

HC-One Limited

Alexander Court (Sheffield)

Inspection report

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Sheffield
South Yorkshire
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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:

Alexander Court (Sheffield) is a care home that provides accommodation for people who require personal or nursing care. The home can accommodate up to 60 people. At the time of this inspection there were 42 people using the service.

People's experience of using this service:

The service had improved since the last inspection.

There were enough staff deployed to keep people safe and meet their needs. However, some staff recruitment records did not contain all the information required by regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; fit and proper persons employed.

Risks to people were assessed and kept under review. This supported people to remain safe. Staff were aware of their responsibility to safeguard people from the risk of abuse. People received their medicines as prescribed from trained and competent staff.

Staff were trained, supervised and supported by the management of the service. People told us they thought staff had the right skills to care for them. Staff supported people to meet their nutritional and hydration needs and they worked closely with health professionals to achieve good outcomes for people. We have made a recommendation about the support given to people at meal times.

Most staff knew people well and we observed staff interacted with people in a positive, friendly and respectful manner. People's care records were person-centred and supported staff to provide personalised care to people. Most people told us staff were kind and caring. Relatives raised no concerns about how their family member was treated.

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. People were involved in reviews of their care so their choices and preferences could be recorded and acted upon.

People and their relatives knew how to complain. Complaints had been appropriately recorded and acted upon.

A range of activities were on offer to people, however people told us they would like more to choose from. We have made a recommendation about the involvement of care staff with the activity provision in the service.

A new manager had recently started working at the service. Without exception we received positive feedback about the manager and the way the service was run. People, relatives and staff all told us the

service had made improvements since the last inspection and we found this to be the case.

The provider, manager and senior staff completed a range of audits and checks on the quality of the service. A home improvement plan was reviewed and updated weekly to ensure the service continued to improve. However, we found further improvements were required to the provider's systems and processes to ensure compliance with all regulations.

More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 21 September 2018). We identified the service was in breach of six regulations: regulation 10, dignity and respect; regulation 11, need for consent; regulation 12, safe care and treatment; regulation 14, meeting nutritional and hydration needs; regulation 17, good governance; and regulation 18, staffing.

Following the last inspection, we asked the provider to send us an action plan to show what they would do and by when to improve the rating to at least good. At this inspection, we checked whether the provider had complied with their action plan. We found improvements had been made to the service and it was no longer in breach of the six regulations identified at the last inspection. We identified a new breach of regulation 19; fit and proper persons employed.

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Enforcement:

Please see the 'action we have told the provider to take' section at the end of the full report.

Follow up:

We will continue to monitor the intelligence we receive about this service until we return to visit as part of our re-inspection programme for those services rated requires improvement. If any concerning information is received we may inspect sooner.

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

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 ●

Alexander Court (Sheffield)

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:

This inspection was completed by two inspectors, an assistant inspector 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. The Expert by Experience had experience in caring for older people and people living with dementia.

Service and service type:

Alexander Court (Sheffield) is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Alexander Court (Sheffield) provides accommodation and personal or nursing care for up to 60 people with a range of support needs, including people living with dementia, in an adapted building over two floors.

This service is required to have a manager registered with CQC. If a manager is registered with CQC, this means both the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection, a new manager had recently started working at the service and had applied for registration with CQC.

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed the information we had received about the service since the last

inspection, such as feedback from people and their relatives and information from the provider. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at Alexander Court (Sheffield). We also contacted Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During this inspection we spoke with five people living at Alexander Court (Sheffield) and 11 of their relatives. We spoke with 10 members of staff which included the manager, care assistants, and a range of other ancillary staff. We spoke with the provider's area quality director who was visiting the service on the day of this inspection. We also spoke with three community health professionals who were visiting Alexander Court (Sheffield), to obtain their views about the service.

We looked at four people's care records. We checked 11 medication administration records and three staff files which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

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

Requires improvement: 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.

Staffing and recruitment:

- At the last inspection we found there were not enough staff deployed to meet people's needs in a timely manner. Call bells were not answered quickly, there were not enough staff available to support people in communal areas and people experienced delays in receiving support with their meals. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; staffing. At this inspection we found improvements had been made and the service was no longer in breach of regulation 18.
- There were enough staff on shift to keep people safe. Staffing levels were calculated by using the assessed dependency levels of people using the service. People's dependency levels were recalculated at appropriate intervals.
- Some people living in the home and some relatives told us they thought there should be more staff on each shift. One person said, "I sometimes have to wait when I press the buzzer". Another person said, "They're a bit short staffed." Other people and relatives raised no concerns about staffing levels. Staff told us they felt they had enough time to care for each person appropriately.
- We observed staff were available to meet people's needs in a timely manner throughout the day, including during the lunch service. We checked the call bell monitoring system and found call bells were usually answered very promptly. The manager monitored staff response times and used this information to help assess whether there were enough staff on shift.
- Agency staff were being used by the service, however the manager told us they used regular agency workers who were familiar with the people using the service. A visiting health professional confirmed the service regularly used the same agency nurses and noted this helped the service to provide consistent care.
- We checked the provider's recruitment records to see if staff were employed using safe recruitment practices, to make sure they were suitable to work at the service. We found staff were subject to a range of checks before they were employed and this supported the provider to make safer recruitment decisions. However, the provider had not checked whether the full work history of two staff members had been supplied. A satisfactory written explanation for gaps in one person's employment history had not been obtained. During the last inspection we identified issues with the provider's recruitment practices and we included information about our concerns in our last inspection report. At this inspection we concluded the provider had failed to sufficiently improve their recruitment practices. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; fit and proper persons employed.

Assessing risk, safety monitoring and management:

- At the last inspection we found some risks to people's health and wellbeing had not been assessed and

people's care records were not always updated to reflect people's changing needs and risk levels. People's nutritional assessments were not being scored correctly, so the risk was recorded as low when it was not. This placed people at risk of not receiving the right support with their nutrition. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safe care and treatment. At this inspection we found improvements had been made and the service was no longer in breach of regulation 12.

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risks arising from mobility, nutrition, skin integrity and falls. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm. Risk assessments were kept under review and this supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. Safety certificates were in place for the premises and equipment. However, during this inspection we found one of the baths was broken and out of use. We observed it had a small amount of standing water in the bottom which may have posed a risk to someone if they had fallen in. The manager confirmed arrangements had already been made to fix the bath and they locked the room so people could not access it without staff support.

Using medicines safely:

- Medicines were obtained, stored, administered and disposed of safely by staff.
- The provider had a range of comprehensive policies in place regarding the safe management of medicines. They provided detailed guidance to staff to help ensure people received their medicines safely.
- People were receiving their medicines as prescribed by their GP and staff kept accurate records about what medicines they had administered to people and when.
- Staff were trained in medicines management and their competency to administer medicines safely had been checked. We observed staff were patient and respectful when they supported people to take their medicines.

Preventing and controlling infection:

- Staff were trained in infection control practices when they started working at the service. They had access to personal protective equipment such as gloves and aprons, to help prevent and control the spread of infection. We checked whether the service had acted upon the findings of a recent infection control audit and found the identified actions had been completed or were being arranged.
- Most areas of the building were clean and odour free, however we observed a malodour in the afternoon on the ground floor. We discussed this with the manager who assured us this would be addressed. People using the service and some of their relatives told us the home was cleaner on some days than others.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe. Relatives also had no concerns about their family member's safety. One relative commented, "[Relative] is very safe here. They get everything they need. They are very happy here and I have recommended this home."
- The provider had appropriate systems in place to safeguard people from abuse. Staff had been trained in their responsibilities for safeguarding adults and they were confident the manager would address any concerns they raised.
- People were supported to understand how to keep safe and to raise any concerns with staff.

Learning lessons when things go wrong:

- The provider had a system in place to learn from any accidents or incidents, to reduce the risk of them reoccurring. Staff completed accident and incident records and these were reviewed by the manager to

check necessary action had been taken.

- The manager analysed accidents and incidents for any themes and trends as part of the quality assurance checks they regularly completed on the service. This supported them to identify areas for improvement, to reduce the risk of further incidents occurring.

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.

Good: People's outcomes were consistently 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 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.
- At the last inspection we found the service was not always working within the principles of the MCA. Some care workers were unable to demonstrate a good understanding of the MCA and DoLS. We found best interest decisions were not always documented and did not always involve relevant people. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; need for consent. At this inspection we found improvements had been made and the service was no longer in breach of regulation 11.
- Staff had completed training in the MCA and DoLS and their understanding had improved.
- People's capacity to make certain decisions had been assessed where appropriate. Best interest decisions were recorded in people's care records and we found relevant people had been involved in making these decisions.
- DoLS applications were appropriately submitted to the local authority. Where authorisations were granted or were subject to conditions, people's care records were updated to reflect this.
- We saw staff sought consent from people before they provided them with care and support.

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

- At the last inspection the people we spoke with all had complaints about the food. It was also not clear whether people were receiving a diet that met their needs. Staff did not complete food and fluid charts consistently and they were not always reviewed. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; meeting nutritional and hydration needs. At this inspection we found improvements had been made and the service was no longer in breach of regulation 14.
- People's dietary needs and preferences were clearly recorded in their care records. Where people required a special diet, the kitchen staff had detailed, up to date information about this. We observed people receiving food and fluids in accordance with their special dietary requirements during this inspection.

- Where people were at risk of dehydration or malnutrition, staff completed food and fluid charts to monitor how much people were eating and drinking. We checked a range of charts and found they were fully completed and up to date. There was a clear process in place to monitor the charts so action could be taken if people did not achieve their food and fluid targets.
- Most people told us they now enjoyed the food. One person said, "I don't have any complaints". A few people told us the food could be improved further, commenting the meat was tough and the sandwiches were sometimes dry.
- We observed the lunch service during this inspection. Staff offered people a choice of food by showing them samples of the meals on offer and people were offered a range of drinks. There was a delay in lunch being served which meant people were sat waiting in the dining areas until the food was ready. The manager told us they would promote better communication between the kitchen staff and care staff to help make sure people were not seated in the dining areas prematurely.

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

- People's needs were assessed before they moved into Alexander Court (Sheffield) to check the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- People and their relatives told us they believed staff had the right skills to care for them. They commented they had seen an improvement in this recently.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed. The manager had recently encouraged all staff to refresh their training to ensure their care practice remained up to date. Some staff training was overdue, however there were plans in place for this to be completed.
- Staff received regular supervision from their line manager to review their competence and discuss areas of good practice or any improvements that were needed. All staff told us they felt well supported.

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

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as the GP, the falls prevention team and the palliative care team. This supported staff to achieve good outcomes for people and helped people maintain their health. People told us staff were always quick to arrange a GP visit or call for an ambulance if they were unwell.
- We received positive feedback from the health professionals visiting the service during this inspection. They said staff made appropriate referrals and acted upon advice given to them. One commented, "The staff are great here. They know residents well and always follow advice. The home has a nice atmosphere. We help the staff and they help us; we work together."

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

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people could receive the support they required. People had been supported to personalise their own rooms with items that were familiar to them.

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.

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

At the last inspection we found the care provided by staff was mostly task orientated and not person-centred. It was not clear if people had been involved in their care planning to ensure their choices and preferences were considered. We also saw some people appeared unkempt and were not wearing clean clothing. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; dignity and respect. At this inspection we found the service had made improvements in this area and the service was no longer in breach of regulation 10.

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

- We observed staff at all levels had developed relationships with people using the service and most staff knew people well. Relatives told us they thought staff knew their family member well.
- Most people told us staff were kind and caring. A relative told us they had only seen their family member treated with respect. One person told us "Some [staff] are good but others [are not]." They were unable to elaborate on this further. We observed staff interacted with people in a positive way. Staff smiled and joked with people, where this was appropriate. People appeared comfortable in the presence of staff.
- People told us they were happy living at Alexander Court (Sheffield). One person commented, "I can't think of anywhere else I'd rather be" and "I can't think of anything they can do to improve my life here." They told us one member of staff came to talk to them regularly, commenting, "They are very sympathetic to me."
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People's care records showed they and their relatives had been involved in reviews of their care. This gave them opportunity to have input into the development of their care plans and to explain their needs, wishes and choices so they could be recorded and acted upon.
- Relatives told us they were kept informed about their family members care. They said they were always welcomed into the service when they visited. One relative commented, "This place is marvellous. You always get a good welcome. They keep in touch for the slightest thing. For example, they rang last week to say the optician was coming and asked if we wanted to come."
- People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and where they would prefer to spend their time.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff helped them to maintain their dignity. Their comments included, "I would say so, yes",

"They do care, the carers", "Super, no problems at all" and "They [the carers] are very good to me."

- Staff were required to follow the provider's dignity and privacy policy. We observed staff treat people with dignity and respect. Staff provided reassurance to people in a patient and sensitive manner when they were feeling anxious.
- We observed people were well presented. Staff promptly supported people to change their clothing if it became unclean during the day. However, one person told us they were unable to prevent spilling crumbs at meal times, commenting, "I often have crumbs down me" and they said staff did not help them with this. We recommend the provider reviews how staff promote people's dignity during mealtimes, in response to this feedback, to ensure a consistent approach is always taken by all staff.
- Staff respected people's privacy. People's care records were locked away safely and securely so only people who needed to read them could access them. Staff were aware of the need for people's personal information to remain confidential.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations during this inspection showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves.

Is the service responsive?

Our findings

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

Good: 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:

- Care records documented people's likes, dislikes and social histories. This supported staff to get to know people well and provide a personalised service. People's care records contained a good level of detail about the support they required and provided sufficient guidance for staff about what support to provide to each person.
- People spoke of examples where staff had been responsive to their needs and wishes. For example, staff had obtained special food and drink items that people said they liked or missed.
- Staff could tell us about people's likes and dislikes and gave examples of how they supported people in accordance with their preferences. This supported staff to achieve good outcomes for people.
- People's communication needs were identified and recorded so staff knew whether people needed to be provided with information in a particular way. This helped to ensure people were given the information they needed to remain actively involved in making decisions about their care.
- A range of activities were provided for people using the service. People took part in activities according to their personal preference. During this inspection we observed an entertainer visit the home in the morning to play the organ and a church service took place in the afternoon.
- People told us they would like to take part in more activities. They told us they had not been supported to access the local community recently, however we saw an outing had been arranged for the day after the inspection. We recommend the manager reviews how care staff are involved in supporting people to remain occupied and involved in regular social interaction, to ensure all staff play an active role in this and people are actively engaged throughout the day.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People knew who to speak to if they had any concerns or if they had a problem. People's relatives also knew who to complain to. One relative commented, "Any complaint, the smallest thing, they will sort it out straight away." Another relative told us they were confident the new manager would listen to any concerns they raised.
- We checked the service's complaint records and found they were appropriately recorded, investigated and responded to, in accordance with the provider's policy and procedure.

End of life care and support:

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. This meant people could be supported to have a dignified death, in accordance with their own wishes.

- Staff worked closely with the community palliative care team when people were at the end of their life. This supported staff to ensure people received any specialist support and medicines they needed to remain comfortable and pain-free.
- We received positive feedback about how the service cared for people at the end of their life from one of the health professionals visiting the home on the day of this inspection. They described it as one of the service's strengths.

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.

Requires improvement: 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 improving care:

- At the last inspection we identified concerns about the service that had not been identified by the service's own quality assurance system. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance. At this inspection we found improvements had been made and the service was no longer in breach of regulation 17.
- A new manager had started working at the service two months prior to this inspection. They were in the process of applying to register with CQC. They were clear about their role and had a good understanding of quality performance and regulatory requirements. They had prioritised areas of improvement that were required at the service and had plans in place to improve other aspects of the service.
- Without exception, everyone we spoke with provided positive feedback about the new manager and the way the service was being run. They felt the service had improved significantly because of this. Staff commented, "There's been a massive change in the service [since the new manager started]. Everyone is happy", "[The manager] is fantastic and is very passionate" and "The new manager is fabulous. They always make time for residents and they know them all well." A relative commented, "[The manager] is good. We can talk to them and they are very caring. They always ask us if we are ok. They are approachable and have found time to get to know our [relative]."
- The manager and senior staff monitored the quality of the service and took action when issues were identified. They completed a range of audits and checks on the service. We saw there had been a focus on the issues identified at the last inspection and staff had been supported to make necessary improvements.
- However, the provider's quality assurance system had failed to ensure staff recruitment practices were compliant with the regulations (see the key question of safe for more information). We concluded at this inspection that insufficient action had been taken by the provider to address the concerns we identified with staff recruitment during the last inspection. Further improvements are therefore required to the provider's systems and processes to ensure compliance with all regulations.

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 manager and provider were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive atmosphere within the service. Staff told us they felt everyone was well cared for and they were all keen to provide high quality care.
- People's relatives all told us they felt the service had improved over the last few months. One relative told us "things have certainly improved", in terms of the care and support their relative received.

- The provider maintained an overview of the service by requiring the manager to provide them with regular information about different aspects of the service. Senior management employed by the provider also visited the service to undertake their own checks on the quality of the care provided and to check improvements were being made. They had developed a detailed home improvement plan since the last inspection. This was reviewed weekly by the manager and area quality director to ensure improvements were being made in a timely manner.

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

- Staff meetings took place so the provider and manager could share information about the service and discuss any areas that required improvement with staff. Staff also had the opportunity to provide feedback during their supervision and appraisal meetings.
- Resident and relative meetings took place where people could offer feedback about the service. We saw feedback was also obtained from people and relatives via surveys. This information was used to make improvements to the service.
- An electronic tablet was prominently displayed in the entrance to the home with a sign saying, 'have your say'. Visiting professionals, relatives and people living in the home could use it to give feedback about the service. Any feedback received via this method was reviewed by the manager and analysed for themes and trends.
- The manager made themselves easily available to people using the service, relatives and staff. Staff told us the new manager was very approachable and regularly asked staff how their shift had been.

Working in partnership with others:

- The service worked closely with community health professionals to achieve good outcomes for people. They also worked alongside other agencies such as the local authority and local clinical commissioning group who commissioned care for some people using the service.
- All staff told us the morale of the staff team had improved over the past few months and they had started to work much better as a team. They all described how they enjoyed their jobs and now felt able to recommend the service to family and friends because of the recent improvements made. One staff member commented, "It's a great place to work. I enjoy my job. The staff are such nice people. We've worked really hard since our last inspection, turning things around. The residents are chattier and happier. I would be happy for my family to stay here now."

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 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Recruitment procedures had not ensured information was available in relation to each person employed at the service as specified in Schedule 3 of the regulations.