

Dimensions (UK) Limited

# Dimensions 6 Sadlers Lane

## Inspection report

6 Sadlers Lane  
Winnersh  
Wokingham  
Berkshire  
RG41 5AJ

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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

Dimensions 6 Sadlers Lane is a care home without nursing which is registered to provide a service for up to four people with learning disabilities. Some people have other associated difficulties including, needing support with behaviours which could be distressing and/or harmful. There were four people living in the home on the day of the visit. All accommodation is provided on one floor in a domestic sized dwelling.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

The quality assurance system in place was not always used effectively to help oversee the service and ensure compliance with the fundamental standards. The registered person did not ensure the management of medicines was always safe. Effective recruitment processes were not always followed so that people were protected from staff being employed who were not suitable. The registered person did not ensure we were informed about events such as serious injuries in a timely manner.

We have made a recommendation that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

We have made a recommendation that the registered person ensured they keep clear records of actions taken as required in the Duty of Candour regulation when a notifiable safety incident occurred.

A relative told us they felt they could approach the management and staff with any concerns and that communication was good. The staff members felt staffing levels were sufficient to do their job safely and effectively. The registered manager appreciated staff contributions to ensure people received the best care and support. Staff felt the registered manager was managing the service very well, and they were accessible and open with the staff members.

A relative felt their family member was kept safe in the service. Professionals also felt people who use the service were protected from risks of harm. The registered manager and staff understood their responsibilities to raise concerns. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. There was an emergency plan in place to respond to unexpected events and the premises and equipment were kept clean.

Staff had ongoing support via regular supervision and appraisals. They felt supported and maintained great team work. People received effective care and support from staff who knew them well. People enjoyed the

food and could choose what they ate and where to eat. People had their healthcare needs identified and were able to access healthcare professionals such as their GP.

The registered manager was working with the staff team to ensure caring and kind support was consistent. People, their families and other people that mattered were involved in the planning of their care. The staff team recognised and responded to changes in risks to people and ensured a timely response and appropriate action was taken. People were encouraged to live a fulfilling life with activities of their choosing and were supported to keep in contact with their families.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

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

#### Rating at last inspection

The last rating for this service was good (published 2 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to Regulations 12, 17, and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

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** ●

# Dimensions 6 Sadlers Lane

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Dimensions 6 Sadlers lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the previous registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who use the service. We also spoke with the registered manager. We observed lunch, planned activities and interactions between staff and people living at the service. We carried out a tour of the premises. We reviewed a range of records relating to the management of the service, for example, records of accidents and incidents; quality assurance system; support and supervision; compliments and complaints and maintenance records. We looked at six staff recruitment files and staff support information. We looked at two people's support plans and associated records.

#### After the inspection

We continued to seek clarification from the registered manager to validate the evidence found. We looked at further training information, maintenance information, meeting minutes and recruitment queries. We spoke to one relative of people living at the service. We contacted seven more members of the staff team and spoke to two. We contacted nine professionals who work with the service and received three responses.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The registered person did not always ensure all required recruitment checks and information were gathered before staff started work.
- We found some discrepancies with previous employment information. In three files out of six, the information on evidence of conduct was not sought from a previous employment relating to health and social care regarding the applicants' conduct.
- We raised this with the registered manager who provided the information after the inspection. However, it was not sufficient according to the regulation.
- Failing to obtain all required recruitment information could place people at risk of receiving care from unsuitable staff.

The provider had not obtained the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment files included a declaration of health and a Disclosure and Barring Service (DBS) check. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.
- There were enough staff to support people's needs and the registered manager regularly reviewed the numbers needed.
- People received support from staff on a one to one basis and in small groups. This was based on people's individual needs.
- Staff felt there were usually enough staff to do their jobs safely. The registered manager was always helpful ensuring the service operated at safe staffing levels. We saw staff responded to people's request for support during the day.

### Using medicines safely

- People did not always have their medicines managed safely.
- We reviewed medicine administration record (MAR) charts for the people who use the service and found unexplained gaps in recording such as missing signatures on the MAR chart. We raised this with the registered manager who said it would be addressed with staff.
- People were supported to have their medicines however we could not be sure it was administered at the

right times as prescribed due to the gaps found. The registered manager informed us after the inspection that action had been taken to address these issues with the staff members responsible.

- One person was prescribed 'as required' medicines to help manage their condition. However, the medicine was not recorded on the MAR chart so that the staff could sign if and when they needed to administer the medicine.
- Staff had carried out weekly medicine audits. These audits had failed to identify some of the issues we found on inspection.
- Staff had their competency checked yearly by the registered manager or the deputy manager. We asked to see evidence of how the registered manager's competency was checked for assessing other staff competency in administering medicine. The registered manager said it was the provider's policy that the registered managers were deemed competent when appointed to the role. There was no further evidence provided to assure us how the registered manager was assessed as a competent assessor who was able to assess the knowledge, understanding and competency of the staff.

The registered person did not ensure the systems were in place or robust enough to demonstrate safe management of medicine. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the service and said they would ask staff or their family member for help if they felt unsafe. A relative said their family member was safe with the staff.
- The registered manager was aware of how to address safeguarding concerns or issues raised. There were no ongoing safeguarding cases at the time of inspection.
- Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and the care they received.
- The registered manager assessed the risks and took action to mitigate them. People's support plans had detailed guidelines to ensure staff supported them appropriately. These guidelines included personal care, communication, emotional and behavioural support.
- Support plans provided guidance for staff on how to minimise risk without restricting people or their independence. Information about risks and needs were kept under review. As people's needs changed, risk assessments were also adjusted to reflect this.
- Service emergency plan was in place to ensure people were supported in the event of an emergency.
- The registered manager had action plans in place to ensure safety in the service such as fire and legionella.
- We saw the most recent fire risk assessment carried out August 2018 by external contractor and an internal one done in August 2019 with recommendations listed. The registered manager provided information that most items were actioned, and they were in the contact with the landlord for them to be completed.
- We contacted the Fire and Rescue service to discuss the fire safety in the service. They said there were going to follow it up anyway as another visit was due.
- The service had a legionella risk assessment carried out and there was a list of recommendations. The registered manager confirmed after the inspection the actions were completed.
- The staff checked equipment for people. They also monitored and recorded other general environmental risks, such as water temperatures, fire exits and slip and trip hazards as they went about their work. One person said, "Yes, [it is clean]. I help with dusting."



### Preventing and controlling infection

- Appropriate measures were in place regarding infection control. The service was clean and free of malodour.
- Staff used appropriate personal protective equipment to help protect people from the risks relating to cross infection.
- Staff were trained in infection control and followed the provider's policies and procedures.

### Learning lessons when things go wrong

- There was a system for recording accidents and incidents and information was recorded with the actions taken.
- Regular contact and communication within the staff team and the senior management team provided opportunities to learn from the past events and put measures in place to ensure everyone's safety.
- The service also worked with professionals to help them support people safely and effectively. The service supported people who may become distressed and show behaviour that challenged, and the staff responded well to incidents of this kind.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and the relative thought staff had the training and skills required to supporting people.
- We discussed and reviewed the service's staff training records of the provider's mandatory training. This showed that staff had up to date training at the time of inspection. The registered manager was overseeing and booking training where necessary. The senior management also oversaw the training by generating monthly reports to ensure staff were up to date.
- However, the provider's policy for how often the staff should update or refresh their mandatory training was not always in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in basic life support and safeguarding adults every three years. Whereas current Skills for Care practice guidelines state safeguarding adults and basic life support training should be updated annually.
- According to the provider's policy, training for Mental Capacity Act and Deprivation of Liberty Safeguards, and equality and diversity required no refresher training for staff. The current Skills for Care guidance states the provider should assess the knowledge and competence at least annually and provide learning and development opportunities at least every three years.
- Following the recent CQC Smiling Matters report (July 2019) which outlines findings on the need to focus on oral healthcare for people. We found, the provider's training policy did not include training on oral care. The registered manager said there were plans to include this in induction.

We recommend the provider reviews and brings the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff felt supported by the registered manager. They had support and supervisions meetings to discuss their professional development needs. Staff could approach the registered manager for help and advice.

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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs.
- People were involved in drawing up their plan. People's support plans clearly described their personal likes and preferences, their social interests, and physical and emotional needs.
- Support plans detailed the outcomes people wanted to achieve, things important to them and how they wished to be supported. Where people were diagnosed with a learning disability and/or mental health issue,

support plans identified the impact of these needs on them individually and how staff should support them in all areas. This helped to ensure people were able to live life to their full potential and as they chose.

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

- People were supported to have meals which met their dietary requirements which included the texture they needed to reduce the risk of choking.
- Staff made sure a variety of foods were available to meet people's diverse needs and personal preferences. People were also involved in deciding on menu choices.
- During the inspection, we saw that people enjoyed the food and were given options of meals and drinks.
- The service sought the advice of dietitians or speech and language therapists, as necessary, and followed any advice given.

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

- People were supported to remain as healthy as possible. Support plans covered aspects of care including health and well-being to meet people's individual needs and professionals involved in their care.
- People's oral care was maintained and recorded as part of the personal care support required. People had access to oral care supplies such as toothbrushes, toothpaste and mouthwash. When needed, the staff had assisted people to see a dentist.
- People were referred to various health professionals in good time to address any health issues or changing needs. The registered manager and the staff were knowledgeable and informed about people's health and wellbeing.
- Professionals agreed the service provided effective care to people who use the service, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional added, "[The registered manager and the deputy manager] are quick to seek advice should they have a concern about a client's wellbeing and/or support with health care issues."

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

- The premises were clean and bright, and furnishings and fittings were of a good quality. People were involved in decisions about the premises and environment. Individual preferences and support needs were reflected in how adaptations were made, and the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated.
- The people living at the service were able to mobilise independently or with aids such as wheelchairs if needed around the communal areas, their rooms, and the outdoor areas.
- A relative agreed it was a homely place for their family member to live and staff were welcoming whenever they visited. They said, "It's really nice, and yes definitely, [there is a good atmosphere at the service], it is like a little family there."

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People's rights to make their own decisions, where possible, were protected.
- The registered manager was knowledgeable about the MCA and ensured staff understood the importance of promoting people's rights and helping them make any decisions.
- People had specific support plans in place regarding their decision making. It gave a description of how people were able to make their own choices, and any help required.
- We observed staff were polite and respectful towards people and respected their decisions. Staff understood the need to support people when helping them make decisions. People's rights were protected because the staff acted in accordance with the MCA. One person added, "Yes, staff do ask me [for consent]."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service continued to provide caring and kind support to people who were treated with respect. Staff showed knowledge when working with people and it was evident they knew them well.
- People were comfortable with staff and responded well to them. One person said, "Yes, the staff are good, I like them. They are kind." Another person said the staff were caring and kind "all the time". A relative agreed staff were caring when they supported their family member. They said, "Staff are lovely, amazing and considerate. [Family member] is happy there [at the service]."
- Staff provided support to meet the diverse needs of people who use the service. These included those related to disability, faith and gender such as making sure people could easily enjoy various activities, move around and be treated as individuals.
- The service received compliments about people's care and support. Relatives and professionals commented on staff's approach to supporting and caring for people and that it made a difference to their lives. They also said in the compliments they felt welcomed whenever they visited the service and the service looked nice and homely.

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

- People and those important to them were involved in making sure people received the care and support they wanted and needed. People's views were sought through care reviews, residents' meetings, and verbal and written feedback. A relative added, "We always feel involved and it is always done in [family member's] best interest."
- People's bedrooms were personalised and decorated how they liked and with items important to the person. People were well cared for and wore clean clothes and appropriate footwear.
- Staff respected people's choices about how and where they wanted to spend their time and actively supported them to do it. One person said, "It is a nice place here and I am happy."
- Professionals agreed the staff team was successful in developing positive caring relationships with people using the service. One professional said, "Without a doubt, working with some individual clients who have complex behavioural needs, [they've done it] exceptionally well."

Respecting and promoting people's privacy, dignity and independence

- A relative agreed staff protected people's dignity and privacy. Two people we spoke with told us staff were good at helping them with personal care.
- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy such as respecting their wishes and preserving dignity during personal care.

- Staff understood being independent was important to people. They supported people to do as much for themselves as possible to enable them to retain their independence. Staff helped people make choices, working together and involving them in day to day tasks that people would enjoy.
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept in the lockable office.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People continued to receive person-centred care. Support plans were very detailed and written in an individualised style. This provided staff with information and guidance on each person, so they could continue to meet their specific needs.
- People's needs and support plans were reviewed to ensure they remained up to date. Any changing needs were monitored, and support plans amended as required. Where a person's health had changed, it was evident the registered manager and staff worked with other professionals to ensure their care plan was relevant and appropriate to needs.
- Professionals agreed the service provided personalised care that was responsive to people's needs and reflected their personal and cultural preferences. One professional said, "[The registered manager] and her team are some of the best team members I work with. They are supportive and proactive in their approach ensuring an excellent standard of care which is client centred and risks are minimal and calculated."

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.

- Support plans clearly described the support people needed to communicate effectively and what staff needed to do.
- The registered manager and staff created various boards to help people receive information such as using pictures to inform which staff were on the shift and what activities were planned for each person every day of the week.
- Staff were aware of different ways of communicating with people, for example, pictures, observing body language, visual aids and giving them time to respond.
- We discussed the principles of AIS with the registered manager to ensure all information about people's communication needs was highlighted in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had a range of activities they could be involved in and staff ensured they regularly engaged in community outings. People were supported to follow their interests and take part in social activities according to their choices.
- Where possible the service provided access to local community events to enhance social activities for all

people. This took into account their individual interests and links with different communities. During our inspection we observed people were going out throughout the day.

- People were supported to maintain relationships with individuals that mattered to them as well as looking at how to avoid social isolation.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and would use them as an opportunity to learn from them and capture any trends to improve the service.
- Staff felt confident the registered manager would address any issues should anyone raise a concern with them. The registered manager also thanked the staff and appreciated their work.
- The relative said they had necessary contact if they needed to make a complaint or raise any issues with the service. They said, "On one occasion, I asked one question and it was answered immediately."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We discussed the requirements of the duty of candour and what incidents were required to be notified to the Care Quality Commission. The registered manager had an understanding of their responsibilities.
- Since the last inspection, there had been two incidents that were notifiable safety incidents and the duty of candour would have to be applied. People were supported to go to hospital to treat these injuries, ensure aftercare was provided and records updated where necessary. Whilst the registered manager ensured that families were kept informed and updated, the specific steps taken to meet the duty of candour requirements were not always recorded.

We recommend the provider seeks advice and guidance from a reputable source about Regulation 20: Duty of Candour and its requirements are met at all times including clear record keeping.

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

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered person did not ensure CQC was consistently notified of reportable events such as serious injury within a reasonable time frame.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager said there was a structure of shared responsibility in the service where everyone was involved with various tasks to complete supporting the running of the service. Senior management also reviewed quality and compliance on a regular basis.
- Whilst quality assurance processes were in place to monitor the quality of the service, some aspects of these quality assurance processes were not as effective and did not identify the issues we found on the inspection. For example, medicines audits failed to identify errors in recording; recruitment checks did not ensure that all the necessary actions were taken; some notifications were not submitted.

- The provider's quality assurance processes were not always effective. This could prevent identifying and acting on the issues that could potentially place people at risk of harm or abuse.

The registered person had not always operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff worked together to promote people's wellbeing, safety, and security and we observed a supportive staff culture.
- The staff used shift handovers to discuss any tasks to complete or what was going on in the service. The registered manager worked alongside staff in the service. This way they were able to monitor practice regularly during the day and ensure appropriate action was taken to address any issues.
- Staff felt listened to and said the registered manager was approachable. Staff said the service was managed well. They said, "We have a great team, residents are happy, and [the registered] manager manages the service very well" and "I am very confident [about reporting concerns to my manager]. People look very happy, and staff are also happy."
- The registered manager praised the staff team saying, "I like my team, they are a good team. They are open, they involve residents, and the residents look forward to them coming in. I feel supported by my team. It is about residents and my staff understand this."
- The registered manager added she felt supported by the provider's senior management team and other managers. She said, "Yes, I feel supported. They are contactable. I can email them and they will direct me where needed. I can call my [line manager] anytime or she provides a number to call if she is on leave. Other locality managers are also supportive."
- One community professional said, "They are a regular team which ensures consistency in care and person-centred approaches."

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

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. The staff team were motivated to provide care and support to people as their needs and health were changing.
- The relative said, "Yes, [the registered manager] certainly does manage the service well – she seems to have the respect of staff and is friendly and approachable." We saw people and the staff team had good relationships with each other. We observed staff and the registered manager were respectful towards people.
- The registered manager held staff meetings to ensure any items arising from audits, reviews, people's meetings, any other verbal or written feedback were shared with the staff team. The meetings were useful and helped staff keep up to date with what was going on in the service.
- The annual survey was sent out in January 2020 for people who use the service, relatives, and professionals to find out what was working well and not so well. The registered manager did not have any results yet at the time of inspection.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with different professionals to ensure people were looked after well and

staff maintained their skills and knowledge. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.

- People's records contained information of visits or consultations with external professionals. Those seen included GPs, hospital consultants, dietitians, chiropodists and members of the community mental health team. People could also maintain links with the local community.
- Professionals said, "Yes - the [registered] manager liaises promptly with health and social care staff when needed" and "The [registered] manager was quick to respond and action anything required."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered person failed to notify the Commission of notifiable events, 'without delay'.</p> <p>Regulation 18 (1)(2)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure safe care and treatment. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(f)</p>

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person did not operate effective recruitment procedures to ensure people were safe from risks of being cared for by inappropriate and unfit staff. Not all information specified in Schedule 3 was available. Regulation 19 (3)