

The Orders Of St. John Care Trust

OSJCT Larkrise Care Centre

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Larkrise on 26 June 2018. The inspection was unannounced. The overall rating for this service has changed from Good to Requires Improvement.

Larkrise is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 60 people. At the time of the inspection there were 56 people living at the service. The accommodation was divided into three wings namely Park Lane which was a dementia unit, Abbey Road which was a nursing unit and The Strand which was mainly a residential unit.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Larkrise did not have enough staff to meet people's needs. On the day of the inspection we saw staff worked continuously to attend to people needs. Staff told us they often worked short staffed and records confirmed planned staffing levels were not always met. People and their relatives also told us staffing levels needed to improve.

We saw the home had staff vacancies which were covered by regular agency staff to meet people's needs. Same agency staff were used to maintain continuity. The management team told us they were doing all they could to ensure safe staffing levels. The registered manager had recruited staff who were waiting to start working. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People living at Larkrise were supported to meet their nutritional needs. However, the dining experience varied. People on the ground floor did not receive their meals in a timely manner. Staff were poorly deployed during meal times

The service was not always well run. People, their relatives and staff had mixed views on how the service was run. Some people, relatives and staff felt the home was well run whilst others felt it was poorly run. The shortage of staff we identified had had an effect on general staff morale.

The provider had quality assurance systems in place some of which were used to drive improvement. However, dining audits were not always used effectively. We could not find evidence of audits around staffing levels and people's experiences and views.

Risks to people's well-being were assessed and managed safely to help them maintain their independency. Staff were aware of people's needs and followed guidance to keep them safe. Staff clearly understood how to safeguard people and protect their health and well-being. There were systems in place to manage people's medicines. People received their medicine as prescribed.

People had their needs assessed prior to living at Larkrise to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team. Staff support was through regular 'trust in conversations' (one to one meetings with their line managers) and appraisals to help them meet the needs of the people they cared for.

People told us they were treated with respect and their dignity was maintained. People were supported to maintain their independency. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible.

The home had established links with the local communities which allowed people to maintain their relationships.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

The home did not have enough staff to meet people's needs.

Staff were poorly deployed during meal times.

Risks to people were assessed and risk management plans were in place to keep people safe.

Staff understood safeguarding procedures.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People had mixed views about the food.

Staff had the knowledge and skills to meet people's needs.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to access healthcare support when needed.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Lack of staff meant they were not always able to support people in a caring way.

Staff showed kindness and compassion towards the people they supported and their families.

People were treated with dignity and respect and supported to maintain their independence.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

People had access to activities.

People had access to the complaints procedures.

People were supported with compassion at the end of their life.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

The service was not well run.

People, staff and relatives had mixed views on how the service was run. Staff morale was affected.

There were systems in place to monitor the quality and safety of the service and drive improvement. However, the dining audits were not always used effectively. There were no audits to review staffing levels and people's views.

The service worked well in partnership with other external agencies.

OSJCT Larkrise Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 June 2018 and was unannounced. The inspection team consisted of three inspectors and two Experts 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.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from two social and health care professional who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We reviewed previous inspection. We also obtained feedback from commissioners of the service.

We spoke with 25 people and 10 relatives. We looked at nine people's care records and seven medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the area manager, the registered manager and 12 staff which included a nurse, care staff, domestic staff, catering staff and activities coordinators. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

At the last inspection the service was good.

We asked people if they felt safe living at Larkrise and they had mixed views. Some people told us they felt safe and commented, "Yes, I feel safe, they are looking after me", "No real worries. I can talk to staff but they are very busy" and "I feel safe but they are short staffed. They are not bad today, there is more staff". However, other people felt less safe due to shortage of staff. People said, "Not that safe. I am concerned that not enough staff to look after us. Morning is the worst time, too busy in the morning", "It depends how short staffed they are. Not bad today, there is more staff than normal" and "Staff keep leaving and coming back, there are staffing issues. I know this business is a floating one, there is constant flux with staff who know you well leaving for another company". One person's relative commented, "It does worry me that sometimes somebody [Carer] may not be on hand". Another relative said, "No problems with the nursing staff it's the amount of work the carers have to do".

We spoke to staff about staffing levels and they told us, "We do not have enough staff. Most times we only have one care leader covering two floors", "Some days it's shocking but they [management] are doing their best to recruit" and "The biggest issue is short staffing. We should have at least one more on duty. Most of the time we are one care staff short in this household".

We observed the lunch time meal experience on both the ground and the first floor and it varied. On the first floor, people had a pleasant dining experience with lots of staff at hand to assist. The atmosphere was pleasant. People were given or shown meal choices. People did not wait long for their food. We observed staff sitting with people and talking to them whilst supporting them to have their meals. People finished most of their food. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience where ever they were.

However, on the ground floor, people waited to have their meals served. There were 18 people and three members of staff. Four people were sleeping and there was very little interaction from staff. Although many people did not need direct support to eat, some needed prompting to ensure they ate their food. There were not enough staff to prompt people with their meals. At one point, there was only one member of staff whilst other staff were supporting people to have meals in their rooms. Two people waited for 45 minutes before they received their first meal course. When staff cleared the tables, people had not eaten all their food. We spoke to the registered manager about these concerns regarding poor staff deployment and they told us they would monitor this through nutritional audits.

On the day of the inspection we saw people were supported with personal needs. However, staff were observed to be continuously busy and did not have enough time to spend with people. It was clear staff were doing what they could to ensure people were attended to in a timely manner. We looked at the staff rota and saw there were times when staff worked short. It was clear the home did not have enough staff to meet people's needs.

These concerns were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had staff vacancies and the registered manager told us they were doing all they could to continuously recruit. The home used regular agency to cover staff shortages and this allowed continuity of care. The registered manager told us they had recruited five new staff who were waiting to start.

The provider had effective recruitment processes in place that ensured checks were carried out prior to staff starting work at the service. This enabled the provider to make safe recruitment choices.

People were protected from the risk of harm and improper treatment. One person commented, "Sure I could talk to carers if I have a problem and I expect that they would listen". Staff had the knowledge to identify concerns that indicated people were at risk of harm and acted on these to keep people safe. Records showed staff had attended training in safeguarding adults at risk and had good knowledge of the service's safeguarding procedures. One member of staff said, "We report any concerns to the head of care, manager or safeguarding". The provider had a whistle blowing policy in place that was available to staff across the home.

Risks to people were detailed in care plans in areas such as eating and drinking, skin integrity, moving and transferring and falls. The risk assessments identified the level of risk and care plans included details of how risks would be managed. For example, one person had been assessed as at high risk of developing pressure sores. The person had pressure relieving equipment in place and a risk management plan which guided staff on how to manage that risk. Records showed staff followed the guidance and the person did not have any pressure damage. People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and additional support required in the event of a fire.

People received their medicine as prescribed and the home had safe medicine storage systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why. The home had received an accreditation for safe medicines management from a quality audit.

The home looked clean and equipment used to support people's care, for example, weight scales, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. People's bedrooms and communal areas were clean. One person commented, "Very well cleaned. Can't fault the cleaning at all". The provider had an infection control policy in place. Staff were aware of the providers infection control policy and adhered to it. People told us staff used personal protective equipment (PPE), such as disposable aprons and gloves and washed their hands. During the inspection we saw staff followed the provider's infection control policy.

Larkrise had systems in place to investigate and manage safety and safeguarding incidents when things went wrong. These were overseen by an effective governance procedure which ensured trends and patterns were identified. The outcomes were shared with staff and learning adopted from that to improve safety across the service.

Is the service effective?

Our findings

The service remained requires improvement.

We asked people if they enjoyed the food and we received mixed feedback. Some people told us they enjoyed the food. Comments included; "I enjoy my food", "I like most of the food. Plenty of drinks around" and "Food is good, no complaints". However, some people were not positive about the food. They told us, "The food is not up to scratch. We get the same menu each week and can get sick of the same things", "I don't like the food, it could be better. We get more or less the same thing. I do like the roast chicken dinner though" and "Chef comes in but doesn't really ask what you like. I would love a few Jersey Royale instead of the same old mash. No variation in the food".

People's nutritional needs were met. The home kept a record of people's needs, likes and dislikes. Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support if they had concerns over people's nutritional needs. Records showed people's weight was maintained. Drinks and snacks were available to people throughout the day.

Records confirmed and people told us their needs were assessed before they came to live at Larkrise. This allowed gathering the necessary information that formed the base of care planning process. The assessments showed people and where applicable their families were involved in this process.

Records showed the induction training was linked to the Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. This included training for the role and shadowing an experienced member of staff.

Staff completed training which included safeguarding, infection control, manual handling, equality and diversity and fire safety. Staff were supported to attend specific training courses to ensure they had the skills to meet people's needs. For example, training in syringe drivers. Staff told us they could request training and it would be provided. One member of staff told us, "We requested training in Huntington's disease and it was provided.

Staff told us they felt supported through 'Trust in Conversations'. This was a combined supervision and annual appraisal process. These meetings provided an opportunity for staff to meet with their managers on a regular basis to agree objectives and discuss their performance.

Staff were supported to identify development opportunities and the registered manager was supportive of staff's achievements. For example, encouraging and developing champion roles in areas such as infection control, dementia as well as dignity and respect. Their roles were to focus on these areas of the service to assess whether any changes or improvements may be needed as well as share new knowledge.

People told us they received care from staff who were knowledgeable and skilled in their practice. People said, "I do need a hoist now as I can't stand. Yes, staff are very good when they lift me" and "Staff know what they are doing". Throughout our inspection we saw staff knew people's needs well and supported them effectively.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. People's care records showed details of professional visits with information on changes to treatment if required.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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 were supported in line with the MCA code of practice. The registered manager and staff made sure that the rights of people who may lack mental capacity to take particular decisions were protected. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people were assessed as lacking capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the specific requirements of the DoLS.

Larkrise was a purpose-built home which had been decorated to good standard. People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. The general outlook of the home allowed free access to people who used equipment like wheelchairs.

The building design met the needs of people living with dementia. There were coloured walls and pictures which helped people to orientate themselves. Toilets and bathrooms have pictorial signs. The home had a lot of natural light and felt well aerated. People could move around freely in the communal areas of the building and the vast gardens which people had decorated. There were several sitting areas on each floor with different themes which gave people a choice of where to spend their time.

Is the service caring?

Our findings

At the last inspection the service was good.

Although staff were caring on an individual level, the lack of staff meant they were not always able to support people in a caring way. For example, we saw staff attended to call bells in a timely manner. However, they told people to wait because they were in the middle of attending to other people.

People told us staff were caring, compassionate and kind. People's comments included; "I like the staff here. They come from many different countries. All nice and I feel well looked after", "Staff are good with care. They are kind, it's good to have a laugh" and "Excellent staff, I'm very happy here. None of them give you the impression you can't approach them". People's relatives told us generally staff were caring. However, changes in staff were affecting care. People's relatives said, "When [Person] first came here the care was brilliant. Many staff left and now there are gaps in the care", "They lost a lot of staff. Some are pretty good with [Person] and know her. Wish that more were on the ball" and "Girls and boys [carers] are very good to [Person]. It's been difficult because of changes in staff".

Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. Although staff were busy, the atmosphere was calm and pleasant.

People told us staff treated them respectfully and maintained their privacy. One person said, "Staff always knock on my door. Some staff drop by for a chat ask me if they can do anything. They do listen to what I want". Another person commented, "They treat me with great respect. They call me by my name and listen to me". People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing. One member of staff said, "Got to treat them as you would like yourself, with respect and dignity".

Staff spoke with us about promoting people's independence. One member of staff said, "We let people do as much as they can". On the day of the inspection, we saw staff encouraged people to move around the building and grounds as independently as possible. Records showed people's independence was promoted. For example, one person's record emphasised on allowing enough time for the person to try and move with minimal support. People told us they were supported to be independent.

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. We saw people who could not communicate verbally were relaxed around staff. This was visible through their body language, people smiled and their faces lit up when staff came in or met people in the corridor.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on

confidentiality. Staff also signed a confidentiality agreement. One member of staff told us, "We keeps doors locked where care plans are kept". We saw staff logging on and off password protected computers. Records were kept in locked cabinets only accessible to staff. The registered manager was aware of the implementation of the General Data Protection Regulation (GDPR). From May 2018, GDPR is the primary law regulating how companies protect information

The provider's equality and diversity policy was available in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Records showed staff had received training in equality and diversity. One member of staff commented, "We treat people as individuals and respect different cultures".

Is the service responsive?

Our findings

The service remained good.

People's assessed needs had been integrated into care plans which guided staff in how to meet those needs. People's care records contained detailed information about their health and social care needs. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people chose how they wanted to spend their day and where. People's care plans were reviewed regularly to reflect any changes. We saw daily records were maintained to monitor people's progress on each shift.

People and their relatives indicated they were involved in the planning of people's care. One person said, "I have not been through the care plan but they do ask me about care from time to time". One person's relative told us, "I think the care plan is about the same. On one or two occasions they have told me if there is anything out of the ordinary".

People's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers as well as daily '10 at 10' meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day.

People had access to a range of activities which they could be involved with, including group and one to one activities. For example, social interaction during coffee and cake times, arts and crafts, basic exercises, sensory sessions, reminiscence, cookery, Bingo, and sing-a-longs. We saw evidence that there were links with the local community. These included visits from a local school, nursery and Brownies and Beavers groups. For example, people were involved in hatching caterpillars. Once they had turned in to moths' children from a local playgroup were invited to Larkrise for a teddy bears' picnic where the butterflies were released. People told us they really enjoyed being part of this activity. The home also offered pupils work experience placements.

People told us they enjoyed the activities. People's comments included; "There was a saxophonist recently in the garden with cream teas for everybody, that was good", "Activities are very good. We had singers downstairs in the concert room" and "We go out on trips. I enjoy being somewhere different". The activities coordinator told us they also used a 'Weekly Sparkle' newsletter for activities stimulation during one to one session.

Throughout the day we saw people accessing the beautiful garden, accompanied by relatives or care staff. We observed staff wheeled a number of people around the paved areas whilst others sat at the patio tables. Some people told us they had contributed to gardening by doing things such as planting and weeding. In the afternoon people chose to watch a film which they told us they enjoyed.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People told us they knew who to complain to if they had any concerns. One person said, "They are very good. If I want anything I go to those in charge". One person's relative told us, "I go to the care leaders if I have any problem". There were many compliments and positive feedback received about staff and the care people had received.

Records showed there had been eight complaints raised since our last inspection and had all been dealt with in line with the provider's policy. Complaints were also used to improve care. The registered manager analysed complaints to look for themes and trends. For example, one of the common themes identified was around falls recording and communication. As a result, the falls policy was discussed with staff and a 'falls facts and support points' was put in place and cascaded to staff through the monthly newsletter. This guided staff on the most important points to address following a fall. Staff also received training in falls management. Records showed the number of falls reported had reduced.

The registered manager and staff understood the importance of supporting people to have good end of life care. People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. People and their relatives, where appropriate, were involved in advanced decisions about their end of life care and this was recorded in their care plans. People's preferences about their end of life had been recorded, stating whether they wished to remain at the home when the time came rather than go into hospital. The home had a dedicated room for relatives to use during end of life care. This allowed family members to stay as long as they like and have as much privacy as they needed.

Is the service well-led?

Our findings

The service was good at the last inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Larkrise was led by a registered manager who had support from a head of care and a new area manager. The registered manager had been in post for almost two years. The head of care worked very closely with the registered manager. There was a clear management structure in place and staff were aware of their roles and responsibilities.

The service was not always well run. We asked people if the service was well led and some people told us, "I get on well with the manager, she is very approachable", "I have seen the manager, spoke to her to say hello. She dropped in for a chat last week". However, some people were less positive and said, "I am not sure about the manager" and "I have not really got to see much of the manager, always quite busy".

On the day of the inspection we asked staff if the service was well led and we received mixed views. Some staff told us, "Current manager is alright. I feel supported by management and able to raise issues in regular staff forums" and "Manager is very knowledgeable, has vast experience and hands on". Other members of staff said, "Manager not great, only spoke to her twice. Not interested in staff welfare. Head of care is great though and will always come and help", "It appears that trust and support has broken down. I do not feel I get much support from the Manager" and "I think the manager is why we lose staff. There's never enough staff, it's what makes people leave. I regularly don't have time for a lunch break". We fed back our findings at the end of the inspection and the new area manager told us this had been picked as an issue and they were in the process of making positive changes. We could see the registered manager had done a recruitment drive. However, at the time of inspection, it was clear staff morale had been affected.

The provider's quality assurance systems to monitor people's dining experience was not always effective. The last audit indicated concerns on the first floor which the registered manager addressed. However, our findings showed concerns on the ground floor. Staff deployment during meals needed reviewing. On the day of the inspection, we could not find any audits completed around staffing levels and people's experiences and views.

Other quality assurance systems in place were used to effectively monitor and improve the service. Audits were completed by the registered manager and the head of care as well as the compliance team to ensure a wide perspective on the quality of the service. These audits covered areas such as health and safety, accidents and incidents, care plans, nutrition, infection control and medicine management. External audits, such as pharmacy, were also undertaken. Quality assurance systems were operated effectively and used to drive improvement in the service.

Staff were complimentary of the provider and told us this was a transparent organisation. Staff told us, "The company cares, they care about residents, it's a lovely company", "This is a very open and honest organisation. If anything goes wrong we have reflective meetings and learn from that" and "I like working here. Even if we are always short staffed, I know they are trying to recruit".

The registered manager coordinated regular team meetings and records showed that these were used to discuss changes in people's care and support needs, operational practice and other important information.

People and their relatives were invited to develop the service being delivered. Regular meetings for people and relatives were held where they could share their views on issues such as food, activities or any other views they wanted to discuss. A relative told us, "There is a residents and relatives meeting tomorrow. This one is being held at the right time and I am going tomorrow".

There were systems in place for the provider to gather the views of people, relatives and staff about the quality of the service such as quality assurance surveys. The registered manager told us the responses were analysed by the provider and an action plan developed as a result.

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered managers and the provider to act in an open way when people came to harm.

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 18 HSCA RA Regulations 2014 Staffing There were not enough staff to meet people's needs. Staff were poorly deployed. Regulation 18 (1)