

Antonipillai Gnanabalan

Stamford House Care Home

Inspection report

3 Stamford Street
Rochdale
Lancashire
OL16 5DS

Tel: 01706645401

Date of inspection visit:

12 May 2022

13 May 2022

16 May 2022

18 May 2022

19 May 2022

23 May 2022

Date of publication:

08 August 2022

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

Stamford House Care Home is a residential care home providing accommodation for persons who require personal care for up to 23 people. The service provides support to older people. At the time of our inspection there were 19 people using the service. The care home accommodates people across two floors in one building.

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

Medicines were not safely managed; medicines records were not always correctly completed, and medicines policies were not always followed.

Practices relating to infection prevention were not always safe. The environment was not always clean and there were gaps in cleaning records. However, adequate stock of personal protective equipment (PPE) was in place and staff were being tested. The home was going through a period of renovation to improve the environment. Although there had been some environmental improvements made since the last inspection, some risks relating to the environment were still of concern. The provider was working to improve this.

People were still at risk of poor pain management and safeguarding concerns were not always escalated when they should be.

The service had not recruited anyone since the last inspection. The home was adequately staffed and the provider had made significant improvements in relation to staff induction and training since the last inspection.

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

People's needs were not always assessed, and people's care plans did not always contain necessary information. One person who required access to a call bell was not able to, this was raised with the registered manager and rectified by our third day on inspection.

People's nutritional needs were not always considered and there were some concerns relating to the food being provided, though people spoke positively about the food. People's oral health care needs had been considered and people had access to necessary healthcare services.

People were not always treated well and with dignity. People's confidential information was not always stored and treated appropriately. However, feedback about staff was positive. People were involved in planning their care and people had access to advocacy services when needed.

Person centred care was not always being provided. Care plans lacked necessary information. An end of life policy was in place and staff had completed end of life training.

A complaints policy was in place, we were told there had been no complaints since the last inspection.

The registered manager understood about ensuring information was easily accessible for people. The service employed an activities co-ordinator, though feedback about activities was mixed. People were supported to have visits from loved ones.

Audits were not always robust and did not identify a variety of risks we found. Various documents, policies and procedures required updating. The provider told us they had plans to review these. There was poor record keeping and a lack of continuous learning, though the provider explained how they had supported the registered manager. Necessary notifications had not always been sent to CQC and the local authority. People using the service did not always receive good outcomes, though people and staff spoke positively about the management of the service. Although staff worked in partnership with other agencies this was not a consistent approach. Meetings for staff and people that used the service were taking place and some surveys had been sent out.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 14 January 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. At our last inspection we recommended that provider review the deployment of staff. At this inspection we found improvements in this area and staff were seen evenly dispersed around the home.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider still needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stamford House Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to infection prevention and control (IPC), medicines, environmental concerns/risks, safeguarding people, person centred care, failure to send appropriate notifications to CQC, ensuring appropriate nutrition and good governance at this inspection. As the home has not recruited anyone since the last inspection, they are unable to demonstrate that these concerns had been addressed.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review.

We will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If we re inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Stamford House 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors (which included a medicines inspector).

Service and service type

Stamford House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stamford House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first and third day of site visits, but we announced the second day. Inspection activity started on 12 May 2022 and ended on 23 May 2022 when we delivered feedback remotely. We visited the location's service on 12, 16, 18 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, three relatives and two health care professionals about their experience of the care provided. We spoke with seven members of staff including the registered manager, the operations director, senior care workers and care workers. During the inspection, we visited both floors of the home and we reviewed a range of records. This included reviewing three people's care records in detail. During the inspection we also looked at seven people's medicines records, storage of medicines and various medicines documentation. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely. Information regarding people's allergies was not recorded on relevant documentation, there was a risk people may be given medicines which they have previously reacted to. Since the inspection we have been assured that records have been updated to reflect people's allergies.
- The actual time a medicine was administered was not documented for time sensitive medicines, so, staff could not be assured that the four-hour time interval between paracetamol doses had been observed.
- Thickening powder, to be added to drinks, for people who have difficulty swallowing, was not always stored safely, therefore there was a risk people could be harmed due to accidental ingestion. Since the inspection the registered manager has advised all thickeners are now stored appropriately.
- Quantities of medicines did not always match records, so we could not be assured medicines were administered as prescribed. Medicines with a short-dated expiry once opened, were not always dated when opened. Therefore, there was a risk they would be used beyond their expiry dates.
- There were no records to show topical preparations such as creams were being applied; therefore, we were not assured people's skin was cared for properly. Since the inspection the registered manager assured us that application of topical preparations was now being recorded.
- Staff are not always following the homes medicines, and medicines related policies; we found staff were not following the policies when ordering, storing and recording medicines. We also found audits were not being completed in line with the policy.

Systems were either not in place, not being followed or not robust enough to demonstrate medicines safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection prevention practices were not always safe. Communal toiletries were found on two days of our inspection. This was raised with the manager on day one and on day three we saw further communal toiletries. In the same bathroom we also found clean towels stacked on top of a clinical waste bin.
- Premises were not always clean and tidy, on day one we found dried on faeces on a toilet lid. There were also gaps in some cleaning schedules.
- The registered manager did not have a system in place to ensure people received their own clothes after they had been washed. One family member commented about the laundry, "They have lost some of her (family members) stuff in the laundry in the past."

The provider had failed to ensure appropriate processes were being followed regarding IPC practices. This

put people at risk of infection and significant harm. This was a further breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- The home had good stocks of appropriate PPE and appropriate testing was being carried out.

Visiting in care homes

On the day of inspection, a 'booking in' procedure was in place for all visitors, which allowed people to see their family. This helped prevent visitors spreading infection on entering the premises.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to demonstrate safety was effectively managed. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made some environmental improvements in some areas mentioned on our last report, we identified further concerns, and therefore not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risks were not always appropriately assessed and monitored. Window restrictors were not in place in two upstairs rooms and wardrobes were not always securely fixed in place. The provider advised after our site visits that these issues have now been addressed.
- Appropriate environmental risk assessments were not always in place, and when these were in place they were not always being followed.
- We raised concerns about aspects of the environment on the first day of the inspection but found the same issues recurring when we returned to the home on the third day of the inspection.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes were in place and being followed to prevent abuse of people and that these processes operated effectively. This was a breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13

- People were at risk of experiencing pain and neglect. People were not always given their pain relief medicines when they were prescribed. On one occasion this was because there was no supply of the medicine in the home, for another person their pain-relief patch was re applied late and therefore not in line with the prescription. The manager was unaware of these issues until we raised these concerns.
- During the inspection we found two medication incidents that should have been safeguarded and had not been. The registered manager raised the necessary safeguarding's at our request.

The provider had failed to ensure systems and processes were in place and being followed to prevent abuse of people and that these processes operated effectively. This was a continued breach of Regulation 13 (2) of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A safeguarding policy and procedure was in place and included information on how to escalate concerns and staff had received safeguarding training.

Staffing and recruitment

At our last inspection the provider had failed operate an effective recruitment process. This was a breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were not able to see that improvement had been made at this inspection and the provider was still in breach of regulation 19

- The provider and registered manager had not always followed safe recruitment practices.
- We reviewed two recruitment files which did not detail all the necessary information. However, these were historic files as the provider had not recruited anyone new since the last inspection. This meant we were unable to see if any improvement had been made since the last inspection.

The provider had failed to operate an effective recruitment process. This was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had implemented a new recruitment checklist for new staff members, but we were yet to be assured that this would drive improvements.

At our last inspection we recommended the provider reviews the deployment of staff to ensure people receive appropriate supervision and support with personal care. The provider had made improvements.

- People, their relatives and staff all told us the home had enough staff to meet people's needs.
- During this inspection we found that staff had been more appropriately dispersed around the home to meet people's needs.

Learning lessons when things go wrong

- The registered manager was able to provide some examples of lessons learned relating to accidents. Since the inspection the registered manager has shared some additional examples of lessons learned from the medication issues found during the inspection.
- Staff meetings showed discussion around how to improve from previous issues.

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

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 MCA 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). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Necessary DoLS referrals were not always being made. After our site visit, the registered manager made some required referrals.
- Capacity assessments were not always reflective of people's cognitive impairments and did not always ensure appropriate action was taken. After our site visit, the registered manager was working to update people's capacity assessments where needed.

The provider had failed to ensure systems and processes to prevent abuse of people operated effectively. This placed people at risk of harm. This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All staff had received up to date training regarding the MCA.

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

At our last inspection the provider had failed to ensure staff provided people with individualised care which met their needs. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was previously reported under the well-led domain.

Not enough improvement had been made at this inspection and the provider was still in breach of

- Peoples needs had not always been assessed. The care plans we reviewed did not have a pre-assessment on file.
- Peoples care plans did not always have health condition specific care plans and risk assessments in place and was not always reflective of their abilities or requirements. After our site visit, the registered manager told us they were working on improving people's care plans to include necessary information.
- Where a person required the use of a call bell to alert staff, this was not always in reach or accessible. This person was under regular 30-minute safety checks.
- People did not always receive high-quality personal care. For example, we saw one person had overgrown toenails and had not been regularly or consistently offered a bath or shower for several weeks. This is an ongoing issue from the last inspection.

The provider had failed to ensure staff provided people with individualised care which met their needs. This placed people at risk of harm. This was a continued breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During our inspection we found several out of date items of food in the kitchen and the cellar/store room.
- Various items of food were not dated when opened, presenting a risk that they were not being stored and disposed of in line with manufacturers advice.
- Not all meal temperatures were being recorded before being sent out, this means that it was possible to be sure that all necessary safety checks had been conducted to ensure food was had met a safe temperature during the preparation process.
- We made a referral to the Environmental Health team regarding the above concerns.
- Where pureed diets were required the food was presented all blended together, this means that the taste of the food could have been impaired and the dining experience may not have been as pleasant as it should have been.

The provider had failed to ensure that peoples nutritional needs were being met. This put people at increased risk of harm. This was a breach of Regulation 14 (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

- People told us they enjoyed the food. One person commented, "It (the food) is marvellous".

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure training, learning and development needs of individual staff members were carried out at the start of their employment. This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. This was previously reported under the well-led domain.

- Since the last inspection all staff had completed an induction.
- Since the last inspection all staff had completed and were up to date with all mandatory training courses.
- Moving and handling competency checks were carried out by an external assessor and were in the process of being completed.

- Staff were supported through regular supervision.

Adapting service, design, decoration to meet people's

- Some adaptations had been made to the home to meet the needs of the people living there. However, further improvement was needed in this area and the home was being renovated to address this. During our inspection the provider and registered manager advised that they were working to make improvements to the environment.
- Appropriate signage around the home was in place, which helped promote people's awareness.

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

- People had oral healthcare plans in place which had recently been completed.
- People were registered with doctors, dentists and opticians and a podiatrist visited the home. However, as detailed above, the frequency of these visits needed to be increased.
- The service worked with a variety of health care professionals including those mentioned above and physiotherapists when required.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always treated well, and their dignity was not always respected as mentioned throughout this report.
- A privacy and dignity policy was in place, though this needed reviewing and updating. The provider told us that they were starting to ensure all policies were reviewed and updated as appropriate.
- Equality and diversity was covered throughout a variety of policies, some of which needed updating. The provider told us that they were starting to ensure all policies were reviewed and updated as appropriate.
- A general data protection policy was in place, though we found examples of poor practice in relation to this. On day one we found on a cupboard containing people's care plans was left open and accessible. After raising this with the registered manager, they ensured this door was closed. We also found that staff were discussing people's medication requirements with the pharmacy on their personal mobile phone via WhatsApp.
- People and their families spoke positively about staff. Peoples comments included, "They (staff) are brilliant" and "They (staff) are great, especially (staff name)". Families comments included, "They (staff) are very good and understanding", "They (staff) are friendly" and "I think the staff are great".

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

- People were able to express their views through attending meetings, completing surveys or speaking with management.
- People and their relatives were involved in planning people's care.
- The service had accessed advocacy services, to help support people when needed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People did not always receive person centred care as detailed throughout this report. Care plans were in place. However, these did not always contain necessary information. Care plans did not always include risk assessments for people's health conditions including alzheimer's, diabetes, epilepsy and alcohol abuse. One person had recent falls, but their falls risk assessment has not been updated to reflect this and none of the care plans we reviewed in detail had pre assessments in place. The registered manager told us they were working on improving care plans.
- People had end of life care plans in place.
- The service had an end of life policy in place, which detailed the expectations around end of life care and staff had completed end of life training.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A complaints policy and procedure was available on request, and this explained the process people could follow if they were unhappy with the service they received. However, the complaints policy required updating. The provider told us that they were starting to ensure all policies were reviewed and updated as appropriate.
- The registered manager told us there had been no complaints since the last inspection.
- The registered manager understood the need to ensure people were able to access information in a format suitable for them.

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

- The service had an activities co-ordinator who planned and led on a variety of activities for people living in the home, though people and relatives comments about activities were mixed. When we asked about activities, people's comments included, "I play dominoes" and "[there are] Not many [activities] - I like my television.." and one family member told us, "I have seen them outside, they don't do very much from what I see".

- People were supported to see their visitors in the home. As mentioned in the safe domain, a booking system was being operated to minimise risk.
- People were supported to meet their cultural beliefs.

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 our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to assess and monitor the quality of the service. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Various audits that were in place had not identified the risks we identified.
- The registered manager failed to ensure that their statement of purpose and a number of policies and procedures were up to date and being followed by staff. The provider told us that they were starting to ensure all policies were reviewed and updated as appropriate.
- There was poor record keeping and there were various missing documents that had to be emailed later as the registered manager did not have access to these.
- A staff member was using their personal phone to communicate with the pharmacy re people's medication via WhatsApp. The provider assured us necessary action had been taken and refresher GDPR training in was provided to staff.
- Whilst there had been some learning, not all breaches from the previous inspection had been met.
- During this inspection we found two recent medication incidents that should have been reported to the local authority and notified to CQC. However, these had not been identified as a concern by the staff member administering medicines. We requested the registered manager send necessary notifications to CQC regarding these incidents.

The provider had failed to ensure good governance. This was a continued breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was able to show us some examples of how they have supported the registered manager since the last inspection.

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 registered manager had not always understood their regulatory obligations in relation to sharing

information with CQC. Following our last inspection, the registered manager was proactive in seeking further training to support their development. However, we had seen there were still further learning required in this area.

- The registered manager had failed to notify CQC of an incident that had occurred at the home. Following our inspection, the registered manager sent us the required notification.

We found no evidence people had been harmed as a result of us not being notified. However, systems were either not in place or robust enough to demonstrate the registered manager was acting on the duty of candour. This placed people at risk of abuse. This was a breach of Regulation 18 (1) of the Care Quality Commission (Registration) Regulations 2009.

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

- People using the service were at risk of receiving poor outcomes as identified throughout this report.
- A whistleblowing policy was in place, though staff were not always able to explain what whistleblowing meant.
- People and staff provided mostly positive feedback on the management of the service. Staff told us they enjoyed their roles, their comments included, "It is a good place to work, I enjoy making residents happy and comfortable. I enjoy it all, there's no bad bits" and "I love to work here".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff did work in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support. However, this approach was not consistent as appropriate referrals and notifications were not always sent for MCA, Safeguarding's and to CQC as mentioned throughout this report.
- Staff meetings were taking place, as well as meetings for people that used the service. Relatives were regularly kept up to date with telephone calls.
- Surveys had been sent out to relatives and there was no negative feedback. Resident surveys were reviewed, and we were able to see some action taken from these. No staff surveys had been sent out.