

Cherre Residential Care Limited

Ayeesha-Raj Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Ayeesha-Raj Care Home is residential care home registered to provide personal care for up to twenty people living with a learning disability and whose behaviours may be challenging. At the time of our visit there were thirteen people using the service.

People's experience of using this service:

There had been a lack of managerial oversight in relation to systems in place to monitor the quality of the service. For example, quality checks on people's medication, infection control and care plans had not identified areas that required actions to be taken.

People's communication needs, although identified had not been met, for example, there was a lack of information in different formats to meet their communication needs. People were not always supported to have maximum choice and control of their lives and staff (did not support) supported them in the least restrictive way possible; the policies and systems in the service did not always support this practice.

Satisfaction surveys were completed but we could not be assured these reflected the views of people, and we were not able to see how comments made were used to improve the service.

Although the service was clean in most areas we found some areas were not clean and safe from the risk of infection. The premises needed some refurbishment and redecoration. Following the inspection, the operations manager sent us a refurbishment plan to show that on-going repairs were being carried out and future plans for redecoration.

People's everyday medicines were managed safely, but some 'as needed' medicines did not have guidance for staff to follow. Improvements were required to the mealtime experience for people using the service.

Care plans were personalised and provided staff with sufficient guidance about how to support people. These were reviewed monthly, but improvements were needed to the review process.

There were effective systems in place to safeguard people from abuse. The risks to people's health and wellbeing were assessed and action taken to reduce them.

There were enough staff deployed to keep people safe. People were involved in the recruitment process and all the necessary employment checks had been completed to ensure only suitable staff were employed.

People had an assessment of their needs before they went to live at the service to make sure their needs could be fully met. Staff received an induction and ongoing training and felt well supported through the systems in place for one to one supervision.

People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were calm, kind and caring and we observed that they knew people well. There was a 'link worker' system in place so that people had a staff member allocated to them to provide any additional support they may need.

There was a complaints policy in place and concerns were discussed with people at house meetings. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

The service met the characteristics for a rating of "requires improvement" in all five key questions when we inspected. Therefore, our overall rating for the service after this inspection was 'requires improvement'.

Rating at last inspection: Good (The date of the last report published was 8 November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement:

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to Good Governance. Details of the action we have asked the provider to take can be found at the end of this report.

Follow Up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services

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 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 always well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

Ayeesha-Raj 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 was carried out by one inspector and an 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.' Their area of expertise is dementia care.

Service and service type:

Ayeesha-Raj is a care home. People in care homes received accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not have 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:

This inspection was unannounced. The Inspection site visit took place on 23 May 2019.

What we did:

We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed 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.

We used a range of different methods to help us understand people's experiences. People using the service were not able to talk with us in detail about their care experiences, so we spoke with two relatives. We had discussions with six staff members that included the operations manager, the acting manager and four care and staff support.

We reviewed care plans for three people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

Is the service safe?

Our findings

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

Requires Improvement: 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.

Preventing and controlling infection

- As part of their duties care staff were also responsible for the cleaning of the service. Although the service was clean in most areas we found some areas that were not clean and safe from the risk of infection. For example, there were stained carpets in some parts of the service and one area had an unpleasant odour. Some toilets were dirty and there was significant dust and stains on some skirting boards. Handrails on the stairs were visually dirty and there were no liquid soaps in three of the toilets. However, this was immediately replenished as soon as we pointed it out to the acting manager.
- There were comprehensive cleaning schedules in place that included daily, weekly and monthly cleaning routines. However, some staff said it was difficult to follow the cleaning schedules fully due to time. One said, "We used to have someone to clean but now the care staff have to do it. It's a big house and takes a lot of cleaning." A relative said, "I don't know if they have cleaners, [name] who used to clean retired, not sure if there is anyone there who does it."
- Staff used personal protective clothing when assisting people with their personal care or when preparing or serving refreshments. For example, gloves and aprons.

Using medicines safely

- People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.
- There were protocols in place for medicines prescribed on an 'as needed' basis, however this information was not in place for all 'as needed' medicines; to ensure these were administered consistently.
- Staff had received training in how to manage and administer medicines. Staff were knowledgeable about the procedure for supporting people with their medicine, which included signing the MAR sheet (Medication Administration Record) which were fully completed. The operations manager told us they had started to assess staff competency in the safe administration of medicines but has not recorded this yet.

Staffing and recruitment

- The two relatives we spoke with had different views about the staffing at the service. One told us, "There are enough staff. I have no concerns." The other said, "I get the impression that everyone is busy and there's not enough staff, I'm glad someone is enquiring about it."
- We found that in addition to their care duties, staff also had to complete cleaning duties, the laundry, undertake the cooking and provide meaningful activities to people using the service. This meant that time spent undertaking these tasks impacted on the time that could be spent supporting people with activities.
- Our observations on the day showed that there were enough staff to support people with their care needs.

However, we saw that some people stayed in their rooms throughout the day and we observed only two activities taking place. This included one person playing a game of pool and another was playing cards with a staff member.

- People using the service were fully involved in the staff interview process and we found the provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with were not able to talk with us in detail about the systems in place to protect them from abuse. However, two relatives told us they thought their family members were safe living at the service.
- We saw information displayed at the service that included a whistleblowing policy, a how to complain policy and an easy read copy of a service user survey result. This stated that 10 people had replied to the survey and answered yes to the question, 'Is the home safe?'
- The PIR stated that the service held workshops for people to raise awareness, give easy to understand information and ensure awareness of what abuse is. However, we were not able to find any information in relation to safeguarding people from abuse in different and suitable formats for people using the service.
- Staff demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures. This included reporting concerns to external agencies such as the local authority safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their support needs. Care plans explained the actions staff should take to promote people's safety, their independence, social activities and ensure their needs were met safely and appropriately.
- Staff understood the risks people may experience and what action they needed to take to reduce the identified risk. One staff member told us, "We have risk assessments in place to help keep people as safe as possible."
- Risk assessments were in place to manage behaviours that could challenge in a positive way and that protected people's dignity and rights. This included information about triggers and actions staff needed to take to support people's dignity and rights. Records indicated strategies were working and people were being supported safely.
- Risk assessments were detailed and were reviewed and updated swiftly if there had been any changes or incidents.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses.
- All accidents and incidents were recorded and reviewed.
- Learning from accidents and incidents took place and this information was used to update people's care plans and risk assessments where needed. This information was shared with the staff team.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The premises were in need of some refurbishment and redecoration and a deep clean. Some rooms had an air of neglect about them. For example, paint work was scuffed and some carpets were dirty.
- People using the service had their own bedrooms. We visited some people in their rooms and found some of them to be quite sparse. For example, one person was being cared for in their room for the majority of the day. There was a TV in the room, but it contained very few personal possessions and it did not reflect the persons personal preferences and interests.
- Overall the environment lacked homely touches and many areas were sparse and unwelcoming. For example, in the main lounge there was a yellow leather sofa that was worn on the seating area making it look grubby. The décor had little in the way of pictures, photos and ornaments. There was a small table with four chairs in the main lounge, three of which were small metal chairs which were uncomfortable to sit on for any length of time. Carpets in some area were not fitted well and had become rippled. Most communal areas were decorated in dark colours giving the service an oppressive feel.
- There was no garden but there was a yard area that was concreted with an array of old furniture which gave it a neglected and unwelcome feel, This had the potential to be a nice seating area with garden furniture and flower pots within it for people to have access to a pleasant outside space.
- Following the inspection, the operations manager sent us an environment audit and development plan. This showed that on-going repairs were being carried out and future plans for redecoration up until November 2019 were in place that included replacing flooring and the purchase of garden furniture and garden games. It did not include the purchase of lounge furniture.

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

- The PIR stated that staff facilitate healthy eating training days to raise awareness of healthy lifestyles and the importance of a balanced and nutritional diet. It also stated that meals were nutritionally balanced in line with The Eat Well Plate. (This is a pictorial summary of the main food groups and their recommended proportions for a healthy diet).
- On the day of our visit we did not observe people receiving a nutritious, balanced diet. We didn't see people being offered any fruit or vegetables at lunchtime. Three people had blended food for their lunchtime meal. This was tomatoes and noodles that was blended together into a thick soup. Other people had an omelette. We saw these had been pre-prepared and each one was a tea-plate sized "pancake" shape and stacked half an hour before the meal was served. Each omelette was served with two slices of bread and butter.

- A staff member was taking some blended food to one person who lived separately to the main house and had their own flat. We asked the staff member what the food was. The staff member didn't know and had to go back to the kitchen to look it up in a book. This meant the staff member would not have been able to inform the person about what food they were eating.
- We observed one staff member supporting one person to eat their meal. They failed to describe what the food was and the meal was given to them in silence.
- People's nutritional needs were assessed using a variety of tools such as weight charts and daily records. We saw this information in people's care plans and noted it was reviewed and updated regularly or when people's needs changed.
- Records confirmed that staff worked closely with the dietician and speech and language therapists to ensure that people had the right support with their dietary needs. For example, we saw that one person had experienced difficulties with swallowing. They had been referred to the Speech and Language team for an assessment and a risk assessment in relation to swallowing and choking had been put in place.

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

- People had an assessment of their needs before they went to live at the service. This was to make sure their needs could be fully met, and they were happy with the support that was available.
- People met with staff and had several trial visits before a joint decision was made if the service was suitable for them.
- The assessment tool included information about healthcare professionals involved in people's care, to make sure people's care was based on up to date legislation, standards and best practice.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to develop and maintain the skills they needed to support them. One staff member told us, "Our training is very good. It's what we need to support people in the right way."
- Staff told us they had received induction training when they first started. This was followed by shadowing experienced staff within the service. One told us, "I had an induction when I first started. It was really helpful." Records confirmed that staff had completed an induction.
- The PIR recorded that staff completed training in topics to promote people's health, safety and welfare, which included the safe handling and moving of people, positive behaviour support, medicine management and food hygiene. Staff confirmed they had completed this training.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by a senior staff member through one to one meetings.

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

- Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing. For example, we saw there had been a lot of support from the Speech and Language Team.
- Change in people's health was recognised by staff and prompt and appropriate referrals were made to healthcare professionals. A relative told us, "The staff are very good, if [person] is not well. They will contact their doctor and let me know what's happening."
- Records showed people received regular health checks as well as regular reviews of their medicines.
- People were supported to visit their optician, dentist and chiropodist when they needed to.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, through the Court of Protection.

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 MCA and associated Deprivation of Liberty Safeguards were in place for people who were being deprived of their liberty.
- Staff told us and records showed they received training on MCA. They said they always asked for people's consent before providing their care and we observed this on the day of our visit.
- Staff told us about the importance of supporting people to make choices. However, we were unsure how people made some decisions about their day to day care.
- Staff said they always asked for people's consent before providing their care.

Is the service caring?

Our findings

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

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

- The PIR stated that people were provided with information in a range of formats to meet their needs including pictures, symbols and user-friendly documents to aid understanding and decision-making processes. However, during our visit we saw these were limited. For example, menus, the complaints procedure, care plans and information about safeguarding was not available in different formats for people using the service.
- A number of people using the service had no or limited verbal abilities and some had unclear speech. We were unable to properly assess how people made choices about things like food and drink. We asked staff about menu choices and were told that people were asked the night before about their choice of meal for the next day and this was recorded. We didn't see any pictorial or photographs of food choices and the operations manager told us they didn't use these. We were not confident that people understood what was on offer. For example, the days lunch menu was changed to tomatoes and noodles. We were unsure how this choice had been made by people and whether everyone had been asked. Staff told us they used objects of reference but couldn't effectively demonstrate how they did this. We raised this with the operations manager who said they were going to ascertain why the menu had been changed.
- We visited the kitchen to observe the evening meal being prepared. The second option for the evening was Pizza. When we enquired about the food preparations we were told, "They've decided to have lamb steaks." We were not able to determine how people had made this decision and whether everyone at the service had been asked.
- We saw a printed copy of the results of a satisfaction survey which was available in pictorial form. Ten people had had completed the survey. There were some comments recorded, however these were duplicated on several surveys. For example, where people had been asked if they felt safe three comments on the survey all read, 'All safe here.' We saw that staff had supported people to complete the surveys and so we could not be assured whether these were the comments from people or if they were comments from staff.
- Where people needed additional support to make decisions, staff had referred people to advocates. Advocates are independent of the service and who support people to decide what they want and communicate their wishes. There were two people who were using the services of an advocate.

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

- Staff were calm, kind and caring and we observed that they knew people well. One staff member told us, "I have worked here for a long time and I know everyone really well. They are like my family." A relative

commented, "They [meaning staff] are kind and caring." Another commented, "The carers are outstanding."

- Staff told us they enjoyed their job and reflected pride in their work. One said, "This is a lovely job and I wouldn't change it."
- People's care plans included information about people's preferences and backgrounds to support staff in developing supportive and caring relationships.
- There was a 'link worker' system in place so that people had a staff member allocated to them to provide any additional support they may need. One staff member told us, "I am link worker to [name of person] and I'm responsible for making sure they have what they need."

Respecting and promoting people's privacy, dignity and independence

- Overall our observations showed that staff were respectful towards people using the service and some staff were trained to be dignity champions. However, one member of staff was showing us around the premises and we saw that they unlocked or knocked on doors but didn't ask people if it was okay for us to go in or meet them.
- Staff spoke to people in a respectful manner. They addressed people by their preferred name and one relative told us, "They [meaning staff] are respectful always."
- People's records were kept securely, computers were password protected. Staff knew how important it was to keep people's information confidential.

Is the service responsive?

Our findings

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

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

- People received an assessment of their needs before they went to live at the service. These were used to develop a care plan. In addition, people's needs were re-assessed if their needs changed. One relative commented, 'The staff were very responsive to [family member] when they returned from hospital. Lots of staff attended the training to [deal with clinical procedure.]'
- Care plans contained a lot of details about people's care and support needs. However, the care plans contained a lot of dated information that was no longer relevant to the person. This made the care plans bulky and difficult to find the information required.
- The care plans were reviewed monthly. However most of the information recorded in the review sections read, 'No changes'. There was no information about people's progress throughout the month or any difficulties they might have encountered.
- Relatives provided mixed comments about whether they were involved in the review and care planning process. One told us, "I've never had a care plan." The second commented, "I get it [care plan] always, I had one recently."
- We found that some people's care did not always match what was recorded in their care plans. For example, in one person's care plan; who was being cared for in bed; we saw recorded that they needed to be supported to get up once a day. There were guidelines from the physiotherapist in place for staff to move the person into their wheelchair and this required three staff. However, when we looked through the persons daily records we saw they had only been supported to get up twice in three days. Staff were not able to explain why this was the case.
- We didn't observe many activities taking place throughout the day, however the operations manager told us that some people had gone out to a farm café. There was a locked activity room outside the main building and this was in process of being refurbished and was not available for people at the time of our visit.
- In the latest satisfaction survey for people and relatives, there was a question, 'How can we be better in the service we offer'. We saw that four comments related to a lack of activities. These included, 'Plan outings for me. Go and see some sport'. Another read, 'Socialising seems to be minimal.' There was no evidence that these concerns had been acted upon.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. We could not see this available in any different formats for people using the service. However, we did see that complaints were discussed in house meetings.
- A relative told us, "They [meaning staff] always listen; any problems they'll phone back. It is always

resolved.

- The service had received one inspection via the CQC in the last 12 months. We saw the provider had followed their policy to respond and investigate the complaint satisfactorily.

End of life care and support

- People's care plans contained information regarding people's preferred end of life care if people wanted to discuss the topic. The registered manager told us that many didn't feel comfortable doing this.
- There was no one at the service receiving end of life care when we visited.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of our inspection there was no registered manager in place. An acting manager had been appointed and had been in post for one week. During the absence of a registered manager the operations manager had been managing the service. Both were available to assist us with the inspection.
- Staff told us there had been numerous different managers, but they didn't stay in post for long. One said, "It's a good job we all work well together and we have been able to keep the home running well." One comment received from a relative in the latest satisfaction survey read, 'There are frequent management changes; each one has expressed how they want to move forward but are gone within months.'
- One relative we spoke with commented, "The manager has changed again. They've had bad luck with managers. I've been quite cross when they've left, it is quite disturbing."
- There had been a lack of consistent managerial oversight of systems in place to develop the service further and ensure continuous improvement. For example, quality checks on people's medication did not identify that some people did not have protocols in place for 'as needed' medicines. Environmental checks had not identified that some areas of the service were not sufficiently clean and hygienic.
- The provider had not consistently ensured that people's individual communication needs were identified and met appropriately in line with the Accessible Information Standards (AIS). For example, we were not able to find information for people in a range of formats to meet their communication needs. For example, information using pictures, symbols and user-friendly documents to aid understanding and decision-making processes.
- Quality checks of people's care plans had not recognised that reviews of people's care had not been completed thoroughly. For example, reviews had failed to identify that one person's care did not reflect what was recorded in the care plans and daily notes.
- Although satisfaction surveys were completed we could not be assured these reflected the views of people, and we were not able to see how comments made were used to improve the service. For example, comments were often duplicated, and we could not be assured these were the views of people using the service.
- The latest CQC inspection report rating was on display in the manager's office. We raised this with the operations manager and informed them that this needed to be placed somewhere where it could be seen by visitors to the service. The operations manager said they would ensure this was displayed somewhere more visible. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good governance.

- People were able to tell us who the operations manager was. They referred to them by their first name and appeared confident to spend time with them. The operations manager was visible in the dining room for much of our visit.
- Relatives were complimentary about the operations manager. One said, "[Operations manager] is spot on. I'm impressed." The second commented, "[Operations manager] calls me regularly to update me on [family member]. They are very good at communicating."
- The operations manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- Staff felt they were well trained and supported and were committed to the care of the people they supported. They felt that when they had issues they could raise them and felt they would be listened to. All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

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

- There were regular opportunities for staff to give their views through staff meetings, supervisions and daily handovers to update staff with any new changes and to discuss any concerns or share new ideas.
- Meetings were held for people using the service, so they could provide feedback and offer their views about how the service was run. Relatives were also invited to meetings.
- People using the service were involved in the recruitment process. This meant that people were involved and were able to express their views about potential new staff.

Continuous learning and improving care. Working in partnership with others

- Staff had access to general operating policies and procedures on areas of practice such as safeguarding and safe handling of medicines. These provided staff with up to date guidance.
- The service worked in partnership with other organisations that included healthcare professionals such as dieticians, speech and language therapists, GP's and district nurses. This meant there was a multi-disciplinary approach to people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to monitor the quality of the service. There was a fragmented approach to seeking people's views about the service. Information received from people was not used to improve the service.