

Mersey Care NHS Foundation Trust

Wavertree Bungalow

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wavertree Bungalow is a short stay service providing accommodation with nursing and personal care for up to five people in one adapted building.

The service provides care and support for autistic people and people with a learning disability who had been identified as benefiting from a short stay at the home. At the time of our inspection four people were using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

On the first day of our inspection, the system for reviewing and having oversight of the needs and risks to people staying at Wavertree Bungalow was ineffective. At the end of this inspection the registered manager and provider had ensured that risk assessments were now in place. There was an improvement in the assessing and monitoring of risks in people's care and support. There was also a series of improvements and upgrades being made to the environment.

However, there remained no overall assessment of the safety of the environment from the perspective of the people staying at the home. There remained some aspects of the environment that could pose a risk to people and parts of the garden and outdoor space were not safe for people to use. We highlighted these to the registered manager who ensured prompt actions were taken.

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

The systems in place for administering people's medication were not always safe.

There were enough suitably qualified and experienced staff available to meet people's needs safely. Staff knew people well and were knowledgeable about their needs.

We have made a recommendation about records.

Right Care:

Staff used assistive technology with the idea of helping people. However, some intrusions into people's privacy had not been considered.

We have made a recommendation regarding the use of assistive technology.

People were well treated and supported during their stay at Wavertree Bungalow. People were relaxed and comfortable and their family members told us they thought their family members were happy and well treated when staying at the home.

Staff members listened to people. Staff sought people's opinions and asked them questions throughout the day and made adjustments to the support provided based upon people's choices. This was done in a friendly and respectful manner. It was clear that people staying at Wavertree Bungalow were comfortable and interacted positively with the staff supporting them.

Right Culture:

The provider had not always ensured that the safety and quality of the service had been effectively assessed. There was also a lack of effective assessment of the experience of people staying at the home and people being able to do things they enjoyed and were meaningful to them.

We have made a recommendation about the design, décor and homeliness of the environment.

The registered manager was quite new to the service and had a positive impact on the culture within the home. They had made a series of improvements and had an ongoing improvement plan for the service.

The registered manager was encouraging continuous learning and improvements within the home and they had started working with stakeholders within this process. The registered manager was open and responsive to our feedback during the inspection process.

The provider has other services, such as hospitals where the primary focus is providing treatment. However, Wavertree Bungalow is a care home providing short term accommodation for autistic people and people with a learning disability, alongside personal care and if needed nursing care. Some of the terminology, parts of the environment and culture at the service used a medical model and did not always promote ordinary living.

We have made a recommendation about assessing the service using the principles of Right Support, Right Care, Right Culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was first registered with CQC in May 2016. This is the first inspection since the service changed its registration to that of a care home.

Why we inspected

This was a planned inspection as the service had not been inspected since the service registered as an adult social care location.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

At this inspection, we have identified breaches in relation to failings in how the provider monitored the safety of the service, a failure to ensure there was an effective system for the safe use of medicines; and a breach of good governance for the provider failing to monitor the quality and safety of the home.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 ●

Wavertree Bungalow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by three inspectors and two inspection managers. For one day a specialist advisor supported the inspection team.

Service and service type

Wavertree Bungalow is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wavertree Bungalow is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with three people who were staying at the home and 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 also spoke with two people's family members and eight members of staff including the registered manager. We also looked at 12 people's care records and a sample of medication records.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- On the first day of inspection, the system for reviewing and having oversight of the needs and risks to people staying at Wavertree Bungalow was ineffective. Risk assessments had not always been completed for areas of people's care and support where there was a known risk. Therefore, staff did not always have the most up to date guidance to enable them to keep people safe. Also, ongoing monitoring of risk was not always effective; for example, equipment used to help monitor health related risks was not kept in a working order. On the last day of inspection, the registered manager and provider had ensured that risk assessments were now in place. There was an improvement in the assessing and monitoring of risks in people's care and support; and systems were in place to ensure health monitoring equipment was in working order.
- On the first day of inspection some parts of the building were not suitably maintained or checked to make sure they were safe for people. On the last day of our inspection a series of checks and improvements had been made, improvement works had taken place and were ongoing, including plans in place to upgrade the kitchen and other facilities.
- However, there remained no overall assessment of the safety of the environment from the perspective of the people staying at the home. Some parts of the home's environment continued to pose a risk to people's health and safety including parts of the garden and outdoor space. These were discussed with the registered manager and they assured us prompt action would be taken to assess and mitigate these risks.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always ensured that monitoring of the safety of the service had taken place or been effective.

The provider took prompt action during the inspection process to mitigate risk to people.

- There was an effective system in place for ensuring that safety checks took place on other services and equipment used at the home. For example, checks on equipment used to help people stay safe in the event of an emergency, to monitor people's health and equipment used to help people move safely were regularly completed.

Using medicines safely

- The systems in place for administering people's medication were not always safe. Each person's medication was organised differently. Some people brought their medication with them, other people used stocks kept at the home and some people used a combination of the two.
- There were no records kept or counts taken of the stock of medicines stored at the home. This meant the

provider could not audit effectively and be assured that stocks of medication for people were correct, and whether people had received their prescribed medication. There was also a reliance on nurses anecdotally being aware of medicines that needed to be replenished.

- Medication records did not always accurately reflect prescribed medicines people arrived with at the start of their stay. One person's record did not show the date they arrived and the stock of one medicine was incorrect. Another person received one medicine from the home's stock which was not recorded on their own medicines record.
- One person's medicine had been administered and not recorded and a number of liquid medicines with a use by date had not been dated to show when they were first opened. Another person's medicated cream remained in the home despite the person not being there for a number of days, indicating that the system for medicines being checked in and out was not always effective.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always ensured there was a system in place for the safe management of people's medicines.

- The system for recording and administering emergency and controlled medicines was safe, a daily audit took place of these medicines. Medicines were stored safely.

Staffing and recruitment

- There were enough staff available to meet people's needs safely.
- At the time of the inspection three staff were providing care and support for four people. Overnight there were two staff supporting people. Staffing levels were increased where this was required to meet people's needs and keep them safe. People's family members told us they thought there were enough staff at Wavertree Bungalow to meet people's needs.
- Staffing rotas listed staff with the right skills and experience to meet people's needs, including nursing and care staff. Regular bank staff were called upon when needed to maintain safe staffing levels and consistency of care for people.
- Staff had been recruited safely using appropriate checks in line with the providers policies.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse.
- People staying at the home were comfortable and at ease with staff supporting them. People's family members told us they felt their relative was safe when staying at Wavertree Bungalow.
- Staff had received safeguarding training and were knowledgeable regarding safeguarding people from the risk of abuse and knew what steps they would take if they suspected a person was at risk of abuse. The provider had an on-call service that provided support and guidance for staff at all times.
- Allegations of abuse were referred to the appropriate local authority safeguarding teams.

Preventing and controlling infection

- We were overall assured with the measures in place to prevent and control the spread of infection.
- On the first day of inspection some areas of the home were not always clean. However, prior to our subsequent visits the registered manager had organised a "deep clean" and the refurbishment of some parts of the environment.
- On the last day of our inspection the home was clean, there was a housekeeping team working each morning to maintain the cleanliness and hygiene of the environment. The registered manager undertook a regular infection control assessment of the home's environment. People's relatives told us they thought the home was clean. One person's family member told us, "The place is always clean, its spot on."

- The providers policy was for staff to use approved face masks when providing care and support to people. Staff adhered to this policy. Staff also used appropriate additional PPE when providing personal care.
- People's relatives and friends were able to visit their relative staying at the home. Staff ensured visiting was carried out safely in line with the providers policy which was in line with government guidance. This helped to protect people's rights while helping them to remain as safe as possible.
- The provider had an appropriate infection prevention and control policy which was kept up to date in line with government guidance.

Learning lessons when things go wrong

- The provider had a system in place for recording accidents or incidents that took place at the home.
- Senior managers reviewed any accidents or incidents with a view to if possible, learning lessons, establishing a cause and reducing the likelihood of this happening again.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was not always obtained in line with law and guidance
- Staff made use of the Deprivation of Liberty Safeguards where a person lacked the capacity to consent to staying at the home.
- Staff used assistive technology with the idea of helping people. However, consideration had not always been given to the impact this had on the person's privacy. The use of assistive technology and ensuring this was the least restrictive option had not always been effectively assessed and planned for; and the process for ensuring that decisions made were in people's best interest had not always been followed.

We recommend consent for the use of assisted technology is obtained for people in line with the law and guidance.

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

- Parts of the service were not decorated and designed to meet people's needs.
- Many areas of the home had an institutional and clinical feel. Consideration had not been given to creating a homely and relaxing environment when completing recent refurbishments. For example; walls in communal areas were covered with multiple notice boards and information for staff, detracting from a homely environment.

We recommend the provider seek advice and guidance from a reputable source about adapting a suitable environment for people using the service.

- On the first day of inspection the environment was not meeting everybody's needs. There was just one open plan shared lounge and dining area. One person found this area too noisy and the only other option they had to get away from the noise was to use their bedroom. However, the person's bedroom only contained a bed with no sitting area. The lack of communal space meant people had limited choice of where they spent their time. This meant that the building would not suit everybody's needs if the compatibility of people temporarily living together was not considered. The registered manager assured us this was being assessed.

- The home was single storey with all facilities on one level and was designed to be accessible in all areas including most of the outside space. Staff told us that in good weather people enjoyed using the garden areas. There were integrated ceiling track hoists to help people move around the home safely and comfortably. New furniture has been ordered following feedback about some lounge furniture being uncomfortable.

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

- There was a process for making sure people's needs and choices would be met before coming to stay at the home. Usually people who used the service on multiple occasions were known to staff members; however, prior to each visit people and family members were consulted to make sure care plans remained current.

- On arrival a final check was completed using a series of assessments to determine if there were any changes in people's care and support needs. Care plans were updated to reflect any changes so that people received safe and effective care and support. There were plans in place to improve this process in focusing on people's likes, dislikes and choices.

Staff support: induction, training, skills and experience

- Staff had received a program of training that supported them to remain effective in their roles. The registered manager reviewed staff training to ensure it was up to date and appropriate.

- Staff spoke positively about the training and support they received. They told us that they received regular supervision with their line manager, along with team meetings which supported them to be effective in their roles and ensured they had an opportunity to raise any concerns.

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

- People told us they liked the meals, or they were "ok". People appeared to enjoy the food provided. We observed one mealtime when people were able to choose either the main meal or something else. People chose when they wanted to eat, one person chose to eat later on after others had eaten.

- Staff prepared food for people taking into account their preferences and dietary needs. Food shopping was arranged by staff based upon people's tastes and preferences. There was a variety of fresh, frozen and packaged food available for meals and packed lunches.

- Food was prepared and stored safely. People were provided with food that was safe for them to eat, information and guidelines for staff on people who had an adapted diet were readily available in the kitchen for staff preparing food.

- The kitchen was undergoing refurbishment, staff showed us the plans and told us this will enable them to increase the variety and quality of food provided.

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

- People were effectively supported with their ongoing health needs. The registered manager had a renewed focus on supporting people to access healthcare services and for monitoring people's health while they stayed at the home to spot any potentially unmet health needs. Nursing staff made observations and

effectively worked in partnership with other healthcare staff in monitoring people's health needs, when it was appropriate, and where it had been agreed.

- Staff worked in partnership with some people's family members to arrange assessments of people's changing health needs during their stay, especially if this was not possible at people's homes. For example, some people had been assessed by speech and language therapists and other healthcare staff. They worked alongside the nursing staff at the home to help ensure people's diets were safe and met their needs.
- Some people had stayed at the home for a period of assessment and rehabilitation following a stay in hospital. This had been agreed when it safely met people's needs and it was the person's preference not to remain in hospital.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 were well treated and supported during their stay at Wavertree Bungalow.
- People appeared relaxed and comfortable using the lounge area and seemed to enjoy each other's company. Staff were available to support people and engaged with them; but did not have an overbearing approach, they were ready to support people when needed.
- People's family members told us they thought their relative was happy and well treated when staying at the home. One person's family member said, "The staff are brilliant, there's only them that we trust [Name] with. [Name] has been going there for years, staff are more like friends. [Name] is relaxed there."
- Staff members knew what was important to people and how they wanted to be supported. They spoke positively about the people they supported and told us of the relationships they had built up with them over a number of years.

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

- Staff listened to people. Staff sought people's opinions and asked them questions throughout the day and made adjustments to the support provided based upon people's choices. This was done in a friendly and respectful manner. It was clear that people staying at Wavertree Bungalow were comfortable and interacted positively with the staff supporting them.
- Staff asked people about their wellbeing when they arrived at the home and took actions based upon people's feedback. Staff were knowledgeable about people and knew their preferences well; however, staff didn't make assumptions and were in the habit of engaging with people.

Respecting and promoting people's privacy, dignity and independence

- Staff interactions with people throughout the day were mainly positive. However, at mealtimes staff focused on tasks and did not always interact with people to involve them in making choices. For example, one staff member asked another staff member what a person wanted for dessert in front of the person without consulting with them. We fed this back to the registered manager.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Each person's care and support was planned to help ensure it met their needs and preferences.
- There was some confusion amongst staff regarding what level of support people required to remain safe and what needed to be recorded. Although staff were knowledgeable about people's support needs, some of the records kept at times were in contradiction with people's assessed care needs.

We recommend the provider reviews the system for determining the level of support people need to help them remain safe and review how this is recorded.

- People's care plans contained information about their preferred routines and things of importance to them... For example, preferred routines such as when they liked to go to bed and details such as people's favourite radio stations they like to listen to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- An assessment of people's communication needs, and style was completed as part of the care planning process. Staff understood people's communication style and ensured they adapted their approach to meet each person's needs.

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

- The registered manager described the service as being for short breaks based within the home and grounds; short breaks typically ranged from one night up to one week. Staff at Wavertree Bungalow did not usually support people to go out during the day; however, many people continued with their usual routines during the week whilst staying at Wavertree Bungalow.
- On the first day of inspection we noted there was a lack of meaningful activities that met people's needs and preferences. People mostly watched television in a shared lounge area. However, when we returned there had been an increased focus on staff providing people with a more stimulating and engaging environment. The registered manager told us that there was now a focus on developing people's experience

whilst staying at the home. There were further improvements planned and a series of dates set with occupational therapists to assess everyone's needs and an activity diary was being put in place for each person to help ensure people spent time doing things they enjoyed.

- Family member told us their relative was engaged with staff during their stay. One person's family member told us, "Staff play games with [Name], he watches TV... [Name] always has a big smile on his face when we pick him up." Staff members were positive about recent sensory activities that had been made available to people at the home.

Improving care quality in response to complaints or concerns

- The registered manager and staff members had been responsive to any concerns or complaints raised with them and when necessary had alerted external stakeholders to these complaints. Concerns raised had been recorded along with any outcome and learning from the concern.
- People's family members told us they had the opportunity to give feedback about the service and would go directly to staff members if they needed to raise anything.

End of life care and support

- Staff had the necessary knowledge, skills and support in place to provide people with end of life care if it was appropriate and the home was their chosen place. The registered manager told us the provider had the relevant policies in place and an individualised end of life care plan would be put in place for each person, to ensure as much as possible their needs and preferences were met, should this be needed.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not always support the delivery of high-quality, person-centred care.

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

- The provider had not always ensured the safety and quality of the service had been effectively assessed. On the first day of inspection risks to people had not always been assessed and regularly reviewed. The providers governance systems had not been effective in highlighting areas of potential risk.
- The providers quality monitoring systems also failed to identify and mitigate risk in relation to the recording of medication stocks, cleanliness, upkeep and safety of areas within the home's environment. There was also a failure to carry out an effective assessment of the experience of people staying at the home and people being able to do things they enjoyed and were meaningful to them.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider and registered manager had not effectively monitored all key aspects of the safety and quality of the service being provided.

The provider and registered manager were responsive to concerns raised at the time of the inspection. They had made some immediate improvements and had detailed plans in place for further improvements.

- The registered manager also informally assessed the quality of the service by spending time with people at the home and having conversations with people's family members. The registered manager told us it was an important indicator of quality that "people like coming back."
- The registered manager had put in place team meetings which helped ensure learning and information was shared across the staff team. Recent team meetings had shared important information regarding people's changing health and support needs and what actions had been and are being taken.
- The registered manager told us that the service had re-established the characteristics of the people they are best placed to provide care and support for along with the aims of the service.

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

- The registered manager was quite new to the service and had a positive impact on the culture within the home. They had made a series of improvements and had an ongoing improvement plan for the service. Staff members were very positive about the registered manager, the improvements being made and how the registered manager engaged positively with the staff team. One staff member described a "better feeling in the building."

- The registered manager told us they were working on establishing with people using the service and other stakeholders what the service was good at providing and what they wanted to achieve in the future. There was a planned focus on supporting people with their health needs. This was done through spending time with people during their stay to monitor and assess their health and working in partnership with health professionals in supporting people to achieve good health outcomes. This was to help tackle health inequalities that are at times experienced by people with a learning disability.
- A number of people had achieved positive outcomes from the monitoring of their health and the support they had received whilst staying at the home. The registered manager told us they had started the process of auditing people's care plans as a way of measuring outcomes for people.
- People's family members were positive about the culture within the service. One person's family member described Wavertree Bungalow as, "One of those places we couldn't do without." Another family member told us the home and support provided was "excellent".
- The provider has other services, such as hospitals where the primary focus is providing treatment. However, Wavertree Bungalow is a care home providing short term accommodation for autistic people and people with a learning disability, alongside personal care and if needed nursing care. Some of the terminology, parts of the environment and culture at the service used a medical model and did not always promote ordinary living. For example, people leaving the home were spoken of as being "discharged" and the bedrooms as being a "ward".

We recommend the provider assess the service using the principles of Right Support, Right Care, Right Culture, the CQC's guidance when providing support for autistic people and people with a learning disability.

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

- The registered manager told us that they and other senior staff spend time with people staying at the home, to capture their thoughts and feedback about the service being provided.
- The registered manager sought increased feedback from people's relatives using email, post and had held the first of a series of family meetings. People's family members told us the registered manager and staff were responsive to their feedback. One relative told us, "We can approach the new manager or any of the staff... they are happy to sit down and listen to feedback."
- The provider and registered manager had arranged for staff planning and development days; to involve staff members in the development and improvement of 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

- The provider and registered manager understood their responsibilities under the duty of candour. The provider and registered manager were candid, and they had shared information as appropriate with stakeholders in an open manner.

Continuous learning and improving care; working in partnership with others

- The registered manager was encouraging continuous learning and improvements within the home and they had started working with stakeholders within this process. The registered manager was open and responsive to our feedback during the inspection process.
- Staff were knowledgeable regarding how to report and document learning from any accidents and incidents. Staff members also worked in partnership with other healthcare professionals in using learning to maximise the opportunities for people to be as healthy as possible.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had not always ensured that monitoring of the safety of the service had taken place or been effective.</p> <p>The provider had not always ensured there was a system in place for the safe management of people's medicines.</p>

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	The provider and registered manager had not effectively monitored all key aspects of the safety and quality of the service being provided.