

Loven Larchwood Limited

Larchwood Nursing and Residential Home

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

- Larchwood Nursing and Residential Home is a care home that was providing personal and nursing care to 28 people aged 65 and over at the time of this inspection. Some of those residing at the service were living with dementia. It is registered to provide care and accommodation for up to 48 older people.

People's experience of using this service

- The service had made improvements since our last inspection but needs to continue to do so to ensure a consistently good quality service is delivered. This needs to be sustained.
- An incident that had occurred shortly before our inspection had had a negative impact on the health and wellbeing of some of the people who used the service. This meant people had not received their medicines as prescribed for one administration round.
- The management of medicines did not fully adhere to good practice guidance and some discrepancies were found in the administration of one person's insulin.
- Most people received a planned person-centred service however improvements were required in how the service managed people's diabetes and, for one person, their wound care.
- Staff had been trained and provided with ongoing support. However, clinical staff required further clinical training and their competency assessed in these areas. Staff had not received training in specific health conditions that those using the service had been diagnosed with.
- The service did not fully comply with the Mental Capacity Act 2005 (MCA).
- No registered manager was in place as required by conditions on the service's registration.
- Improvements had been made to many areas of the service delivery including meeting nutritional needs, infection prevention and control, staff culture and team working abilities and the environment.
- Risks had been identified, managed and mitigated including those associated with people who used the service, working practices, equipment and premises.
- Procedures were in place to help protect people from the risks associated with abuse and recruiting staff not suitable to work with them.
- There were enough staff to meet people's needs and those staff had received support to do so.
- Staff demonstrated kindness and compassion when supporting people and we saw that people's dignity and privacy was maintained.
- People had been involved in the planning of their care but this needed to be better recorded.
- The service worked with health and social care professionals to help achieve good outcomes for those that used the service.
- Activities were available and based on people's needs.
- There had been unstable management at the service and, at the time of this inspection, a regional support manager was managing the day to day delivery of the service. Recruitment was underway for a permanent manager.
- Adherence to action plans and a quality monitoring system had been effective at driving improvement.
- All the people we spoke with both before, and during, our inspection told us the service had made improvements. The people who used the service, and their relatives, were happy with the service provided

and staff demonstrated commitment and a positive attitude.

- For more information on our inspection findings, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

- At the last inspection the service was rated as inadequate (report published on 24 December 2018). At this inspection the service has seen an improvement to its rating.
- This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within 6 months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Why we inspected

- This was a planned comprehensive inspection based on the previous rating.
- The regular action plans the provider sent us as part of previous enforcement showed that improvements should have been made by the time of this inspection.

Enforcement:

- Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up

- We will continue to closely monitor this service and liaise with partner agencies in doing so.
- The conditions we imposed on this service as part of previous enforcement will be removed.
- The service is in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 and we will follow this up at our next inspection.

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 Effective 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 not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Larchwood Nursing and Residential Home

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 site visit was completed over two days.
- On the first day two inspectors, a medicines inspector and an expert by experience was in attendance. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, specifically for older people. A specialist advisor, in this instance a registered nurse, also formed part of the team.
- The second day of the inspection was completed by two inspectors.

Service and service type

- Larchwood nursing and residential home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.
- The service can accommodate up to 48 people in one adapted period building.
- At the time of this inspection, 28 people were receiving care and support. Of those 28 people, 17 people required support with their nursing needs.
- People living with dementia were accommodated on a separate floor.
- The service had a manager registered with the Care Quality Commission. 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. However, at the time of the inspection, the registered manager was not in post.

Notice of inspection

- This was an unannounced inspection and the provider was not aware of our inspection prior to our visit on 4 April 2019. The provider was aware we needed to return for a second day but was not made aware of when this would take place.

What we did

- Prior to our inspection we reviewed and analysed the information we held about this service. This included reviewing statutory notifications the service had sent us. A notification is information about important events which the provider is required to send us by law.
- We also viewed the information sent to us by stakeholders including health professionals and commissioning bodies such as the local authority and continuing healthcare.
- Feedback was also requested from the local authority quality assurance and safeguarding teams.
- A Provider Information Return (PIR) is key information providers are requested to send us on their service, what they do well and improvements they plan to make. The information helps support our inspections. We reviewed the PIR we had requested, and received from the provider, in October 2018.
- Due to previous enforcement action taken at this service, the provider was required to send us monthly action plans. These action plans detailed what improvements the provider planned to make and by when. The action plan the provider had submitted in April 2019 was considered at this inspection.
- We spoke with seven people who used the service and three relatives. We also spoke with two health professionals.
- We spoke with the regional support manager who was managing the service on a day to day basis in the absence of a registered manager. We also spoke with the deputy manager, one nurse, one senior care assistant, two care assistants, an activities coordinator, a laundry assistant and the maintenance person.
- We reviewed the medicines administration record (MAR) charts for seven people and spoke to three members of staff about these. We also reviewed, in depth, the care planning documents for five people who used the service. Documents associated with the management of the service were also viewed.
- After our inspection, we asked the provider for further documents and these were received within the requested timescale. These were reviewed and included as part of this inspection.

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 on 6 and 7 November 2018, we asked the provider to act to make improvements regarding staffing and safe care and treatment. This had resulted in two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the service had made some improvements and were no longer in breach of the Regulation regarding staffing. However, further improvements were required regarding safe care and treatment and the service continues to be in breach of this Regulation.

Using medicines safely

- On 29 March 2019 some people did not receive their morning medicines as intended by prescribers. This included some pain-relief medicines, medicines for the management of Parkinson's Disease and insulin by injection for diabetes. This placed people's health and welfare at risk.
- Records did not always clearly show the reasons when some people were not given their medicines. Medicines that were not given to people could not always be accounted for by the records.
- There was guidance to help staff give people their medicines prescribed on a when required basis for some medicines but not all. Some written guidance was inaccurate and could have misled staff. One person received doses of insulin for their diabetes that were inconsistent with the most recent guidance available.
- Information about people's medicine sensitivities was inconsistent and so could have led to error.
- The above concerns constitutes a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- For people who were unable to tell staff about their pain levels and who had pain-relief medicines prescribed on a when required basis, there were pain assessment tools available to use but these were not being used by staff to ensure consistency when judging if people needed their pain-relief medicines.
- There was a system in place for ordering and giving people their medicines as prescribed.
- Medicines were stored securely.
- Regular audits were completed to check people's medicines.

Assessing risk, safety monitoring and management

- The service had liaised with a healthcare professional to assist in the management of one person's complex healthcare condition however their recommendations had not been consistently followed by nursing staff.
- Wound care plans were in place for people who required them however, for one person, this had not always been fully completed. Furthermore, the specified timescales for treatment had not always been followed. This put the person at risk of not receiving appropriate care and treatment.
- Records did not establish the cause of a wound to the above person and this could not be explained through discussions with staff.
- Individual accidents and incidents were recorded and analysed however the analysis was not robust enough to identify potential trends and patterns to assist in the prevention of further occurrences.

- All the people we spoke with who used the service, and their relatives, told us they had no concerns about the safety aspect of the service. One relative told us, "Oh yes, [relative] is safe. There are always two members of staff when they need to use the hoist. The staff are very good."
- Since our last inspection in November 2018, the service had implemented care plans to support people with individual healthcare conditions and these were appropriate and person-centred.
- At our previous inspection we had raised concerns about the safety of equipment and the risks associated with unsecured fluid thickener. These had both been resolved at this inspection.
- We observed no other risk safety concerns. The premises and equipment were regularly monitored and maintained, risks involving the premises and working practices had been managed and the temperature of the building aided health and wellbeing. People had call bells in reach and the service had an emergency business contingency plan in place.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when abuse occurred.
- Staff had received training in safeguarding people and demonstrated knowledge in how to recognise, prevent and report the risk of abuse.
- Information on safeguarding people and what to do if abuse was suspected was on display within the home and easily accessible to people.

Staffing and recruitment

- There had been a lack of suitably qualified staff on duty for part of one shift resulting in people not receiving the care and treatment they required. However, we were given assurances that measures had since been put in place to mitigate the risk of this occurring in the future.
- All the people we spoke with who used the service told us there were enough staff to meet their needs and that staff came quickly when they used their call bell. This was observed during our inspection. One person said, "I just need to press my bell and staff come in two minutes or so."
- Safe recruitment processes were in place to ensure only staff suitable to work with the service users were employed. The three staff files we viewed confirmed this.
- The provider used a dependency tool to assess safe staffing levels and ensure enough staff were deployed to meet people's needs.
- Due to staff vacancies, agency staff were being used and appropriate safety checks had been completed on these staff prior to working in the service. The same agency staff were being used to aid continuity of care.

Preventing and controlling infection

- Auditing of infection prevention and control had ensured improvements had been made in this area since our inspection in November 2018.
- There was a safe system of working in place regarding laundry procedures and observations and discussions with a staff member demonstrated adherence to it.
- We did note, however, that the door to the clean linen area was left open and unattended at times. This was raised with the regional support manager at the time of occurrence.
- The home and equipment was consistently visibly clean throughout with no malodours present.

Learning lessons when things go wrong

- Following discrepancies with the insulin administration for one person as described in this report, the service took appropriate action to mitigate the risk of reoccurrence. This included the introduction of a new form to collate all related information, retraining of staff and reassessing associated competency and two staff to witness administration.

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 on 6 and 7 November 2018, we asked the provider to act to make improvements regarding staff competency and gaining consent. This had resulted in two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the service had made some improvements and were no longer in breach of either Regulation. However, continued improvement was required in both areas. We therefore concluded that the effectiveness of some people's care, treatment and support was inconsistent as a result.

Staff support: induction, training, skills and experience

- Nursing staff had not received up to date training in clinical skills nor had their competency to practice these skills assessed. However, we saw confirmation that training had been booked for later in April 2019. Furthermore, those clinical staff we spoke with demonstrated knowledge regarding the clinical skills we discussed with them.
- Non-clinical mandatory training was in place for all staff and we saw that most had received this. However, staff had not received training in the specific health conditions that those using the service lived with such as diabetes and Parkinson's disease.
- Few staff had had their competency assessed to ensure training had been embedded. For example, we saw that a few staff had been observed performing moving and handling tasks and personal hygiene but that this was inconsistent.
- The service had identified the need for improved competency assessments and had plans in place to address this.
- Staff received an induction when they first started in post and staff told us it prepared them for their role.
- Staff told us they felt supported and received regular supervisions.

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.

- We were not assured that people's rights were being upheld as much as possible in relation to the MCA.
- Not all staff were able to adequately explain what the practical implications of the MCA meant and how this impacted on their work with those that used the service.
- Some people's capacity to make decisions had not always been assessed as required and care plans were variable in the quality of the related recorded information.
- The service had made appropriate DoLS applications and authorised restrictions were in place for some people. No conditions were in place.

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

- Since our inspection in November 2018, the service had made improvements in supporting people with their nutritional needs which we concluded were being met.
- People had been asked for their feedback on the food and involved in making decisions around what was served. Mealtime experience audits had been completed on a regular basis that aided the improvements we noted.
- People told us they enjoyed the food, that there was plenty of it and that they had choice. One person said, "Beautiful food, nicely cooked and a good variety." Another told us, "I enjoy the food. I have a cooked breakfast and toast every morning in the dining room." Those relatives we spoke with told us their family members enjoyed the food served.
- We saw that people's nutritional needs had been assessed and managed and for those that required a textured diet and assistance, we saw that this was in place.
- People's weight was monitored and referrals made to other health professionals as required.
- The mealtime experience for people varied between the two dining rooms with one being better than the other. However, we saw that people received compassionate assistance as needed and that people were in safe positions to eat and drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been assessed and planned for.
- We saw that equipment was in place to drive effective care and assist staff in delivering appropriate care and support.
- On the day of our inspection we saw that documents were being prepared to assist with continuity of care for one person being transferred to hospital.
- The regional support manager told us they used appropriate evidence-based guidance and legislation when writing policies and procedures and examples were given.

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

- Improvements had been made to the environment since our last inspection in November 2018 and an action plan was in place to continue to address this.
- We saw that people's rooms were personalised and each was individual to them.
- People had open access to an enclosed courtyard that could be viewed from large areas of the home.
- The ambient temperature of the home was comfortable and there were spaces for people to spend time in private or as a group.
- Large signage was in place, in both written and pictorial forms, to help orientate people in what was a somewhat confusing layout. People's names were on their bedroom doors coupled with pictures of subjects important to them.

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

- People had access to a wide range of healthcare professionals and evidence showed these were made available to people on a regular and as required basis.

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 on 6 and 7 November 2018, we identified concerns in the staff's approach and involving people, and their relatives, in the planning of their care. At this inspection we found that improvements had been made in both these areas and we concluded that people were treated with dignity and respect and involved as partners in their care.

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

- All the people we spoke with told us staff were kind and caring in their approach.
- One person who used the service said, "Kind, oh yes, they [staff] are, always. The staff listen to what I want." Another person told us, "Yes, the staff are nice to me."
- Relatives agreed with one commenting, "My relative would not be in here unless staff were kind and compassionate. The staff know [relative] well and are very kind and caring towards them. Another relative told us, when we asked if staff were kind and respectful, said, "Definitely and the ones that aren't soon go."
- During our inspection we saw that all staff interacted warmly with people and showed them respect and patience. We saw that people were at ease with staff.
- When we spoke with staff, they talked about people they supported with warmth and knowledge. One staff member described a person as, "Such a lovely lady" and went on to say, "It's about getting to know what people like." All the staff we spoke with agreed that their colleagues were kind and thoughtful towards those that lived at Larchwood Nursing and Residential Home.
- We saw that people's diversity was respected and, for one person who did not have English as a first language, had received information in their first language and was especially supported by a staff member who also spoke this language.

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

- Care plans did not fully demonstrate that people had been involved in the planning of their care but people told us they had been. For example, one person said, "When I came in here, yes. The staff often ask me if everything is okay." Another person told us, "Yes, my relative came in for a care plan review." The service was aware that they needed to better document people's involvement in care planning and told us they were working towards this.
- People's relatives had also been included in their plan of care with one commenting, "Oh yes, I'm fully involved." Another told us, "I'm totally involved."
- The service had ensured people had access to information of importance such as advocacy services, activity schedules, meeting dates, safeguarding information and the complaints procedure.
- Meetings were held with those that used the service, and their relatives, to discuss the service and gain feedback.
- The service acted in response to people's comments and opinions on the service. For example, when one person explained they disliked the sausages the home served, they arranged a taster session where people had the opportunity to taste various types of sausage and agree on which one to buy and serve.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence encouraged as much as possible.
- When we asked one person if staff always treated them with respect, dignity and compassion, they told us, "Of course they do." Another said, "Yes, definitely." Their relatives agreed with one commenting, "The staff always close the curtains and door when they are doing anything for [relative]."
- We saw that staff treated people with respect and maintained their dignity. Personal care was completed behind closed doors, staff gained permission before entering a person's room and conversations about people were completed in private.
- Most of the people living in the service were unable to mobilise however they were encouraged to remain as independent as possible. One person said, "The staff helped me to walk and now I exercise every day with my frame as my balance is not so good.". One relative said, "The staff always ask [relative] things. They let them make their own decisions." Another relative told us, "[Relative] likes to eat in the dining room so the staff make sure they are up and dressed and eating at one of the tables in there. [Relative] can't do much but I feel the staff do encourage them to do what they can."

Is the service responsive?

Our findings

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

At the last inspection on 6 and 7 November 2018, we asked the provider to act to make improvements regarding person-centred care. This had resulted in one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the service had made some improvements and were no longer in breach of the Regulation around person-centred care. However, continued improvements were required, particularly around meeting the needs of those people with wounds and diabetes. We concluded that some people's needs were not always met.

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

- Most people's needs were met in a person-centred manner. However, for a few people, the impact of not receiving care as planned and required, put them at risk.
- For one person living with diabetes, their care plan contained conflicting information. Although we established staff did know this person's needs in relation to their diabetes, there were occasions when planned care was not always delivered.
- For another person with a wound, we saw that the care was not always delivered as planned and required.
- For other people, we saw that person-centred care had been planned, reviewed and delivered. Our observations and discussions with staff confirmed this as did those that used the service. Those staff we spoke with had a good understanding of people's needs.
- One person who used the service told us their needs were met stating, "Absolutely they are. The staff care of everything." Another person told us how the service had considered their needs in relation to their sight and was making adaptations to suit.
- The relatives we spoke with were happy with the care their family member received. One told us, "Staff treat [relative] very much as an individual. They know them so well." Another said, "From what I'm seeing staff meet [relative's] needs. They are treated well and as an individual. I think that's what they call person-centred care isn't it?"
- People were happy with how the service met their leisure needs and we saw that planned and ad hoc activities were available. Staff told us they had time to interact with people and spend time chatting with them.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place and people told us they had opportunities to raise concerns.
- One relative told us how they had raised a concern and that it had been quickly and permanently resolved.
- A copy of the complaints policy was on display in the home and a log was kept showing what complaints had been raised and how it had been investigated.

End of life care and support

- People's end of life wishes had been considered and documented.
- For one person we saw that the service had obtained anticipatory medicines to aid a dignified and pain free death when the time came.

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 on 6 and 7 November 2018, we asked the provider to act to make improvements regarding the governance of the service and rated this key question as inadequate. This had resulted in one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From previous enforcement we had taken at this service, they were also required to submit monthly action plans detailing how, when and what improvements they were going to take to improve the quality of the service. This had been complied with.

At this inspection, the service had made improvements overall and were no longer in breach of the Regulation around governance. However, continued improvements were required in some areas such as MCA adherence, medicines management, wound and diabetes care and clinical training and assessment. We therefore concluded that not everyone who used the service received a consistently high-quality service and continued improvement was required to fully achieve that.

Continuous learning and improving care

- All the people we spoke with both prior to our inspection and during our site visit told us the service had improved since our last inspection in November 2018.
- Health professionals spoke of a more engaged staff team. One person who used the service told us, "I think it's nicer here now." A relative told us they believed the service was trying to improve saying, "I really feel the home delivers good person-centred care which is what I want for my relative."
- However, people told us that they had not been well-informed regarding recent management changes.
- A quality monitoring system was in place to drive improvement and audit all areas of the service. This had mostly been effective as demonstrated by the improvements the service had made.
- The action plan the service had in place had been equally effective at driving improvement.

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

- We noted an improvement in the culture and organisation of the service which was confirmed by the people we spoke with and the staff. One health professional told us that notes and information was, "All on hand when I ask for them." Another health professional agreed that staff were more engaged and organised although this needed to continue to improve.
- The regional support manager told us that, following an incident where people did not receive their medicines, the duty of candour was followed and that relatives of those people were informed of the omission. The duty of candour Regulation requires services to manage incidents transparently, provide apologies and inform relevant people of all the facts.

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

regulatory requirements

- An incident had occurred shortly before our inspection which had had an impact on the service people received and their health and wellbeing. The service had failed to ensure a clinically qualified staff member was available for part of one shift. The service had taken all appropriate action to mitigate the associated risks however staff had failed to take collective responsibility for solving the incident and ensuring people were safe and well cared for.
- The service, as required by its registration with CQC, is required to have a registered manager in post. Although a manager was registered with the CQC, they were no longer in post at the time of this inspection. A subsequent manager had been seamlessly employed but had left only having worked a few days in post. The provider had commenced recruitment once again and we were satisfied that robust and appropriate checks were in place for future managers.
- A regional support manager was managing the home until a permanent manager could be recruited. They showed commitment to the service and making further improvements. They were supported by a clinically trained deputy manager and the service had just recruited a clinical lead to further enhance the management team.
- Since our last inspection in November 2018, we saw improvements in staff morale, culture and engagement. A mostly new staff team had been employed and, through discussion, they demonstrated commitment to achieving a good quality service to people.
- One staff member we spoke with told us morale was good adding, "We're all very positive about working here." Another said, "I've never been made so welcome or helped so much."
- Staff talked positively about the regional support manager and the support they gave. However, those that used the service, and their relatives, told us they were not always informed of management changes.

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

- The people who used the service, and staff, had been consulted in order to improve the quality of the service they received. For example, people had been consulted on an individual basis regarding the food provision and surveys had also taken place to gain feedback. We saw action had been taken as a result of these.
- We observed relevant and full information available to people around the home. This information gave people the information they needed to make informed decisions. For example, safeguarding information was available to all as was details of an advocacy organisation.

Working in partnership with others

- The service had worked with health and social care professionals, and commissioners, to make improvements and benefit the people who used the service.
- There were limited opportunities for people to visit the local community due to the nature of their conditions however entertainers and local groups visited the service to engage with people.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure the proper and safe management of medicines.