

# Vivo Medical Care Limited High Meadows

## Inspection report

High Meadow Close  
Pinner  
HA5 2HD

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

High Meadows is a care home that is registered to provide personal and nursing care for up to 45 people aged 65 and over. At the time of the inspection there were 22 people living at the home. Some of the people were living with dementia or had physical disabilities. It is divided into four units with two units on each of the two floors. When we visited only the ground floor was being used to accommodate people. The home is situated in a residential area of Pinner and is purpose-built. It opened in 2018 and this was its first inspection with the Care Quality Commission.

People's experience of using this service:

People were happy with their care and support. One person said, "I would recommend it to everybody, in fact I have recommended it to a few people already."

There were systems in place for the safe management of medicines. However, there was not always clear guidance for staff on when and where to administer people's medicated cream or ointment when these were prescribed to be administered as required.

The risk management plans for supporting some people with their nutrition and skin integrity needs had been removed from the provider's digital care records system, so it was not always clear how staff were to support them with these issues.

People had detailed care plans in place, but these were not consistently updated when there were changes to people's care and did not set out how the service would meet people's cultural, spiritual and recreational needs.

The manager addressed some of these issues during our inspection visit, but the systems to monitor the quality of the service had not been sufficiently robust to have identified or taken timely action on the areas for improvement we identified.

People told us that they felt safe and they were protected from the risk of infection.

Staff were caring, treated people with respect and promoted people's dignity and privacy.

People and their relatives knew how to raise concerns or complaints and were confident they would be listened to. The provider sought feedback from people, relatives and staff and used this to develop the service.

The service provided a wide range of activities for people that were meaningful to them and they could choose how they spent their time.

Staff received induction, training and supervision and felt supported in their roles.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection:

The service was registered on 8th May 2018 and this is their first inspection.

Why we inspected:

This was a planned inspection based on the timescale to inspect newly registered service.

Enforcement:

We have identified a breach of regulation in regard to good governance at this inspection. Please see the action we have asked the provider to take at the end of this report.

Follow up:

We will request an action plan for 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

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our well-Led findings below.

**Requires Improvement** ●

# High Meadows

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

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

The service had a new manager who had recently applied to register with the Care Quality Commission. The registered manager 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:

The inspection was unannounced.

#### What we did:

We used information the provider sent us in the Provider Information Return (PIR) to support our inspection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make.

During the inspection we spoke with four people who used the service, three friends or relatives, three care or nursing staff and the chef. We also spoke with the residential care manager, the deputy manager and a visiting healthcare professional. We observed people being supported to have lunch and taking part in communal activity sessions facilitated by an activities coordinator. We looked at the whole care plans for

three people and part of the care plans for another three people, personnel files for four staff and other records relating to the management of the service.

After the inspection we spoke with an adult social care professional involved with the service.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- The provider had arrangements in place to assess and record risks to people's safety and well-being. We saw various risk management plans in people's care records which covered risks associated with people's mobility, using bedrails and behaviour where this might challenge others. These assessments were reviewed and updated monthly.
- There were risk assessment templates to use for supporting people with their nutrition and skin integrity, but the actual risk assessments were not always in place. Assessments of these risks had been removed from people's digital care records in January 2019 in three of the five cases we looked at. This meant staff did not have up to date information about the risks these issues presented to people's safety and well-being or the action staff needed to take to reduce those risks. For example, one person's care records showed they had low weight and were not eating well. There was no up to date risk management plan for supporting them with their nutrition. One person had a pressure ulcer and another person had an ulcer that had healed, but there were no up to date skin integrity plans for how to manage these.
- We discussed the above with the manager who agreed these assessments should not have been discontinued. They said they would re-introduce these immediately and we saw evidence they had done so by the end of our inspection visits.
- The provider's digital care records systems did not always enable the recording of a risk management plan where a risk to people's safety has been identified as high, such as a risk of falls. The management team maintained separate risk management plans for these issues, so staff had appropriate information and guidance on how to support people to be safe.
- Staff carried out checks during each shift to ensure people were safe. These included checking people's bed rails, sensor mats and pressure relieving equipment. Maintenance staff completed assorted health and safety audits of the premises and equipment staff used. These audits included the kitchen, emergency lighting, water, gas and fire safety checks, mobility equipment inspections and environmental temperature monitoring. We saw action was taken to address issues identified by these audits.

Using medicines safely

- Medicines management was overall carried out safely. Staff had a good knowledge of the medicines they administered and confirmed the provider assessed their competency to provide the medicines support being asked of them.

- Protocols were in place to ensure people who were prescribed oral medicines to be given as required, received these appropriately. However, we noted protocols were not always in place where people were prescribed medicated cream or ointment to be given as required. This meant it was not always clear when and where on the person to administer these medicines. We discussed this with the manager and they agreed the protocols and clearer instructions to administer topical medicines needed to be in place. We saw they had done this by the end of our inspection visits.

- There were records of the amount of all medicines received by and managed in the home. Our random checks of the medicines support records showed the amounts of medicines recorded in stock were correct and confirmed people were receiving their medicines as prescribed. Staff maintained daily record of the amount of medicines to help staff monitor stock levels. Medicines records were audited monthly.

- Medicines, including controlled medicines, were stored appropriately and safely. Staff monitored the temperature of the clinical rooms and the medicines fridges to ensure medicines were stored safely in the right conditions.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person's relative told us, "Oh yeah, it's warm and safe."

- Staff we spoke with knew how to recognise and report safeguarding concerns. One nurse told us, "We are a voice for [the people using the service]." Staff felt confident managers would take concerns seriously and also knew how to raise concerns to statutory services. Training records showed all staff had completed adult safeguarding training.

- The provider had suitable safeguarding systems in place. Safeguarding concerns were reported, recorded, shared with the local authority appropriately, such as when a person with pre-existing pressure ulcers was admitted to the service.

- The management team promoted awareness of adult safeguarding by discussing this at regular meetings with people who used the service, in team meetings and in staff supervisions. The manager reported on adult safeguarding matters to the provider's directors on a weekly basis. This subject was a standing agenda item at the regular directors' meetings.

Staffing and recruitment

- There were enough staff to meet people's needs safely and effectively. People told us, "I'm not rushed at all" and "There's always enough time." We observed staff were available and attended to people's needs in a timely manner.

- Staff rotas indicated that safe staffing levels were being maintained. We noted that the planned rota for the week after our visit had been adjusted as some people had wanted to be supported to get up earlier. One person said, "You get reasonable continuity of staff" and a relative told us, "There are familiar [staff] faces, there doesn't appear to be lots of agency staff." This meant people were supported by staff they knew and could develop trusting relationships with.

- Recruitment records showed the provider completed necessary pre-employment checks so they only offered roles to suitable applicants. These included obtaining references from applicants' previous employers, criminal records checks with the Disclosure and Barring Service and ensuring nurses had valid registrations. The provider audited staff recruitment records every other month to make sure they were kept



up to date.

#### Preventing and controlling infection

- The provider had suitable arrangements in place to help control and prevent infections. There was an infection control lead in the home and regular infection control audits. There were adequate hand sanitisers in the home for staff and visitors to use. We saw supplies of gloves and aprons in various places throughout the home readily available for staff to use. Staff told us they always had enough supplies of these. They also told us people had their own slings and other moving and handling equipment when they needed support to use hoists to help them mobilise. This practice promoted infection prevention and control.
- Staff had received infection control and prevention training and could tell us how they promoted infection prevention in their daily practice.
- There were appropriate arrangements for the laundering of clothes to help prevent the spread of infection. Soiled clothes were appropriately segregated to be washed separately and the laundry facilities were clean and clearly organised to promote infection control.
- The provider followed required food safety standards and practices. The service had been awarded a Food Hygiene Rating of Four (Good) following an inspection by the London Borough of Hillingdon in August 2018. We saw the provider had acted on the requirements and recommendations set out by that inspection.

#### Learning lessons when things go wrong

- Staff recorded incidents and accidents and the actions taken in response to them. These records informed team meetings so lessons learned from them could be shared with staff. The management team audited incident records each month to identify any themes or other improvement actions that may need to be addressed. For example, these reviews had led to the service promoting greater awareness of when people may be experiencing a stroke. An overview of incidents was also reported to the directors regularly.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- A senior member of staff assessed people's needs before they moved to the service. Relatives told us they thought this was done well. The assessments were comprehensive and covered various aspects of people's care needs and included information about their preferences and wishes about how they wanted to receive their care. People and their relatives or representatives were encouraged to visit the home to decide if it was suitable for the person.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were competent to support them. One relative whose family member was staying at the home temporarily said, "I am confident in them, I'd be very happy to keep my [relative] here."
- Staff we spoke with were competent, knowledgeable and felt supported by the managers to develop. New staff had an induction and training when they started working at the home. Training included topics such as tissue viability, person-centred care planning, manual handling, data protection, dementia awareness and fire safety. Staff said the training was, "Helpful to do our job." Nurses were supported to maintain their professional registration.
- Staff received regular supervision which they found supportive and helpful for their development. Supervision included discussions about staff well-being, performance, health and safety and suggestions for developing the service. One member of staff said, "I know how to use supervision, it is a powerful thing."

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

- People and relatives said they could make choices about their meals and these were respected. One person told us, "[The staff] know how you like it" and another said, "[The food] is very good. Bearing in mind people have different needs, they try to cater for you. They ask you afterwards if you liked it." One relative told us, "I'm really impressed with the food. They have a wide choice every day. My [relative] is eating very well here."
- Staff and the chef were familiar with people's dietary needs and preferences, such as their allergies and specific diet requirements. These were also clearly recorded in people's care plans. People's choices were ascertained for each meal and where people could not make decisions about their meals, staff provided them with meals based on their recorded preferences and wishes. One person told us, "I'm very fussy. The chefs come and ask me. I get my choices."

- We observed mealtimes in both dining areas and saw people being suitably supported to eat in a relaxed and unhurried manner. We saw staff took the time to speak with people and respond to their queries appropriately when some had queries about their meals. The dining areas were prepared to appear inviting and convivial for people.

- We noted that a few people did not have a good appetite and were not eating very well. We saw they had been referred to the GP about this and people were prescribed supplements where this was necessary. We observed staff offering these to people to support them with their nutritional needs.

- People had access to drinks throughout the day. We saw staff regularly offering these to people. One person told us, "I can have a cup of tea at three in the afternoon or three in the morning."

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

- The home is purposely built and was well maintained at the time of the inspection. There were extensive grounds with lawn and shrubs that people could access and were accessible to wheelchair users. People had also personalised their bedrooms, so these provided a homely and familiar environment for them.

- The corridors were large and decorated with pictures of local places of interest. However, the units where people were living at the time of the inspection, were not specifically designed for people with dementia, although some people using the service were living with dementia. The corridors did not provide an optimal level of lighting and contrast to help people to orientate. The wall paper was the same colour and pattern in all areas of the corridors. There were little in terms of points of reference to support people to orientate themselves, to navigate along the corridors and to find their way. The doors and frames were all painted in the same colour. The manager told us the provider was reviewing how 'dementia-friendly' the environment was and planned to work with local dementia support agencies to identify how this could be improved. They also had plans to accommodate people living with dementia on a new unit specifically designed for people with dementia.

- The home had been adapted to meet the needs of people with poor mobility and was accessible to people who used wheelchairs. There were grab rails or handles in all bathrooms and toilets, including people's en-suite toilet and shower rooms. However, many toilets only had a single rail on one side or the other. This meant someone may find it difficult to use the toilets if they had a mobility impairment on the same side as the single rail and there was nothing to hold on the side where they had better mobility. We raised this issue with the deputy manager and they said they would review this. The manager told us the provider would install further rails when it was assessed that a person needed them.

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

- Care records contained information about people's healthcare needs and the support they required to meet these. The service had a GP attached to it. They visited weekly to review people who had been identified as needing this support. People's conditions were monitored so that staff had clear information to share with the GP to help make decisions about how to treat people. People we spoke with told us they were visited by the GP or knew they could ask to see them if they wanted to.

- The service worked with other healthcare professionals involved in people's care. People's care records showed they had been seen by a tissue viability nurse, a speech and language therapist, podiatrist, dentist and optician. The outcomes of these visits were recorded appropriately so staff had the information they needed to support people or to follow up any actions required.

- The provider worked with other agencies to provide effective care. For example, when there was a safeguarding concern we saw the provider worked in partnership with the relevant agencies to ensure issues were appropriately investigated and dealt with.

#### 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed staff asking people about their views and decisions about their care and support. People had been asked to consent to their care arrangements and the way they could give consent was clearly detailed in their care records. Mental capacity assessments were completed with people who could not give consent to different aspects of their care. There were clear records about the people who could be involved in making decisions about a person's care in their best interests.
- Where a relative had signed a person's care plans and records, we saw the provider had obtained evidence to show the relative had the legal authority to give consent on behalf of the person.
- Some people's planned care arrangements led to restrictions on their liberty, such as using bed rails or sensor mats which alerted staff to their movements. Care plan records showed people who could, had agreed to these arrangements. Where people lacked the mental capacity to consent to such restrictions, recorded decisions had been made to implement the planned care in the person's best interests.
- Records showed the provider had made applications for authorisation to the local authority when people's care arrangements deprived them of their liberty. The provider had worked to meet any conditions applied to those authorisations.
- Staff had completed training in the MCA and DoLS and understood their responsibilities under the Act.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were complimentary about the staff and said they treated them with kindness and respect. People's comments included, "You expect them to be polite and they are," "I get looked after very well," and "The staff are the loveliest people you can think of, so kind."
- We saw staff speaking with and supporting people in a caring and respectful manner. For example, staff chatting with people in a friendly way, staff making sure they crouched down to speak at people's eye level, giving people time to communicate and being attentive to people's requests. One person told us, "I find [the staff] all very approachable."
- Staff had received training in promoting equality and diversity in their work. Staff we spoke with explained how they respected people's religious and cultural beliefs and that information about these was recorded in people's care plans.
- People's assessments and care plans noted relationships that were important to people, which staff respected. The manager explained how they worked to promote an inclusive environment for people and staff, including LGBT+ awareness. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities.

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

- People were involved in decisions about their care and this was reflected in their care records. We saw staff give people opportunities to make decisions about their care and support throughout the day. People told us they were able to direct their care. One person said, "The manager said, 'It's your home you can have exactly what you want when you want.'" Another person said, "[The staff] have got used to what I like doing and the way I like it done."
- We saw staff give people opportunities to make decisions about their care and support throughout the day and informing people about what was happening. For example, staff reminding people of and respecting their meal choices, helping people to turn on a radio or television, and supporting to join or leave a group activity session.

Respecting and promoting people's privacy, dignity and independence

- Staff and care plans encouraged people's independence. One member of staff told us, "If you're doing too much for them you're not giving them independence, they want their independence. We still want them to enjoy their independence." We saw staff respecting people's wishes to do things for themselves.

- Staff respected people's dignity. Staff explained how they promoted privacy and dignity when providing personal care. We saw staff knocking on people's doors, asking people first if they could help them, and discretely helping people attend to personal care or toilet needs.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- People's care plans were detailed and clear about what staff needed to do to meet people's specific needs. The plans were developed with people or their relatives' involvement to ensure they reflected people's preferences and wishes about the way they wanted to receive their care.
- Care plans were reviewed monthly. These reviews were recorded, but we saw that the care plans were not always updated when there were changes about how to deliver care to meet people's needs. For example, where there had been a change of dressings for people's wounds or when the wounds had healed, this was not always reflected in people's care plans. However, daily progress notes showed people were receiving the care they needed. We discussed this with the manager who told us they would ensure the care plans were updated to reflect people's current care.
- Staff were aware of people's cultural and spiritual needs. People also enjoyed a range of activities in the home and the community and we saw evidence some of these activities were arranged based on people's interests and life histories. However, we found this information was not always represented in people's care records. We saw that care plans did not always contain clear information about the actions to take to meet people's cultural, spiritual and recreational needs. The manager told us they would improve the care plans so they more fully reflected supporting people with these needs.
- People's spiritual needs were promoted. For example, people were supported to attend church groups, there were hymn-singing sessions and a priest visited to offer mass. Religious and culturally significant days were celebrated, such as the Chinese New Year, Passover, Easter and assorted Saints days. A recent 'Residents' newsletter' indicated that trips to a local theatre and café were planned.
- Two coordinators arranged a weekly timetable of activities for people who used the service, with several taking place each day of the week. These included baking, quizzes, poetry, resident-led talks, yoga, a technology club, visiting entertainers, sensory sessions and seated keep fit exercises. We observed a singing and quiz session being facilitated by a coordinator, which people engaged in and appeared to enjoy. Some people had recently visited a local garden centre.
- The provider had signed up to the National Activity Providers Association's commitment to provide people with a choice of activities and opportunities for meaningful engagement. People told us they appreciated the activities. One person said, "[The staff] try very hard, I rate them." One visiting relative said, "I'm impressed that [the person] isn't just left sitting. I think they are stimulated. There is always something going on. I never find [the person] left in their room on their own."

#### Improving care quality in response to complaints or concerns

- There was an effective complaints handling system in place. Not everyone we spoke with could recall being given information by the provider about how to make a complaint. However, there was information about this on display in the home and people knew how to raise concerns.
- People told us when they had raised issues these had been responded to appropriately. People were confident their concerns would be listened to and addressed.

#### End of life care and support

- Staff had discussions with people and their relatives about how the person wanted to be cared for at the end of their life. Care plans and records reflected people's end of life wishes and preferences.
- The GP who visited the home regularly ascertained people's end of life care wishes and recorded these in an integrated plan, which they intended to share with the home. Where appropriate, 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) forms had been completed with the involvement of people or their relatives. Copies of these were available to share with other agencies if needed, such as when a person was transferred to hospital. This meant the provider was working with other healthcare professionals to promote dignified and comfortable end of life care for people.



# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improvement

- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements when needed. This system had not always been effective as it had not identified or taken timely action to address some of the areas for improvement we had identified.
- The quality monitoring system had not identified and addressed that risk assessments for some people's skin integrity and malnutrition issues had been discontinued since January 2019.
- The quality monitoring system had not identified and addressed that there were no protocols or instructions to staff in place for when and where to apply people's prescribed topical medicines when required.
- The monitoring system had not identified and addressed that some care plans were not updated when there were changes in people's care needs.
- The system had not identified and addressed that care plans did not always set out how people's cultural, spiritual and recreational needs could be met.

The above evidence demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's quality assurance checks included care plan audits, nominated individual visits, regular reviews by an external consultant and governance review meetings with the provider's directors. There was an action plan in place to address issues identified by these checks and we could see actions were being taken.
- People told us they were happy with their care and support. A relative said, "[The person] feels that they are living here as their own home now. I am very, very happy to hear that."
- Staff were positive about the service. Their comments included, "It's a lovely place. We're giving good care, I'm proud of that," and "I see the staff are very nice with the residents, there is a very good culture of work."

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility

- The service had a manager who had started work at the home in the month prior to our inspection. They had already worked at the home as the registered manager but had left in the previous year. This meant they were familiar with the service. People told us they knew the manager and had confidence in them.

- Staff we spoke with said they liked working for the provider and the management team. Staff said they appreciated the manager's experience and described them as "very supportive," "hands-on" and "very resourceful." The manager told us they sometimes worked on shift to provide care and support to people, which staff confirmed.

- The manager and deputy manager were qualified nurses, maintained their registrations with the Nursing and Midwifery Council and kept their training up to date. The manager had previously contacted other care and nursing home providers and attended local registered manager network meetings. This was to promote partnership working with other agencies and to help keep their professional practice and knowledge up to date.

- The provider consistently informed the Care Quality Commission of important events that happened in the service in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and their relatives had opportunities to provide feedback about the service. There were regular meetings for people who used the service, which were used to share information about activities, staffing and visiting healthcare professionals and to seek feedback about the service. Similarly, regular relatives' meetings kept people's families informed about and influenced service developments.

- Relatives told us they felt involved in the service and were kept informed about people's care and well-being. One relative said, "I definitely get information. The nurse in charge particularly always gives me an update [about the person using the service]."

- Some people we spoke with did not recall being asked formally for comments about the service. However, we saw a survey which had been completed in February 2019 and the feedback from people had been positive. Where people raised any concerns, we saw evidence that this was addressed. For example, people had asked for cutlery and crockery which was lighter and easier to use and the provider had responded to this request.

- The deputy manager conducted monthly meal-time observations to assess people's dining experiences and identify good practice and improvements. This initiative helped to make sure that understanding how people experienced the service could shape how the service could develop and improve.

- The service was looking to work in partnership with another care home and share outings and activities.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not always operating effective systems and processes to:</p> <ul style="list-style-type: none"><li>- Assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.</li><li>- Assess, monitor and mitigate the risks relating to the health safety and welfare of service users.</li><li>- Maintain accurate and complete records in respect of each service user.</li></ul> <p>Regulation 17(1), (2)(a), (b) and (c)</p>