Ingham Healthcare Limited

Ingham Old Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service: Ingham Old Hall is a residential care home that provides personal care and support for up to 25 people aged 65 and over. There were 15 people living at the service at the time of the inspection. Most people were living with dementia.

People's experience of using this service:
People who live at Ingham Old Hall were not always having their needs met by sufficient numbers of suitably trained staff. Ongoing environmental risks and concerns around medicines management remained. Leadership and governance arrangements within the service still remained of concern, as they were not identifying shortfalls and making changes to address them. There continued to be breaches of regulation, and the service was not fully meeting the conditions placed on their registration.

The service was not consistently sourcing or following advice from healthcare professionals, particularly in relation to meeting people's pressure care needs. We identified gaps in recording of care tasks including repositioning people, providing oral hygiene and personal care, therefore we were unable to source assurances people's care and support needs were being fully met.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; policies and systems in the service were not followed to support good practice.

Improvements had been made to the cleanliness of the care environment to make it more comfortable. People were accessing more activities. Staff showed more kindness and compassion at this inspection.

Management plans were in place for people needing support at the end of their life. Further end of life care training was scheduled for 2019. The service was working hard to improve relationships with other organisations to ensure people received joined up care.

Improvements had been made to encourage people to give feedback on the service, and areas for improvement.

Rating at last inspection: Ingham Old Hall was last inspected 13 and 14 June 2018. As an outcome of the inspection the service was rated as Inadequate and placed in special measures. The last inspection report was published 27 November 2018.

There was a breach of Regulation 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 resulting in us imposing conditions on the service's registration. There was a breach of Regulation 10, 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 resulting in us issuing requirement notices. The service has been providing monthly improvement plans to CQC, and this information was reviewed as part of this inspection.

Why we inspected: The service was placed in special measures, as an outcome of being given an overall rating of Inadequate. Services placed in special measures are inspected within six months of the publication date of the report to determine if sufficient levels of improvement have been made.

Enforcement: At the last inspection, we identified seven breaches of regulation, and took enforcement action.

At this inspection, we identified repeated breaches of regulation 11, 12, 17 and 18. The service was not fully meeting the conditions placed on their registration. Full information about CQC's regulatory response to any breaches of regulation found during inspections is added to reports after any representations and appeals by the provider have been concluded.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for those services rated as Inadequate. As an outcome of this inspection, the decision was made for the service to remain in special measures.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our Safe findings below.

Inadequate

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 not always caring.

Details are in our Caring findings below.

Requires Improvement

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 well-led.

Details are in our Well-led findings below.

Inadequate

Ingham Old Hall Care 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: Consisted of one inspection manager, one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Ingham Old Hall is a care home. The service had a manager in post, and were in the process of being registered with the Care Quality Commission. The service had a nominated individual, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was an unannounced inspection visit completed 14 March 2019.

What we did:
Before inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders. We used all this information to plan our inspection. We used information the provider sent us in the Provider Information Return (PIR). This is 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.

During inspection: We spoke with 11 people who used the service, four relatives and observed care and support provided in communal areas. We spoke with the manager, nominated individual, six care staff and their privately appointed consultant. We looked at six people's care and support records and seven people's medicine records. We looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality. We requested provision of additional information that was sent to us after the inspection visit within agreed timescales. We liaised with local

social care services after the inspection.

Inadequate

Is the service safe?

Our findings

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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management

•We reviewed incidents and accidents that had occurred, and identified that people's care records were not updated to reflect changes in ability and deterioration in condition.

• People requiring repositioning overnight to prevent developing pressures ulcers were all placed on four hourly repositioning without consultation with healthcare professionals.

•We observed the lunchtime meal and saw a person who was very sleepy, and attempted to consume risk items. These risks had not been assessed or mitigated to keep the person safe.

•We identified potential changes in people's food consistency relating to choking risks which were not being updated so staff had access to accurate guidance.

•We identified a person who had experienced a fall down steps. The incident form listed ill-fitting footwear had contributed to the fall. Their falls risk assessment was rated as low. Consideration had not been given to the care environment or the risks associated with accessing the stairs without staff support.

•A person had a history of experiencing seizures and took medicines for their condition, but there was no risk assessment or care plan in place for staff to know what action to taken in the event they became unwell.

•We identified risk items including denture cleaning tablets and personal care products accessible in communal and ensuite bathrooms where they were assessed unable to recognised risks and ways to keep themselves safe. Following the inspection, we received assurances from the service that denture cleaning tablets were now stored securely.

•We identified exposed hot pipes and radiators with covers on them, but some had gaps in the covers that you could fit your hand through, therefore they did not offer full protection from risk of burns and scalds.

•We observed an external door to be left open with no staff present for over 10 minutes, and another external door in the staff office remained unlocked throughout the inspection. We observed people to mobilise around these areas of the service, increasing their risk of leaving the building without staff being aware.

Using medicines safely

•Medicine management plans lacked detail and were not consistently personalised. For example, one person had their medicines dissolved and placed in their drinks, with a specified cup to be used, but their plan made no reference to this.

•Where a person had their medicines crushed and placed in their food, due to swallowing difficulties, there was no record that staff had consulted with the pharmacy to ensure the medicine was suitable to be given in this way.

•Calculation errors with the amounts of medicines held by the service when adding this to amounts when they received a delivery were found. This increased the risk of running out of medicines or medicines not being accounted for.

•□A person's Medicine Administration Record (MAR) had been signed to show medicine had been given, when actually the person had declined to take it. Staff had not disposed of the medicine, and instead the tablets were in a pot in the medicine trolley. This meant their medicine record was inaccurate.
•□Staff told us that if they found gaps in signatures on the MAR charts, they would be asked to sign the charts retrospectively, to say medicines had been given. This is not good practice and places people at risk of receiving medicines incorrectly.
•□Where people required medicines on an as required (PRN) basis, PRN protocols were variable in their quality, and some did not reflect changes in people's presentation.
•□We identified gaps in the recording of applying topical medicines such as creams and ointments. Some body maps to direct staff on where to apply topical medicines did not reflect changes in recommendation by the prescriber, therefore were not being kept updated.

The above information meant the provider continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•□There were improvements in the frequency of auditing of medicines being completed compared to at the last inspection.

Staffing and recruitment
•□We continued to identify areas of concern in relation to staffing levels, particularly in the afternoon and at night time. Following the last inspection, the service had increased staff at night to three, but the service had reduced this back down to two staff. Most people were living with dementia, therefore required consistent levels of monitoring and support during the day and overnight.
•□Service layout, and the location of bedrooms and communal areas including the main flight of stairs impacted on the level of oversight staff were able to provide. A dependency tool had been introduced since the last inspection, and this identified four people as having high needs. Four people required assistance of two carers with changing their position and for use of moving and handling equipment and other people had variable support needs.
•□Staff told us there was not enough staff on shift at tea time. This was when people needed support with eating and drinking, monitoring for risks of choking, giving out medicines, and providing personal care if people wished to go back to bed or use the bathroom.

The above information meant the provider continued to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•□We identified improvements in recruitment processes, with the service collecting character references and completing safety checks.

Learning lessons when things go wrong
•□The management team were working with an external consultant to review policies and procedures in place. Changes had been made within the staff team to improve ways of working and personal accountability.
•□More regular staff meetings were being held as a forum for discussing incidents, accidents and complaints. Staff told us there were senior meetings and staff meetings. They were able to contribute to the meeting agenda, and felt supported to raise concerns.
•□A written log of accidents and incidents was recorded. However, from reviewing this, we identified there was still further improvements to be made around actions taken following incidents and ways to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated greater awareness of the service's policies and procedures in relation to safeguarding however, we did identify some gaps in training completion.
- People and relatives gave us feedback regarding the safety of the service. One person said, "I'm safe in here." One relative discussed a person's recent falls, but told us, "I am confident that the home was looking after [Name] safely."

Preventing and controlling infection

- The standards of cleanliness within the service had improved. Previously damaged areas of flooring had been replaced. We did not identify any malodours during the inspection.
- Regular audits of the care environment were now in place including spot checks of people's bedrooms and shared facilities. The service had improved monitoring systems for the management of outbreaks of infection. Staff had access to personal protective equipment including gloves and aprons.
- People gave feedback on the cleanliness of the environment. Two relatives said, "It's a lot cleaner than it was before."
- There were cleaning staff employed, they had appropriate equipment and cleaning schedules were in place. The laundry room and storage areas for cleaning products were locked when not in use during the inspection.
- The service's kitchen had received a five-star hygiene rating.

Requires Improvement

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Some regulations were not met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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. There were no people subject to a DoLS at the time of the inspection. Some people's MCA and DoLS paperwork contained the statement, 'DoLS, potentially but not at present.'
•Care records continued to not contain capacity assessments. Some records contained generalised statements that a person lacked capacity, but this information was not assessed and recorded in line with the principles of the MCA.
•We identified that the service was consulting with family about key decisions relating to people's care and medicine management, yet the family members did not have the relevant legal powers in place to make those decisions on the person's behalf. Care records inconsistently recorded consultation with the person to empower them to contribute to decision making in line with the MCA.
•We identified discrepancies in care records where we would expect to see consideration of the use of DoLS and assessment of capacity in relation to restrictions on movement. For example, a person had wedges placed on their bed to prevent them rolling out. The justification in their care records was for the 'management of involuntary movement', yet this risk was not recorded in other sections of their care record. We had previously identified the use of wedges in relation to MCA and DoLS as a concern for this person.
•Staff were up to date with MCA and DoLS training, however there was a need for the management team to review competency through application to practice.

The above information meant the provider continued to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•Ongoing work was being completed by the service to ensure care records and staff approach was more

person-centred. Some improvements had been made to the care records, however there remained inconsistencies in the detail recorded.
•□The service completed pre-admission assessments before people moved into the service, however there had been no new admission at the time of the inspection as there had been a restriction put in place by the local authority.

Supporting people to eat and drink enough to maintain a balanced diet
•□Improvements had been made to the recording of food and fluids where people were at risk of weight loss or poor intake. However, we suggested for the service to add target levels for fluids so it was clear to staff if a person had drunk enough.
•□We identified ongoing concerns about the co-ordination of serving lunch. Some people were seated very early in the dining room, and became unsettled at being away from other people therefore were observed to get up and leave the dining room. It took a long time for everyone to be served particularly for those people requiring support.
•□Mealtimes continued to lack sufficient staffing oversight to monitor risks associated with eating and drinking.
•□Greater consideration to the timing of meals, particularly for people that experience fatigue was required. We observed staff to be repeatedly telling a person not to fall asleep while assisting them to eat. We raised this with the management team as felt it was unsafe for the person to be eating when unable to participate.
•□We observed some people that found it easier to use their fingers rather than cutlery, consideration had not been given to ways to maximise their independence.
•□We identified that people were sitting at dining tables in their wheelchairs, without foot support. This impacted on their seated posture and comfort when eating and digesting food.
•□People gave feedback on the food provided. Three people told us the food was "good", and one person told us they had enjoyed their lunch. One relative said, "They get regular hot drinks and the food is good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•□Some people were unable to maintain their oral hygiene independently. One person required mouth wash to be swabbed around their mouth. Staff were not recording the completion of these tasks. Oral hygiene plans did not provide guidance for checking the condition of the mouth and gums where people did not have teeth to prevent infections and poor health linked to a lack of oral care.
•□The management team were trying to improve communication and relationships with the GP surgery. Staff gave examples of where it had been difficult to source medical support from doctors when people had experienced falls.
•□We identified examples of where medical advice was not being followed by staff. For example, the decision to put people on four hourly turns rather than implementing timings in line with guidance from healthcare professionals to prevent developing pressure ulcers.
•□Where people's mental health presentation or behaviours were assessed by staff to be changing, care records lacked guidance for staff. However, staff did tell us they had recently received dementia training.

Staff support: induction, training, skills and experience
•□The manager showed us a list of all training and refresher courses completed and scheduled. Overall training compliance had improved.
•□Records showed a rolling performance appraisal programme. Staff files contained clear induction check lists, including spending time with more experienced staff shadowing shifts.
•□Staff gave positive feedback on the training they had received. They felt the management team took on board feedback where training needs were identified and arranged courses to support staff to develop

confidence and skills.
•□Staff told us they received regular support and supervision. Staff confirmed the manager always offered them time to discuss concerns in between supervision sessions.

Adapting service, design, decoration to meet people's needs
•□We identified that some changes had been made to the care environment, layout of furniture and designated seating areas to improve social contact for people and visitors.
•□People now had signs and photographs on their bedroom doors to aid familiarity of environment.
•□Environmental refurbishment was ongoing, and updates on the service's progress continue to be sent to CQC.
•□There continued to be environmental limitations which impacted on people's safety and ease of movement within the service. For example, changes in floor gradient, steps and stairs. Some of the bathrooms remained inaccessible for some people. We reviewed the records for bath and showers and these did not demonstrate that people were receiving regular access.

Requires Improvement

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

RI: People did not always have their privacy and dignity protected.

Respecting and promoting people's privacy, dignity and independence
•There remained concerns about the management of confidential information. We found the external door to the staff office unlocked, giving access to care records. We overhead staff discussing a person's medical status in the dining room when other people were present.
•We observed staff to treat people with more dignity and respect, and to offer reassurance and support if people were worried or feeling unwell. Staff now used screens to offer greater privacy when hoisting people in communal areas. However, we identified that the screens were not being used to their full effect, as staff were partitioning off sections of the room with multiple people seated behind the screen. Whilst an improvement, this still did not fully protect the person's dignity, and no explanation was given to the other people placed behind the screen.
•We observed staff to cut up people's food in the dining room in front of others. This did not protect people's dignity.
•Staff now had a designated office, with a separate storage area for medicines. This offered staff the opportunity to make phone calls or discuss confidential information in private.
•One person continued to access the grounds for a walk each day. Signing in and out processes had been introduced to maintain independence with greater levels of monitoring to keep them safe.

Supporting people to express their views and be involved in making decisions about their care
•The service did not hold resident or relative meeting. However, improvements had been made to the frequency of sending out satisfaction surveys to family members as a means of sourcing feedback. For those people living with dementia there was no evidence of the service sourcing regular feedback for example through the use of advocacy services.
•We identified the need for greater levels of collaborative working between people and staff when making decisions and developing records about their care and support needs, to support involvement and contributions.
•Comments boxes and information on the service's complaints processes were accessible, along with information on external organisations that could assist people with making complaints or getting guidance on the care received at the service.

Ensuring people are well treated and supported; respecting equality and diversity
•Further improvements were required with care records to incorporate people's preferences, likes and dislikes. Care records contained documents entitled 'personalised risk assessments,' yet these contained generic information rather than details tailored to the individual so that staff would be familiar with individual needs, and protected characteristics.
•People we spoke with told us about the care provided by staff. They said that staff were friendly and

caring. One person said, "I like it here; they're very nice people. I'm very comfortable here." Another person said, "I'm sleeping well and I've no problems. They're nice people and I like it here." Relatives confirmed that they could visit at any time.

•□From our observations and from speaking with staff, they demonstrated a greater level of empathy and kindness towards people than previously seen. Staff gave examples of how they support people with behaviours that challenge to maintain social contact with others and attend meals.

•□The management team were working with the privately appointed consultant to support staff to develop skills and confidence in working in more person-centred ways. Staff gave examples of where they encouraged and supported people to make choices, for example about what time they wished to get up or go to bed. We observed a staff member speaking about the latest local team football match with a person who enjoyed watching football.

•□We observed some nice interactions between staff and people, for example a carer painting a person's nails and talking about their forthcoming holiday, and whether the person had visited the same places.

Requires Improvement

Is the service responsive?

Our findings

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

RI: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- The service was completing ongoing work to develop people's care and support plans, and adding details regarding personal preferences and choices. Further work was required in collaboration with people and their relatives to make these personalised documents.
- Some people were unable to express their care needs verbally. We identified in one person's care plan it said for staff to watch for signs of fatigue as an indication of when they needed to go to bed. This was open to misinterpretation, and required a close level of monitoring by staff familiar with the person's needs.
- Another person's care record consistently recorded that they were unable to express their views verbally, yet in their social activities care plan it indicated that the person had not told staff much about their interests.
- There were more activities in place, with people and staff telling us the level of activities had improved, and there was an activity plan for the month. During the afternoon of the inspection, we observed an exercise to music class. This was well attended, with eight people sitting in the lounge and most actively engaged and enjoying the activity. Staff were observed to encourage people to participate, with one person heard to state, "This is good." However, during the morning we observed a staff member to sit down and start playing dominos with a person, the call bell sounded and the carer got up and left without giving any explanation to the person.
- Where people were able to express future wishes, basic information on their end of life care had been recorded. Some records contained discussions with family. This was an area of care requiring further development, and greater confidence for staff to discuss. There was access to end of life training, but records showed low uptake, and this training had not been completed by the manager. However, further training was available for later in the year.
- From reviewing care records for a person receiving end of life care, we could see that the service was working closely with the GP surgery to support the person. The service had access to anticipatory medicines, for use to ensure pain levels would be well controlled and the person received comfortable end of life care.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place, and information on this was displayed in communal areas. Details on the number of complaints received and actions taken was not shared by the service with the inspection team.
- Staff and relatives were being encouraged to give feedback on areas for service development and improvement. Feedback had identified the need to improve the level of people's involvement in their care plan reviews, however from review meeting minutes, these recorded involvements from family rather than the person. Relative feedback included the request for bedrooms to be refurbished, and for an overhaul of care planning.

• People and relatives confirmed they knew how to make a complaint, and who they would choose to talk to if they had concerns. One person said, "The manager in charge and if I had any problems I'd have a word with them." A relative said, "I would talk to the manager if I was bothered about anything and I'm sure they would sort it out; you can talk to them."

Inadequate

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

Inadequate: There were ongoing and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- The service was not fully meeting the conditions that were placed on their registration to support improvement. Whilst some improvements were identified, we continued to identify areas of concern and breaches of regulation.
- The service had sourced external guidance from consultancy companies. At the time of this inspection, the consultant was still providing regular hands on support to the service. The provider and manager were not demonstrating the ability to independently identify and address shortfalls. With the consultant support in place, areas of concern remained.
- There were more quality audits and spot checks being completed, but shortfalls in the service and care environment had not been identified through these processes. We were therefore not assured that processes in place were robust, and that those staff completing the audits fully understood what they were checking for. This was of particular concern in relation to gaps in recording linked to management of risks, medicines management and around identifying environmental risks. People living at the service were reliant on staff to keep them safe.
- Senior staff were responsible for completing people's contemporaneous notes at the end of each shift. We found this resulted in inaccuracies in recording. Staff were not taking accountability for the tasks they were completing including accurately recording completion of personal care and oral hygiene tasks. We identified discrepancies between what was recorded and our observations during the inspection.
- Staff gave mixed feedback on whether they felt sufficient detail was shared during shift handover meetings. Some staff told us they felt each member of staff should be recording tasks once completed rather than relying on giving information to the senior on shift to disseminate.
- Senior staff identified that they would benefit from supervisory training to assist them in their role and the skills required to deal with challenging situations.
- Whilst we saw improvements, prior to the inspection, we had identified notifiable incidents that the service had not reported to CQC.
- The leadership and management of the service remained a concern. We identified shortfalls in their knowledge and experience to enable them to lead by example for the staff team.
- The service had not had a registered manager since November 2017. The manager had completed their registration interview and was awaiting an outcome. The service required consistent leadership to support ongoing 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; Continuous learning and improving

care
•□Further work around the development of person-centred care provision was required. Whilst changes to care records had been made, these still lacked key details, and were not being routinely reviewed and updated following incidents, to reflect changes in risk and presentation.
•□The manager continued to lack confidence and understanding in relation to the MCA, their own accountability and responsibilities when the service was making decisions in a person's best interests. The manager was responsible for completing and reviewing care records.
•□We identified concerns in relation to decisions being made by the service without sourcing medical advice first. This showed a lack of insight into the risks and accountability associated with these decisions.
•□From speaking with staff, and members of the management team, culture within the staff team was changing. Clearer expectations around performance were being given to staff, but based on inspection findings, further improvement was still required.

The above information meant the provider continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•□Staff told us morale was improving, and they felt well supported by the manager.
•□Staff were clear that if they made a mistake or got something wrong that they needed to learn from this and implement change.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
•□People could provide feedback on the service through surveys and the complaints process in place, and anonymously using a comments box. However, further work was required to encourage feedback from those people living with dementia or who experienced difficulties with verbal communication.
•□Staff and senior staff meetings were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting. Staff told us they used these meetings to raise concerns. Senior staff told us this offered an opportunity to discuss concerns about staff performance. However, some new staff identified a lack of confidence to raise concerns early on in their employment.
•□Ongoing work was being completed by staff to improve working relationships with the GP surgeries linked to the service.

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 11 HSCA RA Regulations 2014 Need for consent The care provider did not always work within the principles of the Mental Capacity Act (2005) Regulation 11 (1) (2) (3) (5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The care provider did not always ensure that people and the care environment were consistently kept safe. Risks to people were not always well managed, including with medicines management Regulation 12 (1) (2) (a) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The care provider did not always have good governance and leadership in place. Audits and quality checks were not consistently identifying risks and shortfalls. The care provider was not meeting the existing conditions placed on their registration in relation to regulation 17. Regulation 17 (1) (2) (a) (b)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There were not always enough staff to be fully responsive to risks and meet people's needs, particularly in the afternoon and at night time. The care provider was not meeting the existing conditions placed on their registration in relation to regulation 18

Regulation 18 (1)