

# Care UK Community Partnerships Ltd

## Ogilvy Court

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

About the service: Ogilvy Court is a care home that provides personal and nursing care for up to 56 people. At the time of the inspection there were 53 people using the service. Accommodation was provided across two floors, with communal areas located on each floor.

People's experience of using this service:

At the time of the inspection there were six people with learning disabilities who were receiving care and support at Ogilvy Court. The service had provided a service to a small number of people with learning disabilities for several years, many of whom had other needs including dementia. The care home had been registered before Registering the Right Support and other best practice guidance had been developed. Registering the Right Support guidance focuses on values that include choice, inclusion and the promotion of people's independence so that people living with learning disabilities and/or autism can live a life as ordinary as any other citizen.

The service is larger than current best practice guidance. However, the people living with learning disabilities received care and support in small unit sharing communal facilities with other people using the service. The registered manager informed us they were aware of the principles of what constitutes good quality care for all people with a learning disability and/or autism and would not admit anyone to the service if it was not suitable for them. They told us people were supported by staff who knew them well. A registered learning disability nurse was employed by the service. They provided staff with support in meeting the needs of people living with learning disabilities.

Some people's specific needs including personalised mental health needs were not detailed in their care plans. Staff had also not received training in those areas. Therefore, staff might not have the information and knowledge they needed to provide people with effective and responsive personalised care and support.

Several people spent long periods in bed, some not getting out of bed. Some people's care plans did not include details about why people remained in bed. There was little that indicated the service had a culture of rehabilitation in supporting people to maintain and develop their mobility.

Systems were in place to assess and monitor the safety of the environment. Risks to the health and wellbeing of people were regularly assessed. Guidance to minimise these risks and keep people safe was in place. Regular health and safety audits including fire safety checks were carried out. However, we found on two occasions staff did not follow safe moving and handling practice.

People's nutritional needs were assessed and monitored. People were offered a choice of two main meals. The menu did not include details of the alternative options such as vegetarian and cultural meals. Some people waited sometime for their meals.

Staff knew how to recognise and report any concerns they had about people's welfare. The home was clean and safely maintained.

People were supported to have the relationships that they wanted with family and friends.

People had access to a range of healthcare services.

The provider recruited staff carefully to ensure that staff were suitable for their role. Staffing numbers and skill mix were flexible to ensure that people's needs were met by the service.

People were supported to have maximum 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. Staff knew that when people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) needed to be followed.

Systems were in place to assess and monitor the quality and delivery of care to people and drive improvement. However, the shortfalls we identified had not been found by the service.

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

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to shortfalls in the identification and provision of some aspects of personalised care. Details of action we have asked the provider to take can be found at the end of this report.

We also made two recommendations. The first recommendation was in relation to improving people's dining experience. The second was in relation to strengthening the auditing processes.

Rating at last inspection: Good. The report was published in April 2017.

Why we inspected: This was a planned inspection based on the previous rating .

We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full 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 not always effective

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

**Requires Improvement** ●

# Ogilvy Court

## 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 team consisted of 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:** Ogilvy Court is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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 was a comprehensive inspection, which was undertaken during one day on the 29 and 31 May 2019. The first day of the inspection was unannounced.

#### What we did:

Before the inspection we looked at information we held about the service. This information included the last inspection report and statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The registered manager had comprehensively completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this and all other information we had about the service to plan our inspection.

During the inspection, we spoke with the registered manager, clinical lead, regional director, regional hotel services manager, three nurses, two team leaders, a cook, two care workers, eight people using the service and seven people's relatives. Following the inspection, we spoke with eight people's relatives, and received feedback from three social care professionals.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of seven people using the service, four staff employment records, staff training records and a range of quality monitoring records.

# 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.

At our last inspection we rated this question as requires improvement. This was because we identified concerns in relation to bedrails. Some people had been at risk of harm due to bedrails having been left attached to people's beds despite not requiring them. During this inspection we found no similar concerns. However, this area remains rated as requires improvement due to shortfalls found to do with unsafe moving and handling practices.

### Assessing risk, safety monitoring and management

- We observed on two occasions that staff did not apply the brakes on two people's wheelchairs when assisting them with transferring from a hoist. This put people at risk of harm due to the wheelchairs not remaining still during transfer. During the inspection the registered manager promptly spoke with the staff who had carried out the unsafe transfers about moving people safely. Following the inspection, the registered manager told us she had communicated with all staff about the importance of following safe moving and handling guidance. The registered manager informed us that spot monitoring checks of staff providing people with assistance with moving were being carried out.
- Risks to people's safety were assessed. Risk assessments included risks of people falling and being unable to use a call bell. Risk assessments were reviewed regularly and included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed.
- Service checks of gas, electrical and fire safety systems and a range of other safety checks were carried out. Each person using the service had personal emergency evacuation plan which included details of the support that they needed from staff to leave the premises in an emergency. Fire drills were carried out regularly so that staff and people using the service were familiar with fire safety procedures.
- Equipment such as sensor mats helped to ensure staff were able to keep people safe by responding promptly when they got out of bed.

### Using medicines safely

- The service had a policy in place which covered the recording and safe administration of medicines.
- The service had recently introduced an electronic system for recording administered medicines. The registered manager told us that this method was working well and enabled her to check by electronic means at any time, that people had received their medicines as prescribed. They informed us, that since starting the electronic medicine administration system there had been no medicine errors.
- Nurses and team leaders administered medicines. These staff received medicines training and had their competence to administer people's medicines safely assessed. We saw people received the support they needed with their medicines. A person using the service told us they received their medicines at the right time.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to safeguard people from abuse. Staff had completed safeguarding training and knew what action they needed to take if they witnessed or suspected abuse.
- The service had a whistleblowing policy. Staff knew that they needed to report poor practice from staff or any other concerns to do with the service.
- People's monies were managed appropriately and safely.

Staffing and recruitment

- Staff employment records showed that appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. The service had policies and procedures to support this process.
- Staff told us they felt that there were enough numbers of staff to safely meet people's needs, but they said that when they were busy they could do with more staff. One member of staff told us that in response to feedback from staff and review of people's dependency, extra staffing had been provided in one unit of the service. During the inspection people's call bells were answered promptly. One person's relative felt that more staff would benefit people's social needs. They told us, "There need to be more staff as people need to be stimulated."

Preventing and controlling infection

- Systems were in place to minimise the risk of infection. The home was clean and free from unpleasant odours. Regular checks of the cleanliness of the environment were carried out.
- Staff had received training in infection prevention and control. Protective clothing, including disposable gloves, were available to staff. Staff used these when assisting people with personal care, and some other tasks.

Learning lessons when things go wrong

- The service had systems to make improvements when things went wrong. Policies and procedures were in place to ensure that accidents and incidents were responded to appropriately. Appropriate action had been taken in response to incidents and accidents and to minimise the risk of them recurring.
- The registered manager told us about the importance of learning from when things go wrong. Staff meetings and supervision sessions were used to ensure lessons learned from incidents, accidents or safeguarding alerts were shared across the team. For example, the registered manager told us that in response to finding a unit office door left open, a keypad had been fitted to ensure records were always safe and secure.



# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before they were admitted to the home. Some people lived with mental health, dementia or learning disability needs. Their care plans did not include detailed personalised guidance about how staff should manage those needs to deliver effective personalised care. For example, two people who had mental health needs did not have care plans that included guidance to help staff support each person to manage the symptoms and risks of their mental health conditions. Their care records included general statements such as, 'hears voices' or 'is schizophrenic'. However, these did not include details that provided an insight into the person's lived experience, impact or potential risks associated with their conditions and symptoms. Another person's care plan included details about symptoms of their mental health condition. These included refusing to eat at times, declining social interaction, and not wanting to wash or allowing staff to check their skin. The person's care records did not include details that reflected the risks of these needs and behaviour, or of how staff could provide support to reduce them. We discussed this with the registered manager who told us that people's care plans would be reviewed, improved and more personalised.

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

- Several people remained in their bedrooms, some in bed all the time. People were described by the service as 'bed bound'. This did not encourage a culture of rehabilitation. It was not always clear from people's care records why people did not get out of bed. One person was not seen out of bed during the two days of the inspection. This person's care plan described them as being bed bound 'most of the time' due to receiving a specialist feeding regime, but it was not clear from the care plan why this prevented the person from getting out of bed. People spending long periods in their rooms, with often little to do could increase their risk of social isolation and have a negative impact on the well-being.
- This issue was discussed with the registered manager. They informed us that some people were spending their time in bed due to difficulties in maintaining a safe position of their body when out of bed. They told us that following assessment one person was going to receive a specialist chair, so they could sit safely out of bed. Following the inspection, the registered manager told us a GP had been asked to review people's mobility needs and when needed refer people for an occupational and/or physiotherapy assessment. The registered manager told us the care plans of people with mobility needs would all be reviewed.
- The lack of supportive chairs prevented people with poor sitting ability to get out of bed. One member of staff told us, 'Where relatives purchase chairs for their loved ones staff are able to get people out of bed.' One person told us, 'I haven't had physio yet. [I've] been here two months.' People's relatives spoke of concerns about people being in bed for significant periods of time. They told us that on occasions they had

visited the service midday and early afternoon and found their relatives still in bed. We noted from records that a formal complaint had been made about a person having been found still in bed after lunch. This complaint had been appropriately addressed.

- We didn't see many people walking independently or with mobility aids. On occasions we heard staff telling people to sit down when they stood up from their chairs in a communal lounge. This did not encourage people's mobility and a healthy lifestyle.
- People's had pressure relieving equipment in place and their skin condition was monitored. Risk assessments were in place to minimise the risk of pressure ulcers.
- People accessed community healthcare services including dietitians, speech and language therapists, tissue viability nurses and chiropodists when needed.

The lack of detailed personalised care plans about people's mental health needs and support to improve people's mobility were a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff support: induction, training, skills and experience

- Training included the provider's mandatory training, which included, care planning, diabetes, dementia awareness and equality and diversity. Training in palliative care and epilepsy had also been provided. Staff told us that they would benefit from having specific training about mental health, learning disabilities and in providing positive behavioural support when caring for people who at times challenged the service. One member of staff spoke of the difficulties staff encountered when providing care to one person whose behaviour was at times difficult to manage. Following the inspection, the registered manager told us that some staff had attended behaviour training organised by the host local authority. They informed us that they would ensure that all staff received similar training and training about supporting people who lived with mental health needs. The registered manager told us that a registered learning disability nurse provided "coaching" sessions with staff about understanding and supporting people who lived with learning disabilities. They told us that these sessions would be recorded so the learning could be monitored effectively.
- All new staff completed an induction, which included learning about the service and their roles, so they were prepared to carry out their duties effectively and safely.
- Staff were provided with regular supervision on both a group and individual basis. This provided them with an opportunity to discuss the needs of people who used the service and share best practice.
- Nurses spoke about the learning and training that they received which ensured they had the knowledge and skills to meet people's nursing needs and maintain their nurse registration.

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

- People's nutritional needs were assessed and monitored. Snacks were available at any time. For example, when one person had been restless during the night staff had given them a drink and a snack, which had settled them. People could help themselves to snacks which were found in some communal areas. However, we noted there was no signage to indicate to people that they could help themselves to them. Staff quickly addressed this by displaying signs
- Some people waited a while before they received their meal. For example, lunch started at 12.30pm and one person was still waiting for their meal to be served at 1pm. Also, two people were not served at the same time as the others sitting at their dining tables. One person indicated they were very anxious waiting for their meal whilst seeing the other person eat. A person's relative told us that the person often waited a significant length of time before they received their lunch.
- When some people were served their meal, staff did not describe the meal to them. Describing the meals

could benefit people particularly those living with dementia who might find it difficult to recognise what the foods were.

- There were written menus on the dining tables. These menus included some small pictures of foods which did not correspond with the meals of the day. The menu indicated that there were vegetarian and other options available. However, there were no details about what those were, so it was difficult for people to make another choice. We did not see people receiving a variety of meals including those that met people's cultural dietary preferences. The kitchen did not keep records that demonstrated they were providing meals that met people's individual choices and preferences. Comments from people's relatives included, "The whole time I have been here never seen rice always been potatoes, veg and meat" and "No noodles, no curries mainly English food roast and stews."

- During lunchtime we saw people were shown plates of the two main meals and they chose the one that they wanted. They were not shown examples of any alternative options. People were not always offered a choice of drinks. For example, during one lunchtime people were given one flavour of squash and no other choice. There was also loud music played in one dining area, which made it difficult to speak with people during lunchtime. We did not hear staff asking people if they wanted the music on or whether they had a preference regarding the music played.

These issues were discussed with the registered manager and regional director. They told us that they would look into how improvements to people's dining experience could be made.

We recommend the provider seek advice and guidance from a reputable source to improve people's dining experience.

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

- The premises were accessible to people who had mobility needs. People's bedrooms were personalised with items and furnishings of their choice.

- Several areas of the service had been redecorated since the last inspection and some windows replaced. Blue and white plates helped make food stand out visually for people living with dementia. The registered manager spoke of the plans and ideas that she had to improve and develop the environment to benefit people living with dementia.

- The garden area had seating but lacked plants and items to make the area more attractive to people. We spoke with the registered manager about this, and on the second day of the inspection action had been taken to make the area more pleasing for people.

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.

- Care support plans included information about people's capacity to make decisions, and communication needs. Where necessary, best interest meetings had been held which included professionals and significant

others.

- People told us that staff asked for their agreement before helping them. One member of staff told us that one person sometimes refused support with their personal care. They told us that staff asked the person again later, who then mostly consented to receiving support.
- The registered manager had submitted DoLS applications to the local authority when people were unable to consent to their care and treatment in the home.

# 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

- Staff engaged with people in a friendly and respectful way. One member of staff told us, "We are here to care for fragile people. I care for them as I would for mum and dad." Comments from people's relatives included, "I am happy. Staff are good," and "Staff are really friendly."
- Staff were aware of the family and other relationships people had. They had a good understanding of the importance of understanding and respecting people's differences. Records indicated that representatives of religious faiths regularly visited the service. Festive occasions and people's birthdays were celebrated by the service. A member of staff spoke of the importance of "knowing about people's cultures and treating people equally." However, there was little detail about people's cultural and other diversity needs in their care records and how these needs should be supported. The registered manager told us they would ensure this was addressed.
- Details of people's preferences were included in their care records. These included whether the person had a preference regarding the gender of the care worker who assisted them with their personal care needs.

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

- People had the opportunity to take part in resident and relatives' meetings. These meetings helped keep people informed of forthcoming events and gave them the opportunity to be consulted and make suggestions.
- People's relatives told us they were involved in decisions about people's care and were kept informed about any changes in people's needs. A person's relative told us, "They ring and tell us how [person] is doing."
- Staff told us they always involved people in making decisions about their care where possible.
- A satisfaction survey in 2018 indicated that people found staff to be kind and they received the care they needed.

Respecting and promoting people's privacy, dignity and independence

- During the inspection, staff supported people in a manner that maintained their dignity. A care worker told us that it was important to, "respect everyone."
- People's care records and other personal information were stored securely.
- One person's independence had been supported by staff. Staff had provided the person with the opportunity to lay dining tables and help staff to tidy cupboards.
- One person told us that a path in the garden was uneven and had been informed that people needed to be supported by staff to access the garden. This did not support people's independence and promote access to the garden. The registered manager told us that there were plans to repair the path.

## Is the service responsive?

### Our findings

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

People's needs were not always met.

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

- People's care plans contained some information about their life experience. The registered manager spoke about the importance of understanding people's background and interests. They told us about one person who had worked as a security guard. The person had been provided with a uniform and had spent time supervised by staff in the reception area watching people entering and leaving the service. The home had recently held a careers day where people had indicated they had enjoyed dressing up in uniforms and clothes that depicted their past working lives.
- Records showed people had the opportunity to engage in some activities. Activities included; pet therapy, quizzes, baking sessions and recently several people had listened to an opera singing music session. One person using the service told us, "There is plenty to do." We saw several people who looked like they were enjoying a music session. Some people danced to the music.
- People's relatives told us that they would like staff to support people to access the garden regularly.

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.

- All apart from two people could speak and communicated their needs verbally. Information and guidance about each person's communication needs were included in their care plans. Some information about people and the service was in picture format. This included people's health passport information, the service 'welcome pack' and newsletters. Staff used pictures, observed people's facial expressions and gestures to help them communicate with people who were unable to speak. Pain assessments included guidance to help staff identify when people with communication needs were experiencing pain. One person used their personal electronic tablet for entertainment and to support their communication needs. The registered manager told us that they had asked the provider to consider supplying the service with some electronic tablets to support people's communication and social needs more effectively
- One person spoke in their birth language but understood some English. Most staff knew only one or two words of the language so had difficulty at times communicating with the person. We discussed the communication needs of the person with the registered manager. Following the inspection, the registered manager told us that a list of phrases and words in the person's birth language had been completed which staff could learn and/or refer to, to help them communicate with the person. Despite language needs the person was independently mobile and fully engaged in social activities with people and staff.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to contact if they had a complaint. One person's relative told us that they would speak with the registered manager. Another relative told us, "I would speak up if I had a

concern."

- Records showed that complaints had been taken seriously and addressed.
- People's relatives told us that there had been issues to do with people's clothes going missing and laundered clothes having been returned to the wrong person. However, these issues had been resolved quickly and had not occurred again. The relative told us, "Since that issue they [staff] are [now] doing a wonderful job. I appreciate what they do". The registered manager told us about steps that they had taken to improve the laundry service and of further improvements planned.

#### End of life care and support

- The service provided people with end of life care and support. People's end of life wishes included practical needs such as funeral arrangements and contacting people's relatives. However, the details of ways to support the person's comfort, well-being, environment, and spiritual needs were not explored in people's care plans. The registered manager told us that people's end of life care plans would be reviewed and developed with people and their relatives to include this information.
- A local hospice had provided training, advice and support to the service. The registered manager informed us that since receiving the support and training from the hospice more people benefitted from planned end of life care within the home rather than in hospital.
- The registered manager spoke of one person who had recently received end of life care. They told us that the service had engaged closely with the person and the person's relatives whilst providing end of life care. This resulted in the person being cared for in the home at the end of their life, which was in accordance with their wishes.
- The registered manager told us that several people using the service had signed up to Coordinate My Care (CMC) which meant that their end of life wishes were shared with all the healthcare professionals who might treat them.

# 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

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care;

- The service carried out a range of checks of the service to ensure care provided was safe and effective. However, quality assurance systems had not picked up some of the issues identified at this inspection. These included lack of personalised care plans and support staff provided to people with mental health and/or mobility needs. Other matters included incorrect moving and handling practice, deficiencies in people's meal experience and staff training to meet people's specific needs. These had not been picked up by the service during their checks.
- However, the registered manager was very responsive to our feedback and made improvements to the service quickly. Since the last inspection regular quality assurance meetings with representatives from all areas of the service discussed issues and how these were addressed, and lessons learnt.
- Improvements had been made to the décor within the service.
- The registered manager was responsive in carrying out coaching sessions for staff when improvements were found to be needed in areas of their practice. The registered manager told us that there had been a recent session with nurses where the importance of recording all incidents was discussed.

We recommend the provider seeks advice and guidance from a reputable source to strengthen the auditing processes.

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

- Staff knew their responsibilities in being open and speaking up when needed. They confirmed that they would always report any occurrences of poor care.
- The registered manager was aware of the importance of taking responsibility when things go wrong and ensured deficiencies were quickly put right. They knew when they needed to report notifiable incidents to us.
- Social care professionals told us that there was good communication with the service about people using the service.

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

- All the staff we spoke with were clear about their roles and responsibilities. The registered manager ensured that staff performance was monitored, and supported through regular supervision, appraisal and staff meetings.
- Staff told us the registered manager was approachable. They commented, "We go to her anytime. She is



very open. She listens, we go to her if we have ideas" and "I am very happy with this manager, she is very supportive'.

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

- Systems were in place to gather feedback from people, their relatives and staff. These included regular surveys and the opportunity to participate in regular meetings. During those meetings people were updated about the service and had an opportunity to raise any issues. One person's relative told us they appreciated that the last meeting had been held on a Saturday when it was easier for them to attend. Records showed that people's individual wishes raised during residents' meetings had been addressed. For example, the service had assisted one person to access a method of community transport which promoted their independence.
- At the time of the inspection the service was in the process of gathering staff and people's feedback about the service from questionnaires. Records showed that the service had been responsive in recruiting an activities coordinator in response to people's feedback in 2018.
- The registered manager had an "open door" policy. One person's relative told us they were aware that they could speak with the registered manager and other senior staff at any time. Regular newsletters helped keep people informed about the service and of forthcoming activities. A person's relative told us, "I can talk to [registered manager] any time."
- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People who use services did not always receive appropriate personalised care that met their individual needs and supported their well-being. Regulation 9 (1) (3)