There was lack of systems and oversight of staff training, competencies, spot checks, management of medicines and the environment. The shortfalls we found had not been identified through the internal checks and audits. Although the manager was responsive and managed to address some issues further action was needed.

People felt safe and were protected from abuse. Risks associated to people's health, safety and welfare were assessed, managed and monitored. Care plans provided clear guidance for staff to follow to meet people's needs. Further checks were needed to monitor staff used equipment correctly to meet people's needs.

Some people and staff felt staffing numbers could be better, but no one had expressed concerns to the manager about this. Staff recruitment procedures were followed, and all necessary pre-employment checks were carried out. Staff received regular support and supervisions.

People told us they lived in a clean and safe environment, which was homely and welcoming. Further improvements to the signage and adaptations could improve people's sense of wellbeing with clear signage to access different areas of the home.

People were provided with enough to eat and drink. Observations of the dining experience was positive. People's cultural and dietary requirements were met. People received their medicines as prescribed. People's health care needs were met, and they had access a wide range of healthcare support. Procedures were followed to ensure people had the opportunity to express their wishes in relation to end of life care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's capacity was assessed and any authorisations to deprive people's liberty and best interest decisions were kept under review and monitored.

People received care from kind and caring staff and had developed good relationships with them. People's privacy and dignity was maintained. A relative described the care home and staff as, "It [the care home] has a good feel about it and it is humane."

People received care that was responsive to their needs. People were involved in the planning and reviewing of their care. Care plans reflected people's likes, dislikes and preferences and people's diverse needs were captured so staff knew how people wished to be supported.

The service ensured people's social, cultural and religious needs were met. Daily and monthly activities of interest was organised. People's relatives and friends were welcome to visit anytime. The service had maintained links with the wider community.

People knew how to complain and raise concerns and were listened to. People had opportunities to express their views about the service.

We identified a breach in relation to the governance and management oversight of the quality of care, medicines management, staff training and competency, the environment and effectiveness of audits and checks. More information is in the full report.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Rating at last inspection

The last rating for this service was outstanding (published 6 January 2017). The overall rating for the service has changed to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harley House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# Harley House Care Home Ltd

## **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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector, a specialist nurse advisor and an Expert by Experience. The specialist nurse advisor had experience of working and caring for people who required nursing care. The Expert by Experience had personal experience of caring for someone living with dementia.

#### Service and service type

Harley House Care Home Ltd 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 did not have a manager registered with the Care Quality Commission. This means the provider was 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 the information we had about the service which included notifications. A notification is information about important events the service is required to send us by law. We used the information the provider sent us in the Provider Information Return. This is information providers are required to send us

with key information about their service, what they do well, and improvements they plan to make.

We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection and make judgements in this report.

#### During the inspection

We spoke with six people who used the service and seven relatives and friends about their experience of the care provided. We made observations of how people we supported, and how staff interacted with them. We spoke with the nurse practitioner who regularly visit the service. We spoke with eight members of staff including the manager, the deputy manager, a nurse, two care workers, activity coordinator, the chef and maintenance staff. We spoke with the managing director who has responsibility to supervise and support the manager and the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, and new documentation introduced to monitor people's care and supporting quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Medicines kept in the treatment room were stored correctly and within the recommended safe temperature range. However, this was not the case for the medicines kept in the medicine trolley stored away from the treatment room. Portable fans were used to keep the upper floors cool where the medicine trolleys were kept. This increased the risk of the medicines to be ineffective because the temperature was not monitored.
- Some people received their medicines via a patch applied to the body. Records showed the administration site and removal of the previous patch to avoid the risk of overdose and skin irritation, but there were no record of daily checks to confirm the patch was in place. The manager told us they would address this.
- People told us they received their medicines as prescribed. Nurses had completed medicines training and were observed administering medicines correctly.
- Medicine administration protocols for people prescribed 'as and when required' medicines, such as pain relief were not kept with the medicines administration records. A protocol provides staff with clear instructions for staff to identify when these should be given and why, for example to identify when a person requires pain relief.
- Following the inspection visit the manager confirmed actions had been taken to monitor the temperature of medicines kept in the medicine trolley. They had implemented a daily patch check regime and pain assessment tool and confirmed the medicine protocol folder was kept in a separately folder which nurses referred to.

### Assessing risk, safety monitoring and management

- Risk assessments were completed, and care plans provided guidance to staff about how to manage risks such as falling or choking. However, staff were observed not to follow the care plan guidance or used the correct technique to move people safely. For example, one person was put at potential risk from poor moving and handling technique and another person nursed in bed the emergency call-bell was left out of reach. When we shared our observations, the manager assured us they would monitor staff practices.
- Most people felt they were supported by staff in a safe way. One person said, "Most staff use the hoist correctly, but new staff don't as they haven't been trained and I have to tell them how to do it. Sometimes they put the sling upside down."
- Staff told us they were trained in health and safety, and moving and handling of people. The competency of staff on duty had been checked recently with the exception of one staff member. The manager confirmed this would be addressed.
- Regular servicing and maintenance of fire systems and equipment within the home was carried out, which contributed to people's safety. Emergency evacuation plans were in place to ensure people and staff knew

how to leave the premises safely in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Staff couldn't be kinder and do it [provide care] with a smile." Another person said, "I feel safe, almost too safe. I want to open my windows, but I can't [the windows had restricted opening for safety]."
- A staff member told us they had completed safeguarding training, recognised what abuse looked like and knew how to report any concerns. They were confident concerns would be dealt with by the nurse or the manager.
- The provider had a safeguarding policy and procedure in place to protect people from avoidable harm and abuse. Staff had access to information displayed about the safeguarding and whistle-blowing procedures.

Staffing and recruitment

- People told us there were enough staff to support them when needed. However, some comments received were mixed about the staffing levels. Comments received from people and relatives included, "There appears to be reduced staff at weekends" and "Staff are caring but do not always have time to spend as they are too busy."
- The manager had increased the staffing numbers when they were appointed based on the needs of people who used the service. The staff rota showed staff skill mix and staff numbers required was maintained and monitored. Any staff absences were covered by the existing staff.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included Disclosure and Barring Service (DBS) check and references obtained.
- The professional registration of nurses was confirmed with the Nursing and Midwifery Council (NMC) before they started work.

Preventing and controlling infection

- People were protected by the prevention and control of infection. One person told us, "It's always like that [clean room] and the bedrooms are cleaned daily."
- Staff were trained in infection control and used disposal personal protective equipment to prevent the spread of infection. There were up to date policies, procedures and posters were displayed to remind all about good hand hygiene practices to follow to follow.
- The service was clean and tidy, and good hygiene practices were observed throughout the service. Internal audits had not identified issues we found with the drains in the wet rooms. The maintenance staff addressed this immediately when we informed the manager.

Learning lessons when things go wrong

- All incidents and accidents were reported and records. The manager checked these regularly to identify any trends and act when needed. Although there were no lessons to be learnt from any incidents, they ensured staff would be informed of any learning and changes required to ensure people remained safe at all times.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records showed staff training was not kept up to date. Some staff had not received training in health and safety, moving and handling, fire, safeguarding, mental capacity act and dementia awareness. Not all staff had their competencies checked for safe moving and handling.
- Staff competency to administer medicines was not assessed in a timely way. For instance, staff had completed medicines training in February 2019, but only one nurse had had their competency assessed to date. The manager said this would be addressed and staff training would be completed by end of September 2019.
- We observed some staff did not follow the correct techniques to move people, which we reported in the 'Safe' section of this report. One person told staff did not always support them effectively by using the correct technique to move them. This person's care plan described the impact of their health condition affected how staff were to support them.
- A staff member told us, they were provided with induction and training for their role. They said the training was face to face, practical and on-line learning with a knowledge test.
- A nurse told us they received specific clinical training and support in order to meet people's individual health care needs. For example, training in the care of tracheotomy and feeding tube.
- A system was in place to ensure staff were supported and received regular supervisions.

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

- People's wellbeing and sense of purpose could be improved in relation to the environment. For example, adaptations and layout to enable free and unrestricted movement for people; clear signage to access different areas of the home would benefit people living with conditions such as dementia, visual impairment and support individual communication needs.
- People could access the garden; some with the support of staff. People were encouraged to personalise their rooms. Some bedrooms had the photograph of the person, so they could easily identify their bedroom.

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

- People's needs were assessed to ensure the service was able to meet their needs. People and their relatives had been involved in the assessment process to support a person-centred approach to care planning.
- Assessments were reflective of the Equality Act as they considered people's individual needs, cultural, age and disability so staff could meet these. Information about people's health condition such as physical disability, dementia and Parkinson's had been documented and described how the condition impacted on

their daily life and the support required. There was evidence of best practice guidance being used effectively.

- Staff showed awareness of people's needs and confirmed they read the assessments and care plan.

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

- People spoke positively about the menu choices, drinks and snacks provided. A person said, "The food is reasonable, I get plenty and there is a good variety. It is nicely cook and the quality of ingredients is very good." However, menu choices displayed were printed in small font and not clear for people living with dementia or from a diverse cultural background to understand. The manager confirmed this would be addressed and picture menus were used as needed.
- People enjoyed a social meal time conversing with friends and eating at a pace they chose. Staff assisted people who required support to eat and drink. One person said, "I can always tell when 'today's' chef in on duty, as [name] cooks very good food." They told us staff did not always offer them something to eat with a hot drink whilst people in the lounge / dining room were offered cakes or biscuits. This was shared with the staff member serving the drinks.
- Catering staff were kept up to date information about people's dietary needs. The meals prepared were suitable meals to promote good health.
- People's care plans provided clear guidance for staff to support people to have sufficient to eat and drink. For example, a person at risk of choking had their food cut into small pieces consistent with their risk assessment. Where people were at risk of dehydration or malnutrition their food and fluid intake was monitored and action taken. Staff referred people to health care professionals if they had lost weight. Staff followed guidance provided by the dietitian.

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

- People continued to access health care services and were seen by the GP and the nurse practitioner as needed. Records showed people saw the dentist, optician and the podiatrist.
- People's care plans provided clear guidance for staff to provide effective and timely support, such as monitoring people's oral hygiene and when a GP support be contacted.
- A nurse practitioner visited the home regularly and found the staff were vigilant and responsive when people's health was of concern. They told us staff sought advice as required and worked as a team to meet needs of people in residence.

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 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).

- The service continued to work within the principles of the MCA. Authorisations and any conditions to deprive people of their liberty had been met and were kept under review.
- People's consent to care was recorded in their care plan and families were informed of any changes or updates to people's care plan. A nurse told us a best interest meeting would need to be held for individual

decisions where a person was unable to make decisions for themselves, for example where medicine needed to be disguised in food or drink or if bed rails were needed.

- People told us staff provided care and support with their permission. Although not all staff had received training in MCA, they understood the importance of consent. Staff sought people's consent and enable people to make decisions about their day to day care.

# 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 the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to 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 continued to be cared for by staff who were kind and caring. It was clear that staff knew people well and understood their needs, daily routines and how they wished to be supported. People said, "I couldn't fault them [nurses and care staff], even the maintenance man asks if you're ok." And, "[Activity coordinator] is very kind and considerate. [They] put sun cream on us, so we don't get burnt [when out in the garden]."
- Staff had developed good relationships with people and were observed interacting with them in a warm and friendly manner. Some staff used inappropriate forms of address which did not show respect towards people. The manager assured us they would address this with the staff team.
- Care plans included people's likes and dislikes and preferences as to gender of staff to support them. These were reviewed monthly to ensure continuity of care reflected people's individual needs.

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

- People told us they were involved in decisions made about their care. Decisions made had been documented in their care plans in relation to how they wished to be cared for. A person told us staff knew what was important to them in relation to their personal care needs.
- People were offered choices and chose how they wished to spend their time. There was a relaxed atmosphere and people got up and went to bed when they wished.
- Staff understood people's diverse and cultural needs and people whose first language was not English had access to staff who shared their language. This ensured people were able to fully express their choices and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted by staff. Staff knew how people wished to be supported and respected their privacy. For example, the gender of staff to support with their personal care needs. Staff were observed to respect people's privacy and dignity. For example, a staff member adjusted a person's clothing as they stood up from a chair to maintain their dignity and at lunch time people were offered an apron to protect their clothing from food and drink spillages.
- People's independence was promoted. For example, after lunch, one person went for a walk in the garden supported by their relative. People's visitors were welcomed, and they were supported to access the community if they wished.
- Staff maintained people's confidentiality and their care records were legible and stored securely whilst accessible for updating.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated 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

- People continued to be treated as individuals and most appreciated the support staff gave them. One person told us they would like staff to spend meaningful time with them. Although the activity coordinator had spent time with people nursed in bed, the records did not reflect this. The manager assured us they would check staff were spent meaningful time with people to protect them from the risk of isolation.
- People received personalised care. One person said, "When you first come in you have to tell them what you like and what you don't like. I like to get up at 8am. They take me upstairs at 6pm. I like to be ready before the 6pm news and I'm in my room for the evening."
- People's care plans were personalised and reflected how people liked to dress, their food choices and preferences for bathing, washing and sleeping. Care plans were regularly updated and reviewed with people and their relatives and considered whether outcomes goals were being met.
- Staff were responsive, communicated well with each other and worked as a team. Staff used telephone handsets to respond in a coordinated way to people's requests for assistance as the accommodation was over three floors.
- Staff were responsive to changes in a person's physical and mental health. Their care plan with advice from health care professional was followed by staff which resulted in stability in the person's health. Feedback received from the nurse practitioner confirmed this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could not always access information easily. For example, the activities programme, menus and allergy information was in small print and displayed too high for people who used a wheelchair to be able to read it. The manager assured us this would be addressed.
- Picture menus were available to enable people to make choices about food and drink.
- People's assessments and care plans identified any specific communication needs which included wearing glasses or hearing aids to promote effective communication.
- Staff ensured they faced people whilst talking to them, so they could understand what was being said and had time to reply. Some staff were able to speak in people's first language which was not English. This enabled people to feel confident staff would understand and act on their requests.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to meet both social and cultural needs. People were observed to be engaged in a range of activities. For example, people played board games and completed puzzles. External entertainers and outings were organised in response to people's suggestions. People spoke positively about the activity coordinator and one person said, "[Activity coordinator] is a ray of sunshine. [They] try to get people interested in things."
- People's religious and spiritual needs were met and respected. People practiced their faith without being disturbed by staff.
- People continued to maintain relationships with people that mattered to them, both within the service and the wider community. Friends and family visited people throughout the day. Coffee mornings were well attended by people who used the service and from the wider community. A person told us they enjoyed meeting new people and looked forward to the next coffee morning.

Improving care quality in response to complaints or concerns

- People were happy to make a complaint if required and felt they would be listened to. A relative told us, "The attitude of staff was very good, and they had really got to know [my family member]." They added that staff listened and acted on concerns raised which had had a positive impact on their family member's wellbeing.
- The provider had a complaints procedure which they followed. The service had received one complaint which had been investigated. The system and policy in place demonstrated complaints were responded to in a timely manner.

End of life care and support

- No end of life care was being delivered at the time of inspection.
- Some people had advance care plans in place which reflected their individual end of life choices with people and families. This included Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) assessments for those people that wanted them in place.
- The service worked in partnership with primary care and the palliative care service to ensure support was being provided when needed and relatives were kept informed.

## 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 the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service does not have a manager registered with Care Quality Commission (CQC). The manager had begun the process to apply to be the registered manager.
- The quality assurance systems were not robust or effective. Audits and checks had not picked up shortfalls and no evidence of the actions taken. For example, the monthly audit on care records had comments such as 'over-due' or 'some gaps'. The information was not meaningful and lacked detail about what action was needed and the staff member responsible to address it. Visual checks on the premises had not identified information was not easy for people to access. The last three months infection control audits did not evidence what action had been taken regarding the dirty floors and the sluice. The issues we found had not been identified through these audits.
- Staff training was not monitored to ensure staff knowledge and skills were kept up to date. The manager told us staff would complete all training essential for their role by the end of September 2019. This contradicted the information received in the provider information request.
- The monitoring of staff providing care to check their competencies was not carried out in a timely manner. Although people had not been harmed, the potential risks of unsafe delivery of care in moving and handling and medicines management was evident.
- Monitoring of the environment was not effective to enable people living with dementia and other health conditions such as visual impairment, to access all areas of the home.

This evidence demonstrates a breach of Regulation 17 Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for failure to have systems in place to assess, monitor and improve the service.

- The provider's policies, procedures, and the business continuity plan had been updated. This ensured the service delivery would not be interrupted by unforeseen events.

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 notified the CQC of events they were required to by law and had displayed the previous rating as required.
- The manager had been open and honest when things had gone wrong, they had informed the relevant people and families and external agencies such as CQC, in line with the duty of candour. For

example, the manager acted promptly when we identified that a statutory notification regarding a deprivation of liberty authorisation had not been sent to CQC prior their appointment.

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

- Everyone we spoke with knew who the manager was and found they were approachable. A person said, "I think this place is run very well. There are obvious alterations I would make if I was in charge. If I had a problem, I know I can go to the manager." A relative said, "[Manager] and [director] are always around. They are very friendly. [They] know the residents and their door is always open."
- Staff understood their roles and worked well together. Regular meetings ensured staff were kept informed about changes to the service, shared learning and ideas about how the quality of care could be improved.
- Staff were keen to provide the individual care people wanted. People were encouraged to remain involved in the activities they enjoyed, and diversity was understood and accepted.

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

- People were listened to and felt able to express their views. Regular residents meetings enabled people to express their views about issues important to them, such as menus and proposed ideas for different activities and social events. One person told us they were part of a special committee to look at changes to be made to the environment.
- People had completed satisfaction surveys and responses were mostly positive about the social activities and events. The manager had plans to revise the activities programme in response survey comments.
- Staff were recognised for their work and compliments were shared with individual staff members when received from people, their relatives and professionals. They had received cards and letters of thanks for the kindness and care provided to people's relatives who used the service.

Working in partnership with others

- The service promoted the integration of different generations. Children from a local nursery visited regularly to join activities. Staff gave examples of visible improvements noted in people's physical and mental wellbeing following these visits.
- The provider and manager worked with commissioners and health and social care professionals to look at ways of improving all aspects of the service. Feedback received from the nurse practitioner about the management and staff was positive. This showed there was good partnership working to meeting people's needs.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems for governance were not sufficiently robust and effective to identify, assess of the quality of care and safety.