

Bedford Borough Council Highfield

Inspection report

Avon Drive
Brickhill
Bedford
Bedfordshire
MK41 7AH

Tel: 01234346482

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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

Highfield is a residential care home providing personal care to up to 34 people. The service provides support to people who may be living with a physical disability, or dementia. At the time of our inspection there were 34 people using the service.

Highfield is a 2 storey building. People have access to their own personalised bedrooms and share communal areas such as lounges, bathrooms, dining areas and a garden.

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

People were not always as safe as they could be living at the service. Some risks to people had not been rectified in a timely manner, and records were unclear if people had been supported fully in line with their support needs. Deployment of staff meant there was a risk people would not have staff to support them when needed, increasing risks to people being harmed. Some areas of the service were not clean and posed an infection, prevention and control (IPC) risk. Staff did not have formal training to support people in line with some of their support needs. We have made a recommendation about staff training.

People did not always receive person centred care and were not always being supported to follow their interests and hobbies. People went for long periods of time without staff interaction increasing the risk of isolation and boredom. Staff did not always treat people with dignity and respect. Staff were unsure how to effectively communicate and offer choices to people who did not use verbal communication.

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

The management team and provider audits were not always effective in identifying and driving improvements at the service. There were some negative aspects to the culture of the service meaning people were not always supported to have good quality care. This had not been fully addressed by the provider.

Despite our findings we received positive feedback from people and relatives about their support. One relative said, "[Family member] is loving living at the service and staff have given them their sparkle back."

Staff were trained in safeguarding and knew how to report concerns. There were enough staff to support people with their care needs and staff were recruited safely. People were supported safely with their medicines. Staff had training to perform their roles effectively. People were supported to eat and drink in line with their support needs. Health professionals were asked for support if people needed this.

Staff spoke with people with kindness and compassion and people were visibly happy being supported by

them. Staff knew people well as individuals and supported them to be independent if this was their choice. An activities coordinator was in post, and they had started to have a positive impact at the service, although more work was needed to improve people's social opportunities. Complaints were responded to thoroughly and in a timely manner. People received kind and dignified care at the end of their lives.

The management team and provider were passionate about providing good care for people. They took our feedback seriously and started putting improvements in place immediately. People, relatives, and staff were asked for their feedback about the service. Staff worked with other professionals to help people achieve good outcomes.

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 the service under the previous provider was good (report published 04 May 2018). We also completed a targeted IPC inspection (report published 03 March 2022) and found no concerns. At this inspection the rating has changed to requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We also received some concerning information about how people's falls were being safely managed.

Enforcement and Recommendations

We have identified breaches in relation to people's safe care and treatment, people receiving person centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Highfield

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.

Inspection team

This inspection was completed by 2 inspectors.

Service and service type

Highfield 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. Highfield 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.

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 13 people who used the service and 7 relatives about their experience of the care provided. We spoke with 15 members of staff including care workers, senior care workers (team leaders), housekeeping staff, cooks, the registered manager, and other members of the management team.

We reviewed a range of records. This included 6 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and audits were 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 good. At this inspection the rating has changed to requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Some people were at risk because not all risks had been assessed in a timely manner. One person had a nail protruding out of the floor behind their door and some masking tape on the floor of their doorframe. This was a potential trip hazard or a risk of harm for this person, staff or visitors. We raised this on the morning of the inspection, but this was not actioned in a timely manner. An inspector had to make sure this issue was resolved later in the day before we left the service.
- People went for up to two hours without staff members coming to see how they were. Where people were at risk of falls there wasn't always frequent enough checks in place, putting them at risk of potential harm.
- Some people needed support with repositioning in bed or eating and drinking enough throughout the day. However, records were not always completed in a clear way by staff to show that people were having the right level of support with these needs. This made it difficult to be sure if this was happening meaning people may be at risk of pressure sores or not having their nutrition and hydration needs met.
- Staff completed checks in area such as fire safety. However some of these checks were not completed when maintenance staff were not at work. This meant the safety of the service was not being reliably monitored in relation to fire safety.
- Several areas of the home were not clean and posed an infection risk to people and staff. Communal bath and shower rooms were visibly dirty. Staff did not always keep people's bedrooms clean. For example, we found old cutlery and cups in some people's rooms and used wipes in one person's room. There was also a large build-up of dust and people's personal effects such as toothpaste tubes and photo frames were dirty. One person said, "I think staff find it difficult to clean my room properly as I have a lot of stuff. You can see it [pointing to the dust]."

We found no evidence people had been harmed. However, the provider did not have effective checks in place to ensure people were always kept safe. Infection and prevention control measures were not effective in keeping the service clean. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action to give us assurances about some of these concerns. This included a review of how records were being kept and new forms being put in place and addressing staff deployment with the provider and the staff team.
- The management team had assessed risk to people and care plans gave staff clear guidance about how to support people to minimise these risks. One person said, "[Staff] use the hoist to help me and I always feel very safe." A relative told us, "Safety is the priority for staff, and they know how to keep [family member] safe and enable them to walk around independently."

- Other health and safety checks of equipment and areas of the service were completed regularly, and actions were taken to keep people safe if necessary.

Staffing and recruitment

- The provider used a staff dependency tool to work out how many staff were needed to keep people safe. However, the deployment of staff meant people were left for long periods of time without staff support. We did not see staff speaking with people outside of essential care tasks. Staff also told us they did not have time to spend with people outside of essential tasks such as personal care.
- The registered manager had listened to staff feedback and placed extra staff on shift, however this had not made a difference to the support people received.
- We discussed this with the registered manager and provider. They agreed more work was needed to ensure staff were deployed effectively to support people at all times of the day. They told us they would observe staffing levels at different times of the day and discuss deployment with staff in meetings.
- Despite our findings people and relatives felt there were enough staff on shift. People's call bells were answered quickly, and people received timely care with their personal care. One person said, "If I press the call bell staff come running. I never wait more than a minute or two." A relative told us, "There is always someone about. Staff are busy but I can always find someone."
- The provider had checks in place to help ensure staff were suitable for their job roles before they started working at the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff recorded safeguarding incidents and accidents however, this was not always done in detail. It was also not clear what actions were taken to help prevent recurrence. We fed this back to the registered manager who told us they would discuss this with staff and put new forms in place to make sure this was captured.
- People felt safe living at the service. One person told us, "I feel very comfortable here. It is very secure, and staff look after me." A relative said, "[Staff] are brilliant and have put my mind at ease as [family member] no longer hurts themselves by falling over."
- Staff were trained in safeguarding and knew how to report concerns both internally and to organisations such as the local authority safeguarding team and CQC.
- The registered manager discussed event that happened at the service with staff. These promoted lessons being learnt and actions being effectively implemented to prevent negative events recurring.

Using medicines safely

- People were supported safely with their medicines. Staff were trained to administer medicines and had their competency to do so checked regularly. One person said, "[Staff] know how I like my medicine and they are always on time."
- People had protocols in place for 'as and when required' medicines and these guided staff when to administer these medicines to people.
- The management team completed audits of medicines; however, we noted some gaps in medicine records which audits had not picked up. The registered manager acknowledged this and started to update the auditing system to make it more effective.

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.

Staff support: induction, training, skills, and experience

- Staff had training in areas of their job such as supporting people with mobility, supporting people living with dementia and fire safety. However, staff were supporting people with specific care needs such as catheter care and did not have certified training in this. A visiting professional showed them how to support people with this but had not signed or documented to say staff were competent. This increased the risk of harm when staff supported people with this.
- Some staff were unsure about what they had learned from some training, such as supporting people to eat and drink or supporting people living with dementia.

We recommend the provider review staff training to ensure staff are suitably trained and competent to perform all of their duties when supporting people.

- The management team supervised and observed staff members competency to do their job roles. One relative told us, "[Management] are always there when I visit the service and are often observing staff. I think this is to help make improvements."
- Staff had an induction when they started at the service and told us this prepared them for their role well. One person said, "I know most of the staff but if there is ever anyone new, they are always with one of the old faces."

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

- Some aspects of the service were not designed to support people in line with best practice. Colours, signs, and objects had not been used to help people living with dementia orientate themselves in the service. Some bedrooms and areas of the service were cramped due to the equipment people needed to use. One relative said, "The service has been there a long time and I think it is beginning to tell."
- The registered manager was aware of the work needing to be done and showed us evidence decoration and improvements were in the process of being made.
- People were supported to decorate their bedrooms according to their preferences. One person told us, "I was struggling in my old room so have moved downstairs so I have more room to use the hoist. It is much better now."

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

- People were supported to eat and drink according to their support needs. However, information available to staff working in the kitchen was not always detailed as to specifically how people needed to be

supported. At certain times of the day care staff accessed the kitchen to prepare food for people. Not having detailed information available for unfamiliar staff increased the risk they may not be supported in line with their dietary needs. The registered manager addressed this immediately.

- Staff monitored some people's food and fluid intake, however there were several gaps in records. This made it difficult to be sure people were being supported in line with their needs.
- We received mixed feedback about food and drink. One person said, "It is not bad, but I wish there was more variety, and it tends to be the same thing all the time." A relative told us, "I do not think the menu has kept up with modern times. Relative would like [type of food] but it is never available."
- Despite our findings food and drinks were available through the day and food looked and smelled appetising. One person said, "[Food] is very good here and you can always have seconds or something else if you are still hungry."

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

- People's needs were assessed when they started to live at the service. These focused on people's preferences as well as their essential support needs. One relative said, "We had a good experience when [family member] moved in and [staff] asked lots of questions to help make sure we were involved."
- The management team kept up to date with best practice guidance by attending workshops and forums.

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

- People were supported to see health professionals such as nurses, GP's and speech and language therapists if they needed this support. One person said, "The staff make sure they contact a GP if I feel unwell." A relative told us, "[Staff] were really good when [family member] became unwell and made sure they saw the right professionals to get better."
- Professionals who worked with staff spoke positively about how their advice was listened to and followed closely to help support people. One professional told us, "No concerns with people getting the support they need here. We let staff know what a person needs and can be confident it will happen how it needs to."
- Staff supported people to be healthy in ways such as making sure people ate and drank regularly. One person said, "[Staff] make sure I do my [physiotherapy exercises] and there is always someone coming round offering us a drink."

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.

- People were supported in line with the MCA and if they lacked capacity assessments were completed and decisions were made in people's best interests. One person said, "[Staff] are very polite and always ask what I want even though they know really."

- Staff had a good understanding of the MCA and what this meant when they supported people.

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 supported with kindness and compassion. For example, two staff were on their break in the dining room and a person asked for a drink. The staff ignored this person and continued with their break. Another person was asking for a drink for an extended period of time during lunch time and staff did not respond to them to support them with this.
- Staff did not always respect people's privacy and dignity. For example, some staff did not knock on people's bedroom doors before entering them. On one occasion people using the communal lounge were left in the dark with the lights off for an extended period of time without staff support. Another person's furniture was stained. This did not support their dignity.
- People were not supported to engage and speak with staff on a regular basis. This meant there were missed opportunities for staff to speak with people and ensure they were well supported on a consistent basis. This also made it more difficult for staff to support people in line with their equality and diversity needs. Staff were not spending time with people to identify, discuss and support people with these.
- Despite our finding, when staff did speak with people it was clear they treated people well and spoke with them in a calm and friendly manner. People were visibly happy and relaxed when being supported by staff and smiled and laughed with them.
- People and relatives were positive about the staff team. People's comments included, "[Staff] are very good, and if you ask them to do something they do it." and, "It's a great place to live because the staff are so nice." A relative told us, "[Staff] are brilliant. Absolutely fantastic. They are so patient and loving with [family member] and treat them as we would."
- We also saw examples where staff respected people's dignity and supported them in line with their support needs. For example, staff spoke with us about how best to support a person to eat and drink enough. This person said, "[Staff] are always patient with me and help me enjoy the food."
- Staff supported people to be independent if this was their choice. One person said, "I have lost a lot of strength in my limbs now, but I am still able to do what I can myself. [Staff] just leave me to do the bits I can do and help me if I need it." A relative told us, "Walking is very important to [family member] and staff help them do this by themselves safely."

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

- People were supported to make day to day choices about their care such as what to wear or what to eat and drink. However, people who found it more difficult to make choices verbally, were more limited as staff were unsure how to offer choices in other ways. One person said, "You do get choices here but sometimes it

is a little restricted, particularly with food or things to do."

- People and relatives were supported to be involved in wider discussions about their or their family member's support. A relative said, "There is no need for formal reviews. If we have changes that need to be made, we can discuss it there and then and it happens."

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; 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; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). 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.

- People were not always supported in a person-centred way. Staff deployment meant people went for extended periods of time without interaction, increasing the risk of social isolation. Staff did not utilise their time effectively when not supporting people with essential care tasks. For example, 5 of the 7 staff available to support people took part in an afternoon quiz with 10 people leaving 24 people in communal areas or bedrooms with little to no interaction.
- People who chose to spend time in their rooms were not supported on a frequent basis apart from with essential care tasks such as personal care. One person said, "I choose to stay in my room now and since I have, I do not see the staff as much. I think they are busy with other people." Another person told us, "It can be very quiet and almost lonely here."
- People were not always being supported to identify and follow their specific interests. For example, one person had a road map of goals in their bedroom which had not been used for some time. The person told us, "We did that a long time ago. But look at it. It is all ripped now, and I am not too worried." Another person said, "I love drawing." However, when we asked whether they were given the opportunity to do this they told us they were not.
- Staff did not always have the training or knowledge to support people in line with their specific support needs such as using a catheter or living with specific health conditions. A relative said, "I do not think [staff] truly understand [family members health condition] and how this affects them. I think [family member] is left to it a lot of the time but they are bored, so do not really do much."
- There was an activities coordinator who had started recently and had a positive impact at the service. However, due to staff not engaging with people regularly, we could not be assured people were always supported to follow their social interests and pastimes. One person said, "We have this [activity timetable] but I don't like a lot of what goes on, so I just stay here doing my wordsearches." Another person told us, "Activities here are geared towards older people. I would like to go out more."
- If people were not engaged with what the activity staff member had organised, we observed them to be by themselves often falling asleep or sitting in their rooms with little to occupy themselves. One person told us,

"I like going out and about, but this does not happen as often as I would like."

- Staff practice meant people were not always supported to have their preferences met. For example, the menus stated eggs and bacon were only available on certain days of the week for breakfast. Staff did not engage with people outside of essential care tasks meaning choices were limited further.
- Staff were not supporting people to use different communication methods in line with the AIS. For example, pictures or photographs were not available for staff to use to support people. This may limit their options and ability to make choices.
- People living with dementia were not being supported in line with best practice in all cases. For example, measures were not in place to help the orientate to their environment or remember things that were important to them. One relative said, "It is a shame there cannot be a bit more colour at the service as I think that would help [family member]."

We found no evidence people had been harmed. However, people were not always being supported in line with their personal preferences or being supported to follow their interests and pastimes. People were at an increased risk of social isolation. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team took our feedback seriously and took immediate actions to start putting improvements in place. This included meetings with staff, staff deployment being reviewed and a review of menus and social opportunities on offer for people.
- Despite our findings, staff spoke about people with knowledge and knew them well as individuals. One person said, "Staff know me well and know what I like and what I don't like." A relative told us, "I truly do think staff know [family member] as well as we do and treat them the same. They are amazing."
- People spoke positively about the new activities coordinator. One person said, "There is a lot more to do now and always something going on." Another person spoke with excitement about their upcoming plans to attend events outside of the service. The registered manager showed us evidence of people engaging in events such as Halloween.
- People's care plans were personalised and detailed and gave a good overview of people's likes, dislikes, and preferences.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people and relatives were confident to raise concerns. One relative said, "I don't have to make too many comments but when I do [registered manager] always acts quickly and gets it sorted out."
- The registered manager responded in a timely manner to complaints and recorded the outcomes of these for future learning.

End of life care and support

- People had been supported to put plans in place for the end of their life and these were detailed. One relative said, "I know when the time comes staff will keep [family member] happy and comfortable."
- Staff knew how to support people with dignity and respect and adhere to their preferences at this time of their lives.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The management team and provider had audits in place to govern and monitor the quality of the service. However, these had not been effective in identifying or actioning the areas needing improvement we found at this inspection. These areas included IPC and health and safety concerns, staff deployment, gaps in staff knowledge and risks associated with people's needs, people not being supported to be engaged and avoid social isolation and missing records in people's daily notes.
- The management team and provider were aware of most of the issues we found during this inspection. However, progress was slow when it came to implementing these improvements, particularly those related to the environment. The provider told us these improvements had been chased up again following our inspection.
- The culture at the service was not always positive as staff did not spend time with people outside of essential care tasks. People were left unoccupied and without engagement for extended periods of time. Staff did not understand some of their practices were not supporting people in a person-centred way and this had led to a more negative culture. We discussed this more in the caring and responsive sections of our report.
- Staff were frustrated as they wanted more time to speak with people and spend quality time with them. However, the management team had listened to staff and tried to rectify this by increasing staff numbers and this had not led to better outcomes or opportunities for people. This indicated it was the culture of the service, rather than insufficient staff numbers which needed to be considered.

We found no evidence people had been harmed. However, systems and audits to monitor the quality of the service were not always effective and did not identify areas for improvements. The culture at the service meant people were not always supported in a positive way. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider took immediate actions to rectify some of these concerns. This included a review of staff deployment, putting new forms in place to ensure records were clearer and urgently chasing up some work which needed doing.
- The registered manager had worked at the service a short while and understood the challenges at the service. They were passionate about supporting the management and staff team to give people a good quality of care. They showed us evidence which assured us they were aware and already working on

addressing issues at the service.

- People and relatives spoke positively about the registered manager. One person said "I really like [registered manager]. They always come and ask me how things are going." A relative told us, "I have seen a significant difference at the service since [registered manager] started. They are very much on top of everything."
- Despite our findings people and relatives were positive about living at the service. People's comments included, "I used to think I always wanted to stay at home, but this is my home now." and, "You won't find a better place to live than here." A relative told us, "I think the place is magnificent. [Management and staff team] always try their best."

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

- People and relatives were asked for their feedback about the service both formally and informally. One person said, "[Staff] speak with me about what is happening and ask what I think." A relative told us, "We will often have phone calls to discuss how things are going." However, it was not clear how people who chose not to attend meetings or could not communicate verbally were supported to fully share their views about the service.
- Staff were asked for their thoughts on the service in regular supervisions and in staff meetings. Staff told us the management team were supportive and took their suggestions on board. The deputy manager spoke about how the registered manager was encouraging and had helped them and other staff to develop in their roles.
- The registered manager and provider were open and honest when things went wrong. They reported notifications to CQC in line with statutory guidance.

Continuous learning and improving care

- In the main, the management team and provider put service improvement plans in place based on audits at the service. They added to these depending on findings from other organisations such as CQC.
- The management team were keen to improve the service and took our feedback seriously. A relative told us, "It can't be easy, but I do think [registered manager] wants to keep making things better."

Working in partnership with others

- Staff worked with health professionals to help people achieve good outcomes in relation to their health.
- The management and staff team worked with other organisations to help people access the local community or have external entertainment come to the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence people had been harmed. However, people were not always being supported in line with their personal preferences or being supported to follow their interests and pastimes. People were at an increased risk of social isolation.</p>
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>We found no evidence people had been harmed. However, the provider did not have effective checks in place to ensure people were always kept safe. Infection and prevention control measures were not effective in keeping the service clean.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had been harmed. However, systems and audits to monitor the quality of the service were not always effective and did not identify areas for improvements. The culture at the service meant people were not always supported in a positive way.</p>

