

Bestcare Ltd

Ellesmere House

Inspection report

Church Hill
Ellesmere
Shropshire
SY12 0HB
Tel: 01691 623657
Website:

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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?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on 14 and 15 July 2015 and was unannounced.

Ellesmere House is registered to provide accommodation with nursing and personal care to a maximum of 28 people. There were 19 people living at the home on the day of our inspection.

A registered manager was in post and was present during our inspection. 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.

The home was last inspected on 6 and 7 August 2014 where we gave it an overall rating of inadequate. At the last inspection we asked the provider to take action to make improvements to ensure people were protected against risks associated with infection control and management of medicines. We also asked the provider to make improvements to systems relating to obtaining

Summary of findings

people's consent, recording why some decisions had been made on people's behalf and to the assessment and monitoring of the quality of the service provision. We had asked the provider to send us an action plan detailing how they would make the improvements requested. The provider did not send this by the date we had requested and we sent them a reminder for them to do this. We found that most of these actions had been completed but we still had concerns in some of the same areas.

People's ability to make their own decisions about their care had not been appropriately assessed. Where decisions had been made on people's behalf there were no records to show why these decisions were in their best interests.

Staff were aware of changes in people's needs and the support they needed. However, this had not always been updated in their care records.

Systems were in place to assess and monitor the quality of the service provided but they were not always effective in identifying shortfalls. The opinions of the people who lived at the home were sought but the provider did not always act on their feedback in a timely manner. Concerns we had identified at our last inspection had not been fully addressed and similar concerns were found at this inspection.

Staff had received training to enable them to support people safely however, this was not always kept up to date. Checks had been completed on new staff to make sure they were suitable to work at the home.

Staff knew how to protect people against the risk of abuse or harm and how to report concerns they may have. People received their medicine as prescribed and information was available to staff on the support people needed.

People received food and drink which was in accordance with their needs and preferences. Arrangements for meeting people's health care needs were in place and people saw health care professionals when they needed to.

People's permission was sought by staff before they helped them with anything and they received care and support when they needed it. Staff treated people as individuals and knew their preferences in relation to their care. People were treated with dignity and were offered choices in a way they could understand.

People and their relatives were involved in developing people's care plans and identifying their preferences, likes and dislikes. Staff encouraged people to take part in activity sessions and respected people's wishes not to participate. However, alternatives were not always offered if people were not interested.

Relatives were comfortable to raise concerns or complaints but had not needed to. Staff were aware of the provider's complaints process and would support people in raising concerns.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 mostly safe.

Not all staff could tell us how to report accidents and information was not available to staff about safeguarding procedures. We saw the home was clean and free of clutter and medicines were managed safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

We saw that where people had not made their own decisions about their care there were no records to say why these decisions had been made for them. We saw that staff supported people to eat and drink enough and contacted other healthcare professionals as needed.

Requires improvement



Is the service caring?

The service was caring.

We saw people were treated with kindness and compassion and staff respected their privacy and dignity. People and their relatives were involved in identifying their wishes and preferences about their care.

Good



Is the service responsive?

The service was not consistently responsive.

Staff were able to tell us about people's needs and recent changes in their needs but this was not always seen in their care records. We saw staff encouraged people to take part in activity sessions but if they refused they were not offered alternatives. Relatives told us they would be confident to raise complaints but had not needed to.

Requires improvement



Is the service well-led?

The service was not consistently well led.

We found that although improvements had been made since our last inspection some concerns we had reported on had not been fully addressed.

Requires improvement



Ellesmere House

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 14 and 15 July 2015 and was unannounced.

The inspection team consisted of three inspectors.

As part of our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We reviewed information on statutory notifications we had received from the provider. A statutory notification

is information about important events which the provider is required to send us by law. We also spoke with the local authority, clinical commissioning group (CCG) and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with four people who lived at the home and four relatives. We spoke with eight staff which included the registered manager, care staff, domestic staff and cooks. We viewed four records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed other records which related to staff training and recruitment and the management of the home.

We spent time observing how people spent their time and how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection we found that people were not protected against the risk of infection because there were no effective systems in operation. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made.

Relatives told us they considered the home and their family member's room to be clean and kept tidy by staff. All staff we spoke with understood their responsibilities for ensuring the home was kept clean and their role in infection prevention and control. We saw all areas of the home were clean, free from clutter and free from strong odours. Staff wore appropriate gloves and aprons depending on what they were doing around the home such as supporting people or cleaning. The registered manager told us the infection control and prevention policy had been updated two weeks ago. One staff member told us that all staff had been emailed the new IPC policy two weeks ago for them to read although one staff member told us they were not aware of this new policy. Feedback from the CCG confirmed that improvements had been made by the provider and they were monitoring progress against their action plan and through visits to the home.

At our last inspection we found that people were not protected against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made.

Since our last inspection people's medicine had been reviewed to ensure they still required it and staff told us that people's medicines were checked every six months as part of their health check. This ensured that people were only prescribed the medicines that they needed. We saw that medicine records were up to date and medicines were

stored securely. Staff were trained to administer medicines and told us they received on-going training and support from their pharmacy who were visiting the home weekly. Systems were in place to identify risks associated with people's medicines and for the ordering, administration and disposal of medicines. Monthly checks on the quantity of all medicines were completed by the registered manager and a staff member to ensure these were correct. Staff were able to tell us the processes they followed in regards to the safe management of medicines such as disposal of medicines and what to do if there was an error.

Relatives told us they were happy that their family member was safe living at the home when staff supported them and also that their possessions were secure. One relative said, "Yes, everything is secure there [at the home]". Staff we spoke with were able to tell us how they kept people safe by protecting them from harm and abuse within the home. They had received training and were told how to recognise abuse and that they would report concerns to the registered manager. We found not all staff were aware of whom they could contact outside of the home if they had concerns and there was no information available to staff to inform them of this. Although the registered manager was aware of their responsibility to report safeguarding concerns we found staff were not informed of these procedures. The registered manager confirmed there was no safeguarding policy and no copy of the local safeguarding procedures at the home. We also found that the registered manager had not notified us of a safeguarding concern which had occurred earlier in the year.

Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. Throughout our inspection we saw staff safely supporting people with their mobility and using mobility aids safely. We saw that the registered manager had assessed and reviewed people's level of risk in relation to all aspects of their care, such as their mobility, their skin and their level of dependence.

One staff member told us they did not know the procedure for reporting accidents or incidents despite reading the provider's policy. Other staff understood how to report accidents and incidents and told us that the registered manager looked at completed forms and would inform them of any actions they needed to take in response. The

Is the service safe?

registered manager told us that they monitored all accidents and incidents so they could look for any trends which may indicate a change or deterioration in people's abilities.

Relatives told us that they had not seen people kept waiting for their care and thought there were enough staff working at the home. Throughout our visit we saw that a staff member was always visible around the communal areas of the home and people were not kept waiting when they needed assistance. Staff we spoke with felt there were enough staff working at the home for the number of people

who lived there. The registered manager told us that as the number of people who lived at the home increased they would increase staff numbers. They told us they had plans to increase the staff numbers in the daytime by one in the near future. Three members of staff lived on site and would be asked to work if needed. We saw that appropriate checks were completed on new staff prior to them starting work at the home. We spoke with one new member of staff who confirmed they had not started work until checks were completed to ensure they were suitable to work with people living at the home.

Is the service effective?

Our findings

At our last inspection we found that arrangements for obtaining people's consent did not always ensure people's rights were taken into account. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found that although improvements had been made the provider did still not ensure that when people could not make their own decisions there were clear records in place to say why.

We found that the provider had not had regard for the Mental Capacity Act 2005 (MCA) or the MCA Code of Practice. They had not placed people who lacked capacity at the heart of the decision making process when decisions were made on their behalf. In response to our last inspection the provider had ensured that all consent forms were signed by either the person or a family member. However, we still saw that where relatives had signed consent forms there was no evidence to show why they had signed on that person's behalf. People had statements in their care records which read that due to the person's cognitive impairment "their next of kin will need to sign documentation for them". Following training and advice the registered manager told us that they had submitted Deprivation of Liberty Safeguards (DoLS) applications for most people living at the home. These were waiting for authorisation by the local authority. The registered manager said that, "the decision has been made that if people wanted to leave they wouldn't be able to as they would not be safe". They considered this to be a deprivation of people's liberty but could not evidence how they had reached this decision for each individual person. We found the provider had not determined that people did not have capacity for specific decisions they made on their behalf. We therefore were not assured that people's human rights were protected and any decisions made were or would be in their best interests.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood how to support people to make choices and consent to their day to day care, such as what to wear,

what they wanted to eat or what they would like to do with their time. All staff told us they supported people to make their own decisions about their day to day care and offered them choice. One staff member said, "Ask if it's ok if I do this or do that". Another staff member said, "We don't make choices for [people] just because they have dementia".

Relatives we spoke with were happy that staff had the skills to care for their family member and meet their needs. Staff told us that they felt supported in their roles and received regular supervisions with the registered manager where they could discuss concerns or issues they had.

At our last inspection we had concerns that staff had not received training that was specific to people they cared for. Staff told us and we saw that they had now received training in dementia care, MCA and DoLS. Staff told us that they had a better understanding of how to support people with dementia and how to support them to make choices. We saw that every member of staff had last received moving and handling training in 2013. The registered manager told us that the provider did not have a training programme in place so they tried to ensure that all training was updated yearly. Despite requesting this training from the provider this had not happened so the registered manager had arranged for an external trainer to complete this and this was taking place at the end of the month.

People enjoyed the food they received and were given the support they needed to help them maintain their dignity and independence when eating and drinking. One person said, "Lovely food". Some people chose to eat their meals in the lounge and staff supported them to do this. Staff offered people drinks throughout the day and snacks if they wanted them. One staff told us that they had discussed 'favourites' with people and they were keen to ensure that people had their favourite foods. They told us that they incorporated this information in the menu planning. Risks associated with eating and drinking had been assessed and staff told us that no one was at risk of malnutrition but they monitored what some people ate because they sometimes had poor appetites due to their medical conditions. All staff were aware of which people required special diets and we saw soft and vegetarian options were offered to people who wanted or needed these. We did note that although staff were aware that one person required a soft diet this was not recorded in their care records.

Is the service effective?

People were supported to access external healthcare when they needed it. One relative said, “They’ll call the doctor if [person’s name] needs it”. Other relatives told us that the doctor was called when needed and an optician and chiropodist visited the home regularly. Staff told us that the doctor came to the home at least once a week and that people had six monthly ‘health check-ups’ from their

doctor. We saw that when required the district nurse visited the home and people were supported to attend health appointments outside of the home. One relative told us how staff had kept them up to date on their family member’s health appointments and what was happening with their care and treatment.

Is the service caring?

Our findings

At our last inspection we found that staff did not always communicate with people effectively and did not understand how to support people when they could not make their own decisions. We asked the provider to make improvements and to send us a copy of their action plan to tell how they were going to make these improvements. At this inspection we found improvements had been made and systems were in place to ensure that people received the care and support they needed. The provider had introduced a keyworker role in order to promote people's involvement in the delivery of their care and support and to develop and maintain links with family. Staff told us that people were put at ease knowing they had a keyworker to look after them. We spoke with one relative who told that things had improved over the last year, staffing was more stable and there were, "Good relationships all round".

We observed that staff spoke to people with kindness and respect. We saw that people responded positively smiling and talking with staff about day to day things. One person said, "Nice people here". Relatives told us they found staff friendly and approachable. One relative said, "They're [staff] very friendly". "They look after [them] very well". Another relative said "They've [staff] been great". "It's a comfort for me to know they are cared for". Where people needed support we saw that staff responded to them in a caring and timely manner. We saw that staff were patient and understanding. We observed staff reposition a person in their chair, they explained what they were going to do in a calm and reassuring way and ensured that the person was comfortable.

We spent time in the lounge observing how staff communicated and supported people in order to gain an insight into people's experience of the service. We saw that staff and people spoke to each other in a friendly and respectful manner. People were offered a choice of music

to listen to and some people clearly showed their enjoyment as they hummed along or moved to the beat. Staff talked to people about their like of music and showed a genuine interest as people reminisced about going dancing. Later we saw that a number of people chose to eat their lunch in the lounge. We observed that lunch was served at a relaxed pace and people were not rushed. Staff offered people a choice of drinks with their lunch and assisted people to cut up their food where needed. One person told staff they could not eat all their lunch as there was too much for them, they said, "You have a good meal". Staff checked that people were happy with their meals and offered people a choice of dessert.

People and their relatives were involved in decisions about their care and treatment. Where people were unable to make choices because of their illness, staff had approached their families for information about their lives, preferences, likes and dislikes. One relative said, "I was involved in their care and I am consulted all the time". Relatives told us that staff kept them up to date on people's care needs and any changes. Staff demonstrated good knowledge and understanding of people's individual needs and preferences, what support they required and how they liked to spend their time. We saw that staff used different types of communication to involve people in day to day activities such as choosing how they would like to spend their time or what they would like to eat or drink

We saw that people were treated with dignity and respect. Staff were polite and respectful when speaking with people. We saw that staff were calm and patient in their approach and respected people's right to decline support. Staff told us that they encouraged people to remain independent and let them attend to their own personal care needs where they could. Staff told us they maintained people's dignity by asking people's permission to help them and ensuring that their doors were kept closed when helping with personal care.

Is the service responsive?

Our findings

People were at risk of receiving unsafe or inappropriate care because care records were not always up to date. When we spoke with the registered manager they said they were responsible for reviewing and updating people's care plans and they gathered information from staff in order to do so. However, staff told us they were not involved in reviewing people's care plans. We found changes in people's needs and abilities had not always been recorded in their care plans. We viewed the records of someone who had recently been unwell. Staff had been given verbal information that allowed them to meet the person's needs but the person's care plan did not reflect the change in their level of need and associated risks. This was important as staff told us that they referred to people's care plans for information on people's care and treatment. We spoke with one staff member who told us they had followed a person's care plan and supported them alone, only to be told by another staff member that the person required the assistance of two staff. We spoke with the registered manager who told us that they were not aware that the person's needs had changed, but was in the process of introducing new systems and staffing structures to improve the situation.

Staff told us that they had read people's care plans and were kept up to date about changes in people's needs during shift handovers. We observed that staff knew people well and had a good understanding of their needs. Staff told us that they are able to recognise when people's behaviour changed and were aware of ways to distract them and to help them calm down. We saw that one person had been referred to the memory service following concerns raised by staff about their behaviour. Staff were aware of people's preferences and told us some people chose to retire to their room after lunch. Another person had requested that night staff did not check on them during the night unless requested as this disturbed them.

People had access to a variety of activity sessions each morning and afternoon. One relative we spoke with told us that they had been present when staff offered activities. They saw that staff encouraged people to take part in activities and respected their choice if they chose not to take part. Another relative told us that staff knew their relative well and recognised when they wanted 'quiet time' and would leave them alone to read or have space. Staff

told us that they asked people what they like to do and what activities they would like to have. Where people had difficulty making choices staff had spoken with relatives about their lives and their interests. People's care records contained a 'map of life' which gave information on a person's occupation, their family and their interests. Staff told us some people would refuse to take part in organised activities and whilst some people would choose to walk around the home or go out in the garden with staff or relatives, people were not always offered an alternative choice. We observed that some people had chosen to sit in their chairs watching television and some people had fallen asleep. The registered manager acknowledged that more needed done so that people's individual hobbies and interests were taken into account.

People and relatives had opportunities to comment on the quality of the service and to make suggestions for improvement. The registered manager held meetings which were advertised in the home; however, some relatives told us that they were not aware of the meetings. We saw that menus and activities were regularly discussed. We saw minutes of a meeting in February 2015 where two people had expressed a wish to have day trips and short trips outside of the home. When we spoke with the registered manager about this they told us that this had not happened and they had only recently sourced a mini bus they could use. The registered manager told us that following the most recent meeting they had started to keep an action plan to monitor progress against people's wishes. The registered manager had introduced a monthly newsletter which informed people of forthcoming coming events and activities at the home. The newsletter was distributed to each person who lived in the home and extra copies were left in the reception area for relatives and visitors.

Relatives we spoke with told us that they had not had reason to complain but they felt confident and able to speak to staff or the registered manager if they had any concerns or complaints. One relative said, "I'd tell them what I thought, no problem". Staff demonstrated they were aware of the complaints process. Staff told us they would speak to people and their relatives if they had concerns or complaints; however, they said that people did not complain. The registered manager confirmed that they had not received a complaint since the last inspection. They told us they had an open door policy and that people could talk to them if they had any concerns and they would deal

Is the service responsive?

with them or pass them on to head office. The registered manager told us people who were new to the service and their families were informed of the complaints process on admission.

Is the service well-led?

Our findings

At our last inspection we found that the provider had not submitted statutory notifications to inform us of the death of people who used the service. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009. We asked the provider to send us an action plan outlining how they would make improvements. At this inspection we found that improvements had been made.

After our last inspection the registered manager had submitted the notifications they had failed to send to us. Since then we have received statutory notifications of the deaths of people who used the service in a timely manner. A new system had been put in place which meant the provider was able to monitor the home's occupancy and the registered manager told us this would ensure these notifications would be monitored. The registered manager confirmed that they had submitted notifications as required and none were currently outstanding.

At our last inspection we found that although quality assurance systems had identified issues they were not effective in driving improvements. We also had concerns that there was a lack of effective management systems including records relating to people's care and obtaining people's consent. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. The provider did not send us their action plan by the date we had requested and we sent them a reminder for them to do this. The provider told us that all actions would be completed by 30 April 2015. At this inspection we found improvements had been made however, we continued to find issues we had reported on at the last inspection.

At our last inspection we found the provider's policies had not been updated since 2007 which meant staff were not following up to date policy guidance, legislation or best practice guidance. We found at this inspection that these policies had not been updated and the 'old' policies were still in place at the home. We spoke with staff about their understanding of the policies and one staff member did not know the procedure to enable them to whistleblow.

The policy stated that this information was displayed for staff in the home but it could not be found. One new staff member who had started working at the home recently told us they were not aware of the new infection control and prevention policy and had been told to read the policy folder which contained the old policies. We also found and it was confirmed by staff and the registered manager that there were no safeguarding or medicine policies in place at the home. During our inspection the provider sent new policies to the registered manager. We were told that these had been updated in April and May 2015 and had been waiting for the provider to approve them.

At our last inspection we found that care records did not always reflect changes in people's care and that systems in place for obtaining people's consent did not ensure people's rights were protected. We again found that not all care records were updated to reflect people's current care needs and that consent from people did not demonstrate a personal approach in identifying why others were signing consent forms on behalf of people.

At our last inspection we had identified concerns that hazardous substances were not kept secure. People were able to walk unrestricted into areas of the home where hazardous substances were kept. During our inspection we saw one person walking freely around these areas on several occasions. Locks had been put on store room doors but we found these were unlocked when we arrived at the home. These were kept secure once we had drawn staff's attention to this. We also noted detergents and disinfectant were kept in the laundry room where there was no lock on the door. Despite the provider putting practical solutions in place these were not checked to make sure they were effective.

At our last inspection we found that systems in place for quality assurance were not driving improvements to the home. Although the provider had taken action to improve the systems used we found these were not always effective in ensuring action was taken. Some staff had been given new responsibilities for auditing and reporting and we found these had not been consistently completed. These had not been monitored by the provider or registered manager and we saw cleaning schedules and daily reports which had not been completed. A new cleaning schedule was in place which staff signed to show they had completed the identified cleaning tasks. We noted that this was not signed at the weekend by staff. One staff member

Is the service well-led?

and the registered manager both confirmed that the weekend staff did complete these cleaning tasks and they were aware they did not sign this record. We looked at a weekly environmental checklist the registered manager completed and sent to the provider. They told us that the provider prioritised items on this checklist but we saw that some issues had been reported several months ago and no action had been taken. We saw a freezer containing food which had a broken hinge. The lid did not shut properly due to the broken hinge and a thick layer of ice which had formed around the lid seal. This had first been reported in May 2015. We also saw damp in a storage area which the registered manager told us they had also reported to the provider and was not aware when this would be addressed.

The provider had sought people's opinions through questionnaire's and meetings although they did not always use this feedback to improve and develop the service. Completed questionnaires were sent to the provider in January 2015 and the registered manager told us that no analysis or feedback had been shared with people, relatives or staff. Feedback given by people at meetings had not been acted on despite expressing their wishes.

The provider has a responsibility to inform us of certain incidents that occur by submitting statutory notifications to us. We found that we had not been informed of one safeguarding and one serious injury that had occurred at the home. We spoke with the registered manager who told us that they knew they should have sent these and that they understood when statutory notifications should be sent to us.

Following our last inspection we had written to the provider and requested they send us an action plan detailing improvements they planned to make to be compliant with the regulations. We did not receive this by the date we had stated and we sent them a reminder for them to do this.

The provider and registered manager were responsive to feedback they received and we saw improvements had been made following feedback from us, CCG and a local pharmacy since our last inspection. On the second day of our inspection the registered manager had started to act on feedback we had given the previous day. However, whilst this showed they took on board feedback their actions were reactive to issues which the provider and registered manager have a regulatory responsibility to be aware of.

This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Relatives we spoke with told us that they found all staff and the registered manager approachable and friendly. They told us they saw the registered manager often when they visited and they felt comfortable to speak with them about their family member's care. One relative said about staff, "They are helpful, obliging and polite". Throughout our inspection we saw the registered manager was visible around the home and staff told us they would always "help out" when needed.

Staff told us they felt supported in their roles although some staff felt they needed more support due to recent changes in staff responsibilities. The registered manager told us that the provider had attended recent staff meetings to tell staff about changes they planned to implement at the home particularly with regard to new staff roles and responsibilities. We were told there were no minutes of these meetings although staff confirmed these had taken place. The registered manager told us they felt more supported in their role and that although some things are slow to get done, "Things are starting to happen and improvements are now being made". One staff member told us that they felt able to give their views and they felt listened to.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not being met: The provider had not had regard to the Mental Capacity Act 2005 in obtaining people's consent.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: Systems in place were not operated effectively. Regulation 17 (1), (2) (a) (b) (c) (e) (f), 3 (b).