

Hampshire County Council

Cranleigh Paddock Care Home

Inspection report

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Lyndhurst
Hampshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Cranleigh Paddock Care Home is a purpose built care home in a residential area of Lyndhurst. The home accommodates up to 32 older people who have support needs associated with old age or dementia. Accommodation is provided at ground floor level and is divided into four units, each of which accommodates up to eight people. There were 24 people living at the service at the time of this inspection.

People's experience of using this service:

The provider had not always ensured risks to people and staff had been adequately managed. They had not acted in accordance with all of the recommendations made in the 2015 legionella risk assessment and had not followed national guidance.

People confirmed they were treated by staff with kindness and compassion. People's comments included: "Everyone is lovely and they smile at me a lot". "This is a very happy place, everyone gets on well together". "The place has a good atmosphere here, all the time".

People's privacy and dignity needs were understood and respected, including during physical or intimate care. We observed that staff showed concern for people's wellbeing and responded to their needs quickly.

People's needs were assessed and staff had a clear understanding of people's care plans.

People and when appropriate their families or other representatives were involved in discussions about their care planning. People were encouraged to provide feedback on the service provided both informally and through quality questionnaires.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People were supported to maintain good health. Any health concerns were addressed promptly and referrals sought from appropriate professionals when needed.

People told us they enjoyed their meals and received any support they needed. The service catered for people's individual needs, including specialist pureed meals which mirrored the visual appearance and colours of food.

People felt confident that staff had the necessary knowledge and skills to meet their needs. A system was in place to track the training that each member of staff attended. There was a staff supervision structure that included observation and monitoring of care practices and annual appraisals.

There were safe systems for the management, administration and storage of medicines, so that people

received their medicines as prescribed, in a way and at a pace that met their needs and preferences.

Robust recruitment procedures were in place to ensure that only staff who were suitable to work in a social care setting were employed. People confirmed that staff were available when they needed care and support.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

People were confident they could raise concerns or complaints and that these would be dealt with.

There was an open, inclusive and empowering culture within the service. A system of regular audits of the quality and safety of the service took place. The registered manager had a plan for the continuous development and improvement of the service.

Rating at last inspection: Good. Last report published 22 December 2016.

At this inspection the overall rating for the service has changed from Good to Requires Improvement. We found the evidence did not continue to support a rating of 'Good' in all areas and we have rated the service 'Requires improvement' in the 'Safe' and 'Well led' key questions.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection in October 2016.

Enforcement: We have identified a breach in relation to assessment of environmental risks at this inspection.

Please see the action we have told the provider to take at the end of this report.

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

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 always safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Cranleigh Paddock 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:

The inspection team included a lead inspector, a second inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of care service.

Service and service type:

Cranleigh Paddock is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a 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.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The provider had completed a Provider

Information Return (PIR). This is information we request on at least an annual basis about what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service and three relatives. We spoke with the registered manager and the deputy manager, three members of the care team and members of the kitchen and maintenance staff. We reviewed the care records of three people. We also looked at staff recruitment and training and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

Following the inspection, we received feedback from a health and social care professional.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- We were not assured that all relevant action had been taken in relation to the management of legionella to ensure the safety of people and staff.
- Water samples showed there had been long term issues with the water quality in the home.
- A legionella risk assessment was carried out in November 2015. The risk assessor recommended the next legionella risk assessment audit and review should be conducted in November 2016 due to the overall risk presented. At the time of our inspection in May 2019 this had not been completed.
- The Health and Safety Executive provides guidance in relation to identifying the circumstances in which a legionella risk assessment should be reviewed. This guidance had not been followed by the provider.
- A provider level discussion will be taking place in relation to these concerns.

Failure to review the risk assessment and do all that is reasonably practicable to mitigate risks is a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014; Safe care and treatment.

- A system of water monitoring checks and actions was in place. For example, monitoring of water temperatures, flushing of little used sinks and showers and descaling of shower heads. These were recorded on a central electronic system.
- Action had been taken to address some of the recommendations in the 2015 risk assessment.
- Maintenance staff oversaw a system of monitoring and managing health and safety checks and routine servicing of appliances. For example, portable firefighting equipment, portable electrical appliances, emergency lighting, window restrictors, and general maintenance and repairs.
- The manager completed a daily 'walk the floor' which included checking staff had cleaned wheelchairs, checked call bells were working and floor mats were plugged in.
- People's care plans contained individual risk assessments that supported them to be as independent as possible. Risks to people's safety and wellbeing had been identified, assessed and actions had been taken to minimise the risks, such as the risks of people falling, becoming malnourished or developing pressure sores. This information was recorded in each person's care records and updated regularly with any changes to the level of risk or changes to health.
- Daily care records showed staff supported people in line with the risk assessments. Staff could describe people's risks and what they did to support people safely.

Using medicines safely

- Procedures were in place for the management, administration and storage of medicines.
- People received their medicines as prescribed, in a way and at a pace that met their needs and preferences.
- Where people took their medicines late, for example if they had been asleep, the time was recorded on the medicine administration record (MAR) and the next dose was given after the appropriate interval.
- Staff offered people a choice of drink and gave them gentle encouragement to take their medicines.
- Where people were prescribed PRN (as required) medicines we noted written protocols were not in place, as required by the provider's medicines policy, to give additional guidance for staff about when and why these should be given. We raised this with the deputy manager who said they would put these in place.
- Medicines were stored securely and daily temperatures were taken to ensure they were stored in line with manufacturers guidelines.
- Weekly and monthly medicines audits took place. We completed a spot check of medicines which showed all medicines were accounted for.
- Staff were trained and competent to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and well treated living at the home. Their comments included: "I do feel safe here, my things are also safe" and, "I do like it here, everyone is nice to me". A relative told us, "Mum is very safe here, this is a very good home for her".
- Policies and procedures were in place in relation to safeguarding and whistleblowing and these were accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults and this was regularly updated.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Staffing and recruitment

- People confirmed that staff were available when they needed care and support. A person said, "Staff very good and there when I need them". Another person told us, "The staff are available when I need them, they are very kind". A relative said, "The Staff are always here for mum, they have time for her, she is never rushed".
- A dependency tool was used to assess people's changing needs and staffing rotas were regularly monitored to ensure that there were sufficient numbers of staff on duty.
- Robust recruitment procedures were in place to ensure that only staff who were suitable to work in a social care setting were employed.
- Staff had provided an application form and taken part in an interview before being appointed. Any gaps in their employment history had been explored and the reasons recorded.
- Staff had provided proof of identity and had been checked by the Disclosure and Barring Service (DBS). DBS helps providers to make safer recruitment decisions.

Preventing and controlling infection

- The provider had infection prevention and control (IPC) policies and procedures.
- Staff were trained in IPC and were equipped with protective clothing, such as aprons and gloves.
- The service had a dedicated housekeeping team. Cleaning schedules were in place and records showed checks were carried out.
- People commented: "This home is very clean, they are always cleaning" and, "All kept clean here, very good like that".

Learning lessons when things go wrong

- Incidents and accidents were recorded electronically from written incident forms. Appropriate action was taken following, for example a fall. Protocols were in place to ensure staff monitored people for any health concerns for 24 hours.
- Incidents and accidents were logged and monitored for trends.
- Falls audits were completed by the manager and included in their reporting systems.
- Safeguarding was a regular item on team meeting agendas and was raised as part of each staff member's supervision. Managers and staff discussed any specific safeguarding enquiry as a way of learning from the experience and in order to prevent a similar occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- A pre-admission needs assessment took place that included any cultural and spiritual expression, diet, sexuality, and communication needs a person may have, as well as any relevant staff training that may be required to meet the individual's needs.
- Staff had a clear understanding of people's care plans and worked flexibly to support people to maintain their wellbeing and meet their needs.
- The provider promoted equality and diversity in the service through their policies, core values and staff training.

Staff support: induction, training, skills and experience

- People felt confident that staff had the necessary knowledge and skills. Comments included: "The Staff do seem well trained, I have no complaints". "They deal with my wife very well and seem well trained". "I do think the staff are well trained for their jobs, they look after mum very well".
- The provider's induction programme for new staff involved eight days of essential training during the first four weeks, complemented by shadowing experienced staff to help ensure that the training could be applied in practice.
- Staff were further required to complete training in dementia care, emergency first aid, safeguarding, moving and handling, infection control, the safe use of medicines and food safety. Staff could also complete additional training including, for example, in relation to specific approaches to behaviour support. A system was in place to track the training that each member of staff attended.
- A staff supervision structure was in place that included observation and monitoring of care practices and annual appraisals.

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

- People told us they enjoyed their meals and received any support they needed. Their comments included, "I do like the food here, it's very nice". "Drinks and snacks, no problem here". "I enjoy the food here, it is well prepared". "I do need help at meal times, they sit with me and support me". "I like the food here, if I want they will make me something special". "Staff do help me at meal times". "The food looks nice here and Mum enjoys it, there is a choice". "Drinks are always in Mum's room and brought round all the time".
- We observed lunch being served in the dining areas. Tables were laid with tablecloths, cutlery and salt and pepper pots. The food arrived from the kitchen in a heated trolley and looked well prepared and appetising. The atmosphere was calm and everyone appeared to enjoy their lunch. One to one support was offered to people and assistance with eating and drinking if required.
- The service catered for people's individual needs, including specialist pureed meals which mirrored the visual appearance and colours of food. A member of the kitchen staff explained the importance of this,

saying "People look forward to their food" and "Eat with their eyes".

- Specific dietary requirements related to religious beliefs, such as Kosher or Halal could also be accommodated.
- Each person had a nutritional assessment and support plan that was kept under review. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were in place to minimise the risk. Food and fluid charts were used to monitor people's intakes during periods of potential risk.

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

- Overall the design and layout of the home was homely and appropriate for people's needs.
- The building was set over one level and divided into small units with a combination of bedrooms, lounge and dining areas. The home was bright with a lot of natural light.
- Walkways were well lit and fitted with handrails to support people to move around. Equipment and assistive technology was used to support people's independence.
- Everyone had their own room which they could personalise with their own belongings.
- People could access the grounds from several points around the home. There were ample tables and chairs outside for people to use and an aviary housing several species of birds.
- The provider was reviewing the sofas and chairs in use as people were finding them difficult to move from. Some different chairs were being used on a trial basis and feedback was being sought from people and staff.

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

- Where necessary a range of healthcare professionals including GP's, district nurses, community mental health nurses, chiropodists and occupational therapists had been involved in supporting people to maintain good health.
- Records showed any health concerns were addressed promptly and referrals sought from appropriate professionals when needed. Staff followed the recommendations of healthcare professionals.
- A healthcare professional told us, "I have no concerns and the residents appear well cared for and any changes I recommend are done".

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.

- The provider and staff understood the importance of seeking people's consent and supporting them in the least restrictive ways.
- Staff had received training in MCA and we observed staff asking people's consent before providing care and support. A person told us, "They do ask my consent and they knock on my door before coming in".

- Mental capacity assessments and best interests meetings were recorded for people who were identified as lacking capacity to make particular decisions.
- Advocacy services were used when required to support people in decision making processes.
- Applications for DoLS had been submitted where appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

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

- People confirmed they were treated by staff with kindness and compassion in their day-to-day care and support. A person said, "They are all very kind and help me a lot". Another person told us, "They are caring towards me" and "I am treated with respect". They added, "They know how I like things done and they do it for me". A relative said, "When I visit mum she is being well cared for, they are very supportive".
- We observed that staff spent time talking to people and this was done in a way the individual could understand. Staff showed concern for people's wellbeing and responded to their needs quickly.
- Staff knew and respected the people they were caring for and supporting, including their preferences, personal histories, backgrounds and potential. For example, the kitchen staff were making arrangements to celebrate a person's 100th birthday. We heard staff say to one person, "Would you like a beer (person's name), a nice cold beer? Do you want to go outside and we'll bring it out for you"? A member of staff had, in their own time, made planters for herbs and vegetables, which people who had an interest would help to grow and harvest in the garden.
- Staff had regular handovers to ensure they all understood people's current individual needs.
- Senior staff met and introduced themselves to people who were new to the service, which helped to ensure they knew who to go to in the event of issues or concerns they may have.

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

- People and their relatives were encouraged to be involved and to express their views through care reviews and annual survey questionnaires that provided an opportunity to give feedback about the overall quality of the service.
- Care plans contained records of contact with people's families, which showed that relatives were updated promptly when people's needs changed or if they were unwell.
- A relative told us, "I was involved in mum's care plan when she first arrived". "They do look after Mum in the way she likes to be treated". Another person's relative said, "When mum first came here I was involved in her care plan, it is updated from time to time. The home keeps me informed of mum's condition".
- Another relative told us, "We can raise any general problems at residents meetings they hold every so often".
- Staff recognised when people needed and wanted support to help them understand and be involved in their care, treatment and support. Staff helped people to get this support by involving community organisations and advocacy services that could provide independent support and advice.

Respecting and promoting people's privacy, dignity and independence

- The service and staff made sure that people's privacy and dignity needs were understood and always

respected, including during physical or intimate care. A person said, "The staff are lovely here, very caring towards me". "They are always respectful and kind to me".

- Staff knocked on people's doors before entering their room and doors were kept closed when staff attended to personal care tasks. A person said, "The staff are always very caring and supportive and treat me with respect; they cover me up to protect my dignity". Another person told us, "The care staff are very kind, they treat me with respect, very much so".
- People confirmed they were supported to be as independent as they wanted to be. A person said, "The staff do encourage me to be independent. They ask me what I would like to do".
- A member of staff talked about how the training they received helped them in "Dealing with situations as they arise for people, depending on their moods and abilities. We can't predict". They spoke of the importance of patience, for example "Encouraging people to do anything they can do themselves, such as washing their face. Don't rush". Another member of staff said, "If a person is not wanting care, we leave and try again later".
- People's relatives and friends were made to feel welcome and able to visit without being unnecessarily restricted. While visitors were asked to respect meal times, visits at these times could be arranged if preferred. There were quiet areas available for people to meet with their family and friends.
- Personal information about people was treated confidentially in a way that complied with data protection laws.

Is the service responsive?

Our findings

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

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

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

- People told us they felt the staff were responsive to their needs and any concerns they had.
- Care plans informed staff how they should support people in a way that met their likes, dislikes and preferences and of the things that were important to them. All of the staff we spoke with had a good understanding of people's needs.
- The service ensured the provision of accessible information and communication support to meet people's needs. For example, the provider had engaged the services of an interpreter in order to ensure they were able to meet the needs of a person whose first language was not English. The person's relative was also involved.
- The provider had a hearing and sight loss team that the service referred to when people required this support.
- People with a sensory loss were offered a CD with Talking Books to enable them to keep up to date with current affairs in their local area and enjoy listening to short stories and poetry.
- Regular events and scheduled activities were displayed on notice boards around the home. There were normally two activities coordinators employed, although one post was currently vacant and being recruited to. These staff worked on a one to one basis or in small groups with people, encouraging participation and helping to ensure people felt valued.
- People's comments included: "I always get involved in the activities, if I don't like it I walk away". "I do like the activities they do here, lots of them, very good". "They have lots of activities here, all sorts of games and music events". "Mum does like the activities, particularly anything with music". "It is very nice here, I like it a lot, it's nice in the garden with the birds as well".

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable raising any concerns or complaints. Information about how to make a complaint was displayed within the home and a copy given to each person on admission. A policy and procedure was in place to record and respond to any concerns or complaints that were received about the service.
- Complaints were seen as an opportunity to improve the service. For example, as a result of listening to people, the way food was presented at mealtimes had improved.
- People or their representatives were asked to complete a questionnaire during their stay at Cranleigh Paddock. The feedback received was collated and used to highlight areas which may need further development.

End of life care and support

- People and their family, friends and other carers, were involved in planning, managing and making

decisions about their end of life care. Where people had agreed to discuss these, any advance decisions were documented in their care plans. Where end of life care was needed, the service sought advice from relevant community health care professionals.

- The service had received many compliments from people's families about the care that was given. The majority of these were in recognition and appreciation of the care their loved ones received in the last stages of their life. Comments included:

- 'Thank you for everything you did for our beautiful Nan during her time here. You all made her feel special – the last days especially'.

- 'Thank you for being so kind to (person) over the years. A big hug for....being with him at the end of his life....'

- 'Just can't thank every member of staff enough for the kind, caring attention Mum received from you over the past five years and especially latterly. You've all gone beyond the call of duty. Please accept our family's heartfelt thanks and appreciation'.

- '...thanks for the loving care given to Mum during her stay with you. We will remember the warmth of the 'Cranleigh Paddock Experience'.

- 'I would like to say a very great thank you for everything you did for my Mum while she was staying there in your care. I don't think Mum could have had any better care than you all provided and you made her last years as happy as she could be considering her dementia'.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had not ensured risks to people and staff had been adequately managed. They had not acted in accordance with all of the recommendations made in the 2015 legionella risk assessment and had not followed national guidance.
- We were not assured that roles and responsibilities for legionella were clearly defined.
- The registered manager had been in post eight months. They had told us they had requested a review of the risk assessment. They later told us they had responsibility for reviewing the risk assessment. The new risk assessment completed in May 2019 noted there was no evidence of who the responsible person and deputy responsible person were.
- We were not assured the provider had provided the registered manager with the appropriate level of training, skills and knowledge to complete a competent review of the risk assessment.
- A system of regular audits of the quality and safety of the service took place. The registered manager had a plan for the continuous development and improvement of the service.
- There were clear lines of accountability within the service. The provider had implemented a new staff charter that was being used to encourage the further development of shared values and best practice.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.

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

- People told us they thought the service was well managed. Their comments included: "The manager is nice to me, I think it is a well run home". "The staff and residents get on well together. It is well run, it runs smoothly". "I visit all the time and the staff seem very happy here. I do think this home is well managed, it runs like clockwork". "The staff seem very happy here and get on well with each other, there is a very good atmosphere".

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

- There was an open, inclusive and empowering culture within the service. Records of team meetings

confirmed that staff were asked for their input in developing and improving the service. Staff told us, "The new manager has made improvements to an already lovely home"; and "He listens to the staff a lot. He is trying his best to give us what we need and residents as well".

- The registered manager had introduced an employee of the month scheme, where a member of staff was chosen by their peers.
- Residents meetings took place and people's comments were taken on board. A person told us, "They have regular residents meetings and do care about our views". A relative said, "The staff encourage me to visit my wife and they keep me informed of her wellbeing".
- New furniture had been purchased following a survey of people's views.
- The service actively sought to promote links with the local community. Regular activities included days out and community fundraising events. There were plans to hold an open day inviting other professionals, residents and their families again in the early winter, which would offer people the opportunity of meeting with the senior staff team.
- The home was supported by a local volunteers group and had a connection with the National Citizenship Service, young people wishing to develop their communication skills and help the community. A recruitment poster was displayed in local shops to encourage more volunteers to come to the home.

Continuous learning and improving care

- The provider used feedback to drive improvements in the delivery of care. Satisfaction surveys were conducted that included questionnaires sent to people who used the service, relatives and external professionals. Responses were used to inform the service development plan. People were also offered an in-house catering and environment questionnaire so they could give their views on the homeliness and food quality during their stay. The views of people using the service were also sought via meetings with their key workers.
- Staff also had opportunities to provide feedback about how the service was being delivered. Staff felt well supported and said they were able to raise any issues or concerns with the registered manager and were confident that they would be addressed.
- Registered managers' meetings were held regularly and were used as an opportunity to share good practice.
- The registered manager and deputy manager had taken part in a dementia care leadership programme. Managers now undertake 'learning walks' at other services run by the provider, spending time with key members of staff in order to share ideas and ways of improving services.

Working in partnership with others

- The service worked in partnership with other agencies to support people's needs and promote good practice. This was confirmed by a healthcare professional who provided feedback, who told us any recommendations they made were carried out.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that is reasonably practicable to mitigate the risks related to the legionella risk assessment. Regulation 12 (2) (b).</p> |