

Leabrook House Limited

Leabrook House Nursing Home

Inspection report

180-181 Leabrook Road
Ocker Hill
Tipton
West Midlands
DY4 0DY

Tel: 01215565685

Website: www.leabrookhousenursinghome.co.uk

Date of inspection visit:

24 September 2019

25 September 2019

Date of publication:

06 November 2019

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

Leabrook House is a care home providing personal and nursing care to 38 older and younger people at the time of the inspection. The service can support up to 41 people.

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

There was a lack of systems and processes in place that would provide the registered manager with oversight of the service. The few audits that were in place had failed to highlight a number of areas for action that were identified on inspection.

People's opinions were not consistently sought and any feedback that was gathered about the service was not analysed for any lessons learnt, or information sharing.

People knew how to raise complaints and raised issues directly with the registered manager. However, people were frustrated with the lack of communication regarding how their complaint was being dealt with and what actions were being taken in response to the concerns raised.

People were supported by a group of staff who had been trained to recognise signs of abuse, but not everyone at the service who we spoke with, felt safe. One person raised a safeguarding concern with us during the inspection and the registered manager acted promptly and appropriately to this.

Staff were aware of the risks to the people they supported and how to manage those risks. Staff were observed to support people safely in line with their risk assessments.

People were supported by a group of safely recruited staff. The majority of staff had worked at the service for many years and knew people well. A recruitment programme was ongoing to recruit more staff and increase staffing levels.

People received their medicines as prescribed, administered by trained staff. Medicines were regularly audited, but audits had failed to identify some protocols were missing for 'as required medicines'. Audits had identified a number of missed signatures on medication administration charts but there was no evidence available to demonstrate what actions were being taken in response to this.

Staff felt well trained and supported in their role. New staff benefitted from an induction that included shadowing more experienced members of staff. Staff supported people to access a variety of healthcare services to help them maintain good health but did not consistently act on issues identified.

People enjoyed the food on offer and assistance was offered at mealtimes for those who needed it.

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

Staff were seen as kind, caring and compassionate and had positive relationships with the people they supported. Staff knew people well and what was important to them, however, there was little evidence to demonstrate that people had been involved in the development and review of their care plans.

People were supported to take part in a variety of activities that were of interest to them. Staff knew people well, what was important to them and how they wished to be supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection The last rating for this service was Good (published 6 June 2017).

Why we inspected

The inspection was prompted in part due to concerns received about care delivery and some allegations regarding thefts at the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Well Led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern.

Enforcement

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

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.	Requires Improvement ●
Is the service effective? The service was not always effective.	Requires Improvement ●
Is the service caring? The service was not always caring.	Requires Improvement ●
Is the service responsive? The service was not always responsive.	Requires Improvement ●
Is the service well-led? The service was not always well led.	Requires Improvement ●

Leabrook House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Leabrook House 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with the provider, the registered manager, the deputy, a nurse, a senior care worker, four care workers, the activity co-ordinator and the chef. 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.

We reviewed a range of records. This included eight people's care records and 18 medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Following the inspection, the provider forwarded an action plan to demonstrate the actions being taken to improve service delivery.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse

- We received a mixed response from people when we asked them whether they felt safe at the service. Two people shook their heads to indicate 'no' and another person shared with us their concerns which resulted in a safeguarding concern being raised promptly by the registered manager. Other people spoken with told us they felt safe and one explained, "Because it's a secure building and staff are well trained" and a relative said, "99% of the time I feel [person] is safe. For me it's peace of mind."
- Staff had received training in how to safeguard people from abuse and were aware of their responsibilities to report and act on any concerns raised. Staff told us they considered people to be safe at the service. A member of staff said, "If I had any concerns I would raise them with the nurses and they would come straight away."
- Where safeguarding concerns had arose, a record of progress was created ensuring all relevant parties were informed of concerns and had been responded to appropriately.

Using medicines safely

- People were supported to take their medicines by staff who had been trained to give medication safely. Staff informed us they had their competencies assessed in this area.
- Medicines were stored in three separate locations, each of which were clean and tidy. Temperatures of medicines storage rooms were monitored but records seen were not fully completed. We noted where temperatures recorded had increased, a portable fan had been introduced.
- The registered manager advised a pharmacist from the CCG had recently completed an inspection of the service and an action plan was in place to address a number of areas for improvement.
- We looked at Medication Administration Records for 18 people. We found ten people did not have all of their prescribed medicines signed for. We saw for some people who received medication 'as required' protocols were not in place. We discussed this with the registered manager who was aware of these concerns and advised a meeting was taking place with nursing staff to address this.
- For those people who required medicines to be administered at specific times, we saw arrangements were in place to ensure this guidance was followed.
- For people who received their medicines and nutrition via a Percutaneous endoscopic gastronomy (PEG), there was a comprehensive protocol and guidance in place for safe administration, including how to position the person.

Assessing risk, safety monitoring and management

- People were supported by staff who were aware of the risks to them and staff were able to describe how they supported people in line with their care needs. For example, where people were at risk of developing pressure sores, staff were aware of how quickly they could develop. A nurse told us, "Staff are trained that when giving personal care they routinely check the integrity of people's skin using the 'blanch test'." The blanch test is a quick simple check on the skin to establish if the blood flow to an area is impaired causing damage to the area. Early intervention at this stage would prevent further deterioration of the damaged area.

- Risk assessments were in place to cover a number of areas such as nutrition, moving and handling and risk of choking and were reviewed on a monthly basis. Where required, behaviour support plans were in place which identified potential triggers, good descriptions of what caused frustration and actions staff needed to take to support people safely.

- Staff were observed to use appropriate moving and handling techniques and equipment. We observed one person, who had some difficulty initiating standing and moving, was appropriately supported and encouraged with patience.

Staffing and recruitment

- The majority of people we spoke with told us they felt there were enough staff available to meet their needs. One person said, "If you press your buzzer, staff come and find out what the need is."

- The registered manager informed us that a decision had been made to increase staffing levels by an additional two members of staff per shift. During the inspection, people commented on the number of agency staff who had been working in the service the previous day. The registered manager explained the additional staff were bought in to cover some staff absence and to also meet the new staffing level standard whilst recruitment was ongoing. The additional staff on shift that day meant five people were able to access the community.

- Staff had been recruited safely and confirmed that prior to starting work they had been required to provide references from previous employers as well as completing a Disclosure and Barring Service check.

Preventing and controlling infection

- Staff told us they had attended infection control training and there was an infection control policy in place for them to refer to.

- Systems were in place to ensure mattresses were checked daily by care staff to ensure they were clean. We observed staff wearing appropriate personal protective equipment when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded, and individual lessons were learnt when things went wrong. This information was analysed for any lessons to be learnt.

- Following a number of allegations of theft at the service, action had been taken to safeguard peoples belongs and alert people of the option to use a lockable drawer in their room or the service's safe to keep their valuables. Changes had been made to the service's policy and procedure regarding the handling of monies and valuables and a notice had been put up in the reception area alerting visitors to the concerns.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- People and relatives told us they had access to healthcare services when required. Records seen demonstrated people had been supported to access services including opticians, dentists, physiotherapists and the chiropodist.
- However, we found some instances where follow up action had not been taken by nursing staff in response to changes in care needs. For example, we noted for one person during their monthly evaluation, there was an increase in their recorded pulse rate over a three-month period. In September, records showed another increase and staff did respond to this by obtaining medical advice, but there was no evidence recorded as to what advice had been given. Further, the review of the person's care, which took place 12 days later stated, 'overall health remains stable' and did not reflect this issue. We discussed this with the registered manager and they told us they would look into this immediately.
- A member of staff said, "Communication is good, we will know information shared after the handover." Staff were confident that they were kept informed of changes in people's care needs.

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

- Not all people benefitted from positive interactions at mealtimes and we noted some instances where there was a lack of thought or interaction between staff and service users. For example, we observed one person did not want the pudding on offer and was given a number of alternatives and chose a banana. This was chopped up into pieces and the knife was left on the tray. No other cutlery was made available and the person had to stab pieces of banana with the knife in order to put them into their mouth.
- The main meal of the day was at lunchtime and we observed people enjoyed the meals provided. Hot drinks, juices, milkshakes and snacks were served throughout the day.
- Staff passed on the most up to date information to the chef regarding people's dietary needs, to ensure they were being met. The chef told us, "Communication (between staff) is great, staff are very good at focussing on any changes."
- The chef was knowledgeable of people's preferences and dietary needs and took into account people's cultural, ethical and religious needs when planning meals. The chef confirmed if people did not want was on offer and alternative could be provided. Despite being aware of people's preferences, which would enable to provider to plan ahead for mealtimes, people were required to choose their meals 48 hours in advance. One

person told us, "My memory isn't as good as it used to be, and I forget what I've ordered. They (staff) don't remind people what they've ordered. They say you should know you ordered it."

- For people who required assistance at mealtimes, this was provided, either in the form of using plate guards, assistive cutlery, or assistance from a member of staff. We observed many positive interactions at lunchtime, where staff supported people with kindness, respect and patience.

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

- Prior to offering support, people's needs were assessed to ensure the service could support the person effectively. We found the protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives and how they wished to be supported.

Staff support: induction, training, skills and experience

- People told us they felt on the whole, staff were well trained. One person told us, "In my eyes they have to be (well trained) – some people have seizures."
- Staff told us they felt supported and well trained. Staff confirmed their training was updated where needed and they had the opportunity to request additional training if they wished. A member of staff said, "They [management] are quite happy, if you are unsure about some training you can ask for it."
- Where additional specialist training was required, for example, tracheostomy care, this was in place and staff confirmed they had their competencies assessed in this area by an independent clinician.
- There was a training matrix in place to provide the registered manager with oversight of the current staffs training needs. There was a current recruitment drive taking place and an induction was in place ready for new staff, which would include shadowing more experienced staff.
- Staff told us the registered manager had a visible presence in the service and their practice was regularly observed. However, there were no systems in place to record this and ensure it was done regularly. The registered manager told us plans were in place for this work to be done by the new deputy.
- Staff told us they received supervision every six months and were happy with this arrangement. One member of staff added, "If I had any issues, the manager's door is always open, you don't need set times."

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

- The registered manager told us the service was going through a programme of refurbishment. New carpet had been purchased in some communal areas. On the day of the inspection, there was an episode of torrential rain. This highlighted a number of leaks in one area of the building. We were told action was being taken to address this and a contractor had been contacted.
- People's rooms had been decorated with items which reflected their personal tastes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People confirmed staff asked their permission, prior to offering support and we observed this.
- Staff were observed seeking people's consent prior to offering support and provided people with reassurance of explanations of what was happening during interventions.
- Records showed that people's capacity to make specific decisions had been assessed in line with the MCA.
- Staff had received training in MCA and DoLS, but their knowledge on the subject was limited which meant the registered manager could not be confident staff supported people in line with the principles of the MCA.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- In care records seen, it was clear information had been gathered to establish how people wished to be supported and staff spoken with were aware of what was important to people. For example, a relative told us how their loved one like to wear jewellery and staff supported them to do this.
- Care plans were evaluated on a monthly basis by nursing staff, but people were not routinely involved in these discussions. One person told us they had been involved in a meeting with their relatives and their social worker and another said they did not know about their care plan.
- People told us they chose how they spent their days, for example, when they got up and went to bed, when they had a bath or a shower and how they spent their day.

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

- We observed a number of positive interactions between people and the staff who supported them. On the whole, staff presented as kind and caring. One person described the staff as, "Very kind; a nice lot of girls, all of them" and a relative said, "They [care staff] actually care, and are very good."
- We noted many staff addressed people as they walked through communal areas, asking after them, and passing the time of day. We also noted this approach was not consistently adopted by all staff. The registered manager told us, "We are encouraging staff to stop and spend some time with people, we are giving them permission to chat."
- At lunchtime, we observed a member of staff describing to a person the food they were being offered, checked that the temperature of the food was ok and whether the person liked what they were being given, whilst stroking their hand and coaxing them to eat. Not everyone received this personalised level of support and we observed another member of staff failing to engage with the person they were supporting.

Respecting and promoting people's privacy, dignity and independence

- Staff knew the importance of maintaining people's dignity when supporting them. One member of staff described how they supported a person with their personal care. They said, "I keep them covered at all times and talk them through every step, I go at their speed and I do think it helps."
- Staff were observed and heard to be discreet when people required assistance. They reassured people who were anxious and distressed and responded promptly, calmly and sensitively.
- Where people were unable to communicate verbally, staff were able to describe how they offered choices to people, by using flash cards and observing people's body language.
- People were supported to maintain their independence where possible. One person told us, "I've come a long way. There's a big different in what I can do. I'd like more independence. I'd like to stand and walk. I'm

aiming to walk." A member of staff spoke proudly of the achievements of another person and told us, "[Person] has come a long way and is so much happier now they have a goal to go home."

- We saw that advocacy services were accessed for people who required this additional level of support. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People told us they were aware of how to make a complaint and if they had any concerns, they would raise them with the registered manager.
- People and relatives told us the registered manager was approachable, her door was always open and she had a visible presence in the service, but people complained communication was not always effective and they did not always receive feedback after raising concerns, despite evidence being available to demonstrate action had been taken.
- A relative told us they had raised a complaint with the registered manager but were frustrated at the lack of information regarding action being taken in response to this. They told us, "The manager will say [in response to concerns] 'yes, I'm going to do this' but it's always on a to-do list." The complaint had been made verbally and the registered manager was able evidence the actions that had been taken in response to this. However, we found one of the actions, which was to make a referral to the Speech and Language Team [SALT] had not been actioned despite records stating that it had. The registered manager immediately made a referral to SALT.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A relative told us, despite some concerns they had, that staff knew their loved one well adding, "The staff actually care and are very good" and another relative said, "Once we got here the staff have been amazing."
- We saw care plans were detailed and held information relating to people's likes, dislikes and family history but were inconsistently completed. For example, not everyone's 'emotional needs' had been considered when writing care plans.
- From our conversations with all staff, it was evident they knew people well, including people's individual routines, likes and dislikes on dressing and food preferences. A member of staff told us, "Some people can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right."
- The main care records were electronic and included risk assessments and people's plan of care which was evaluated on a monthly basis. However, people and their families were not routinely involved in this. We were told people were invited to annual reviews with their social workers but there were no other formal arrangements in place to discuss people's care needs or changes in care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were a number of people living at the service who had particular communication needs. The registered manager was aware of the AIS and the importance of ensuring people were given information in a way they could understand.
- We noted people's care records held communication care plans and staff were able to tell us how they communicated with people, for example by observing hand signals and gestures. We saw one person use a laminated communication board and picture cards to speak with staff.
- Efforts had been made to obtain additional equipment to assist the person with their communication needs, but this had not been followed up for several months. The registered manager confirmed they would chase this up following the inspection.

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

- People were encouraged and supported to take part in activities that were taking place at the service including exercise and relaxation groups and darts, ball games, skittles. A person told us they had recently visited a garden centre, adding, "We planted some stuff in grow pots and put some bulbs outside." Staff were aware of people's interests and were able to hold conversations with people about them. A relative told us, "[Person] used to love reading. I read to her now. Staff don't have the time to do it." The registered manager told us staffing levels were being increased in order to provide staff with the time to spend with people.
- We observed group activities in the form of games taking place and people sitting quietly in other areas of the service reading books and magazines. We observed people had a positive relationship with the activities co-ordinator, who interacted with each person individually in the group activity. The service also ran a day centre on site for people in the community and a number of people who used the service also attended this.

End of life care and support

- There were systems in place to provide end of life support to those who required it.
- For one person, who had a DNAR [Do Not Attempt Resuscitation] in place, there was documentation to support the decision and the person's next of kin had been involved as the person lacked capacity. The plan also recorded how the person should be supported at end of life and there was evidence their family members had been consulted on this.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Continuous learning and improving care

- There was a lack of systems in place to provide the registered manager with oversight of the service which meant that areas for action were not routinely identified and acted upon.
- Staff were failing to consistently complete the written handover form that had been put in place and would provide the registered manager with a picture of what was happening in the service on a day to day basis.
- The registered manager told us they routinely attended handover meetings in the morning to obtain insight into what was happening in the service. However, on the second day of inspection the registered manager had not been able to attend handover. This meant they were not aware that one person had experienced a seizure during the night and were not able to check that the appropriate paperwork had been completed to record this. We found the recording of the seizure had been completed on the wrong form. This meant the information would not have been taken into consideration during the monthly evaluation of the person's care.
- Care plan audits were currently not in place. Monthly evaluations of people's care had failed to identify a wound management plan was missing for one person and a referral to SALT had not been followed up for another. Both of these concerns were addressed on the day of inspection.
- Complaints received were not analysed for any lessons learnt and there was a lack of documentation to demonstrate the actions taken in response to the concerns raised.
- Medication audits in place had not identified a number of areas for action that were highlighted on inspection. For example, missing prn protocols and a lack of information as to how people's pain was assessed when people were unable to verbally express they were in pain.
- Communication between management, people and relatives was poor. For example, people had not been kept informed of the actions being taken in response to complaints. A new deputy had been appointed but families had not formally been informed of this change.
- Surveys had been sent to families for completion in April and August 2019 but no analysis of the information had been completed. People were not routinely involved in reviews of their care and this, coupled with the lack of feedback obtained from people meant the provider could not be confident people were satisfied with the care they received.

There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The recent appointment of a new deputy at the service provided the registered manager with the opportunity to review current systems and processes. We were advised that the deputy would be responsible for a number of audits that were not currently in place, this included, care plans, staff competency checks, safeguarding and analysis of feedback from people and relatives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the registered manager and did not doubt her commitment to the service. Staff described the registered manager as 'supportive and approachable'.
- Staff felt supported and valued and told us they would recommend the service and considered it to be well led. A member of staff said, "[Registered manager's name] is supportive, as are the owners."
- The deputy had been in post for a period of seven days on the day of the inspection, but it was evident they had made efforts to get to know people and engage with them.
- From conversations with the registered manager and the deputy, it was evident that they worked well together and had a clear vision as to how they could improve the service. Following the inspection an action plan was sent to the inspector, outlining their plans for improving the service.

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

- Staff spoke positively of the service, felt well supported and listened to.
- The manager had submitted notifications regarding concerns but there were no systems in place to ensure this was completed in a timely manner and follow up action was reported back to family members.

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

- Staff were aware of their roles and responsibilities and we observed the shift to run smoothly. Staff were able to tell us the arrangements in place at the beginning of each shift and what was expected of them. One member of staff commented, "Everyone works well as a team."
- Staff were proud to work at the service and told us they would recommend it to others. One member of staff said, "We pride ourselves and like to know things are being done properly."

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

- There was little evidence of engaging and involving people, relatives or staff, in the running of the service. The registered manager told us, "We do try and have formal meetings every six to 12 months but not many people turn up." Relatives spoken with were frustrated at the lack of information sharing and did not feel fully informed.
- The last meeting with people using the service and their relatives had been held on 29 April 2019. As people had not been invited to the formal reviews of their or their loved one's care, the meeting had been used by some relatives to discuss personal issues, which was not the focus of the meeting. The registered manager told us, "People can have ad-hoc meetings with me if they want to discuss any issues." We saw one person had raised concerns regarding access to the garden and action was taken and new decking put in place.

Working in partnership with others

- The service worked closely with other healthcare professionals such as continence advisors, SALT, tissue viability, wheelchair services and palliative care teams to help people maintain good health. In house physiotherapists also worked alongside staff for those people who required this level of support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were insufficient and inadequate systems in place to monitor and improve the quality of the service