

M D Homes

Mountview

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mountview is a care home providing personal care and accommodation to 10 people at the time of the inspection. The service can support up to 10 people and is registered to provide care to people with mental health needs. The home is a detached, converted residential property with 10 single rooms and shared communal areas.

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

Medicines were not always managed safely. We found instances where staff did not seek advice to ensure that medicines were administered in the safest way. There was an increased risk of harm to people as guidance to help manage people's medicines was not always made available in a timely manner to staff.

People's dignity was not always respected. We found that staff had not created a pleasant atmosphere at mealtimes for people to enjoy their meals. The actions and language by staff did not always promote people's privacy and dignity.

People were not supported to undertake activities that were meaningful to them. Whilst people and their relatives were involved in assessing their needs and identifying their preferences, there was limited therapeutic interventions available to support people's mental health and well-being.

The provider's infection control procedures contained protocols on how to reduce the risk of infection, but we found that the service did not always ensure that their procedures were consistently adhered to in regard to safety precautions with visitors.

We checked the provider's systems for recruiting staff and found, whilst there were procedures in place for the recruitment of prospective employees, the provider had not always ensured safe recruitment processes were implemented.

People and their relatives told us staff met their care and support needs. We received mixed feedback from relatives, comments included, "The staff are good and dedicated", and "The staff don't know [person's] name". However, the responses from people were generally positive towards the care provided.

The provider's systems and processes for identifying and mitigating risk, and for ensuring people received a good quality service, were not always being operated effectively. Risks were regularly reviewed to reflect people's changing care needs, but staff did not always ensure that identified risks were acted on to help promote safe care to people.

People were supported to access healthcare professionals when needed and staff understood when referrals should be made. Relative's we spoke with told us they were kept updated with people's progress. Risks to people were assessed and staff understood what action to take if they had witnessed or suspected

abuse by reporting safeguarding concerns immediately.

People had been supported to have enough to eat and drink. People's dietary needs and preferences were recorded in their care plans and these also contained guidance from healthcare professionals to reflect changes in people's dietary requirements.

The provider had systems in place to support people at the end of their lives. The manager worked closely with people to ensure they were given the opportunity to express how they wish to be cared for.

The provider understood their responsibility in relation to the duty of candour. Staff found the manager to be supportive and approachable.

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

Rating at last inspection and update

The last rating for this service was good (published 22 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches of regulations in relation to person-centred care, dignity and respect, safe care and treatment and good governance 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Mountview

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.

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

Inspection team

The inspection was completed by two inspectors, a medicines 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.

Service and service type

Mountview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 is required to have a manager registered with CQC. The service had a manager who had been working at the home for around six months at the time of this inspection. They were in the in process of registering with CQC. A registered manager similar to the provider is 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

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We also carried out observations of care and support. We spoke with the manager for the service, the managing director, the finance director, three care workers and a chef. We reviewed a range of records. This included three people's care records and medication records for 10 people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 deteriorated 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.

Using medicines safely

- Care plans for medicines were not in place for every person living at the home. This meant there was a risk staff members may not have all the necessary information about the person's medicines and therefore may not be able to support people's medical and health needs effectively particularly for high risk medicines such as anti-coagulants.
- Some people at the home were being given medicines covertly. The staff had not always consulted the pharmacist to gain advice, if the medicines could be given safely by mixing with food. Covert administration is when medicines are given to a person without his/her knowledge and often disguised in food or drink.
- Some people were prescribed medicines to be taken when required (PRN). Guidance in the form of PRN protocols were not always in place or person-centred to help staff give these medicines consistently.
- There was a medicines policy in place that was dated January 2017. However, this did not have a review date and some information was included in it that was out of date.
- The process to receive and act on medicine alerts was not robust. This meant the home may not be able to act on alerts in a timely manner. Medicines alerts are safety-critical alerts for medicines that may require action by providers, released by the government agency responsible for medicines safety.

The above shows that the arrangements to manage medicines were not always as safe as they could have been and constitutes a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

- We observed staff give medicines to people. The staff were polite, gained permission and then gave medicines to people. They signed for each medicine on the Medicine Administration Record (MAR) after giving it.
- Medicines including controlled drugs (CD's) were stored securely. Staff monitored and recorded the medicines refrigerator and room temperatures daily. These were within the required range.
- MARs did not have any gaps. This provided assurance people were being given medicines as prescribed.
- Staff members were competency assessed and received training to handle medicines safely.

Preventing and controlling infection

- The service had effective systems in place to ensure that regular touch surface cleaning throughout the

home was maintained. However, whilst the manager had taken measures to promote a hygienic environment, there were some areas in the home which could benefit from additional cleaning. We found limescale on the shower hose of the communal bathroom. We spoke with the manager about this and they agreed to address this.

- Staff had received infection control training on induction and through mandatory training programmes. Staff had access to ample supplies of personal protective equipment (PPE) such as disposable gloves and masks, and Information was shared regarding the donning and doffing of PPE.
- However further improvements were still needed as staff did not always follow government guidelines regarding the management of risks associated with COVID-19. For example, when the inspection team arrived at the service, we saw that a used COVID-19 test kit was not disposed of and left exposed on a table in the main reception area. We found visitors were also not consistently screened for COVID-19. People's relatives were sent information on what steps would need to be taken on arrival to the home to enable visits, such as taking a lateral flow test and temperature check. However, on arrival to the service the inspection teams COVID-19 status was not obtained nor were their temperatures taken, and therefore staff failed to follow their own COVID-19 procedures when permitting visitors into the home. We raised this with the provider on the day.

We recommend that the registered persons closely monitor the implementation of infection control measures to ensure compliance with government guidance and to reduce the risk of lapses.

Assessing risk, safety monitoring and management

- The service had appropriate systems and processes to identify and monitor risks to people. However, we identified some practices that could put people at risk, for example, one person had been assessed as needing a texture modified diet. During lunch we observed this person was served ice cream at the same time as their main meal. This meant that their ice cream had melted and therefore was not the consistency their risk assessment identified it should be.
- We also saw a glass of thickened fluids left unattended in the lounge. This could potentially cause a risk for people who do not require this level of consistency for their fluids. We raised these concerns with the manager, and they agreed to address them.
- Each person had a personal emergency evacuation plan (PEEP) that was reviewed monthly to ensure they contained clear guidelines on how people would need to be evacuated safely in the event of a home emergency.
- Individual risk assessments had been implemented for all aspects of people's care and were regularly reviewed to reflect people's changing needs. For example, there were risk assessments in place relating to smoking, going out in the community and diabetes. Assessments provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people's health.

Staffing and recruitment

- The provider had suitable systems for recruiting and selecting staff, however recruitment records showed that checks for staff were not always completed following government guidelines. For example, we looked at one staff file and found they had no proof of the right to work in the UK. This meant the provider had not ensured this member of staff was legally able to work. Therefore, safe recruitment procedures were not consistently followed before staff commenced employment. This issue was raised with the manager on the day of inspection and they agreed to look into this.
- Staff told us there were enough staff to support people's needs. We observed sufficient numbers of staff on the day of our visit.
- We reviewed the staff rota, which confirmed there were enough suitably experienced, skilled and qualified permanent staff deployed.

- The provider did not utilise a dependency tool to determine the amount of staff required to support people. We discussed this with the manager who confirmed they would implement a formal dependency tool to check that the skills and numbers of staff were sufficient to meet each person's individual needs.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded, however, there was limited evidence of any lessons learnt. For example, in relation to falls there were immediate actions outlined for staff to undertake but there was no analysis of the information to identify themes and trends to help mitigate future potential risks. We raised this with the manager and they confirmed that risks to people were monitored by updating risk assessments and arranging healthcare appointments to prevent the recurrence of incidents, where appropriate.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and they could talk to staff. One relative told us, "[person] is happy in this home, [person] feels safe." Another relative told us, "[person] is very safe. They look after [person]."
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- Where safeguarding incidents had occurred, the manager had submitted the required CQC notification and safeguarding alerts without delay, and had worked in tandem with the local authority to resolve any concerns they had.

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.

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

- The provider ensured that pre-admission assessments of people's needs had been completed prior to admission which included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported.
- Some people had lived at the service for quite some time and we found that the provider reassessed each person's needs monthly and updated their care plans to ensure these appropriately addressed people's current needs.

Staff support: induction, training, skills and experience

- Staff had completed an induction when they first started working at the service. New staff were supported with their development by directly shadowing skilled staff to learn how to meet people's needs. The provider had a training record to monitor all staff had regular and refresher training to keep them up to date with best practice. The majority of staff were up to date with the required training. During the latest team meeting a discussion was held with staff to complete any mandatory training which had expired.
- Staff told us, and records showed, they received supervision to review their work and develop their skills. Staff said the new manager was very approachable and they felt supported in their work. A staff member told us, "[manager] is really good."

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

- People's nutritional and hydration needs were met. People received a balanced diet and drinks and snacks at regular intervals throughout the day.
- People's nutritional needs were assessed in line with current guidance and legislation. For example, for people at risk of malnutrition, a Malnutrition Universal Screening Tool (MUST) was completed and reviewed monthly. The staff monitored people's weight to assess people who may be at risk of malnutrition, they then made relevant referrals to the Speech and Language Therapist (SALT) and dietitian, as required.

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

- The provider ensured that people's care plans and risk assessments contained information relating to different medical needs, and there was evidence people's health and wellbeing were regularly assessed.
- Appropriate referrals were made to health care professionals as and when required. We saw records confirming that people had regular consultations and were supported to attend appointments.

- The service had systems in place such as daily care records, appointments recorded in the calendar and handover meetings for staff to discuss the changes in people's care needs and monitor their progress.

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

- The building was designed to ensure it met the needs of people. Lifts were in use and people were able to move freely around communal areas and in their rooms as they chose. The décor in the service was homely and the home was visibly clean.
- The service had a large garden that was well kept. There was a gazebo erected with tables and chairs to allow people and their visitors to sit.

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 when this is in their best interests and legally authorised under the MCA.

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.

- Decision specific mental capacity assessments had been carried out for people in relation to their capacity to make decisions about their care and whether they were able to give consent. The provider held best interests' meetings for people, which involved the person, their relatives and appropriate healthcare professionals. This helps ensure the care and support provided by staff was in people's best interests.
- DoLS authorisation applications had been made to the relevant local authority where it had been identified that people might be deprived of their liberty. The manager utilised a DoLS tracker to monitor and to ensure authorisations were current and valid and to take action when they were due to expire.

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 now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People's dignity was not always respected at mealtimes.
- We observed some interactions where staff treated people respectfully, however, we also saw occasions when people's dignity was not respected. For example, during lunchtime a staff member placed an apron over a person's head without explaining what they were going to do or gaining consent. Part of the apron became stuck on this person's face and no apology was given. When the apron was taken off, it was done so at a time where the person was blowing their nose. The staff member failed to recognise what this person's choices or rights were and did not see their experience from their perspective. This did not demonstrate a caring, respectful and compassionate approach to the person.
- Staff ensured that people's meals and drinks were prepared and available on time, however, several people had collected their own food and drinks from the serving hatch with little to no interaction from staff. For instance, people were not asked if they had enjoyed their meal or if there was anything else they would like. We saw that staff began to clear used cutlery before everyone seated had finished their meals, this did not promote a relaxed dining experience.
- Staff did not always use language that was caring, for example we observed a staff member telling a person to eat their dessert, "Here, eat it". This did not create a pleasant and relaxed dining experience.
- People were not always treated in a person-centred way. During the inspection we observed staff delivered care in a task focused way. For example, some people spent their day sitting in the lounge or garden and staff did not engage with them except about a care intervention.
- There was a lack of choices available for people, for instance there were set times for lunch, and refreshments were served at intervals. All people were served the same meal and it was not clear how people's choices in relation to their meals were ascertained. People were not an explanation of what was being served at the time it was received. At lunch condiments were not provided and all people were given blackcurrant squash to drink and were not offered an alternative. People were served their dinner at the same time as their desserts, which meant puddings which were meant to be hot went cold and ice cream melted by the time people had finished their main course. This was not a personalised approach to supporting people with eating and drinking.

People were not always treated in a person-centred way and with respect. This was a breach of Regulation 10 of the Health and Social care act 2008 (Regulated Activities) Regulations 2014.

- We discussed the lunchtime observations we made with the manager during feedback and they agreed to

address this with staff.

- We found some examples of staff promoting people's independence. People were encouraged to launder their own clothes and help with preparing the dining area for meal service. We saw a staff member helping one person in a supportive manner to maintain their independence whilst mobilising with a walking aid.

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

- People had been involved with the decisions and choices about their care. People had the opportunity to share information about their life history and care preferences.
- Where appropriate, people's advocates and healthcare professionals helped in making decisions for people who may not have had the mental capacity to make certain decisions on their own. This helped the service to ensure that care was planned according to people's needs.

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 now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The COVID-19 pandemic had impacted the quality of activities available for people living in the home. However, we found that where there were alternative activities available, people were not actively encouraged to partake in them, and structured activities did not take place.
- For example, the service had an activity sheet displayed in the communal area that listed a set of group and individual activities that were scheduled to take place that week. However, on the day of inspection the activities planned for that day did not take place and we observed some people sat for long periods of time in the communal areas with little interaction and engagement.
- Some relatives we spoke with told us their family did not have access to the activities needed to provide stimulation and that they needed to improve. Comments included, "[Staff] need to give [person] things to do", "[Staff] could do more to motivate [person]", and "I think [staff] need to encourage [person] more."
- This was confirmed by observations and in the daily reports and activities folder that recorded a limited amount of social engagement with staff and other people who lived in the service. For example, one person's record for a week listed relaxing in their bedroom and reading magazines, whereas other people had no activities listed. It was recorded in one person's file that they were to be encouraged to use their exercise bike daily, however there was no record of this happening.
- People's daily records did not include information of how people felt each day but instead was task based and mainly recorded personal care interventions that were provided. Records showed that some people spent prolonged periods of time alone in their room without therapeutic interventions which differed to the preferences recorded in their care plans.

People's care was not always managed in a person-centred way to improve their experiences and wellbeing. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff had created care plans which recorded people's needs and how these should be met. The plans were clear and had been regularly reviewed and updated to reflect changes in people's needs.
- Care plans contained information about people's life histories, their hobbies, events and people who were important to them. People were involved in drawing up their care plans which included their preferences in regard to how they wanted to receive care, such as the gender of staff to support them.

- The manager recognised the importance of promoting people's wellbeing by supporting people to stay connected to their friends and family. The service had made provisions to allow relatives to visit their loved ones and supported people to make video and phone calls. One person living in the service had a pet and staff supported this person to take care of them.

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.

- The manager understood their responsibility to comply with the AIS to ensure that important information about the service provision would be given to people in accessible formats.
- People's care plans described how they needed staff to communicate with them. For example, to speak clearly and slowly and to ensure that the person understands.

Improving care quality in response to complaints or concerns

- There were appropriate systems and procedures for dealing with concerns and complaints. People were aware of how to raise complaints. Since the last inspection one person who lived at the service raised a complaint. The complaint was responded to promptly following company's policy and dealt with appropriately by the service.

End of life care and support

- At the time of inspection one person was receiving end of life care. Arrangements were in place which set out how this person was to be cared for according to their wishes.
- End of life care plans confirmed that discussions had happened and consultations with the primary palliative care team were held.
- Personalised preferences in relation to end of life were recorded on a Coordinate My Care (CMC) plan which is a healthcare initiative for people on end of life pathways. It provides assurances that advanced decisions are discussed with the person together with appropriate healthcare professionals.
- The training matrix confirmed that end of life training was not available to staff. The manager told us that this would be arranged.

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 deteriorated 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.

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

- The provider's systems and processes for monitoring and ensuring people received person centred care were not being operated effectively. The manager did not always ensure that people's dignity was upheld within the service and people were not always spoken to in a dignified way.
- There was a lack of therapeutic interventions and suitable activities available for people, and staff made limited effort to provide individual activities that were meaningful. This was confirmed by people and their relatives. One person told us, "I do not like it, there is no life and nothing to do" and a relative said "[Person] has no quality of life. I think there should be more activities."
- The lack of oversight during mealtimes meant that people did not always have a positive experience. Staff did not promote social mealtimes and did not actively engage with people. Choice available was limited and did not promote a person-centred culture. One person explained, "You do not get a choice of food. You have to eat what you are given because otherwise you will be hungry."
- The provider's risk management systems were not effective. They had not always identified or mitigated risks to people. People's medicines were not always managed safely. The quality assurance systems used for medicines management had failed to identify the concerns we found during the inspection.
- Infection control measures were in place but not consistently followed and embedded into staff practice, as visitors were not routinely screened for COVID-19 on arrival to the service. This meant that people living at the service may have been put at risk of being exposed to COVID-19.
- The provider's audits had not identified that recruitment checks were not being carried out robustly so action could be taken to address any identified shortfalls. During our inspection we identified shortfalls around the checks in relation to staff's right to work in the UK.

Failure to effectively implement systems and processes to monitor and improve the quality of the service and to monitor and mitigate risks was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their legal responsibility to take action and keep people safe. They understood when and who to report concerns to. We found that when incidents had occurred at the service, they were

investigated thoroughly and reported to the relevant professionals.

- The manager was very open and receptive to feedback throughout the inspection. They acknowledged that there were some outstanding actions to be carried out to make necessary improvements within the home.
- Some relatives told us they were contacted with their family members progress or when things went wrong. One relative said, "They ring me if there is a problem", another relative said, "Her mental health is getting better."

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

- At the time of our inspection there was a manager in post. The manager confirmed they intended to make an application to CQC to become a registered manager and had started this process. They are currently also managing another of the provider's services.
- Management and staff were clear about their roles and responsibilities and staff were provided with guidance to support them in meeting the needs of people.

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

- Staff told us they felt happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.
- People also had the opportunity to attend residents' meetings to discuss different aspects of the service. People were complimentary about the staff who supported them. One comment included, "Staff are very polite, and they talk to me with respect."

Working in partnership with others

- The management team regularly attended local care provider meetings to share best practice and explore ideas for improvements.
- People's care records evidenced that the service worked closely with external healthcare professionals and established effective working relationships in order to provide suitable care. Advice and guidance were sought and cascaded to staff to help ensure they knew how to meet people's individual needs.

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 The provider did not ensure the care and treatment of service users was appropriate, met their needs or reflected their preferences. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider did not have robust arrangements to ensure that people were always treated with respect and dignity. Regulation 10 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure care and treatment was provided in a safe way to service users. Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always have effective arrangements to assess, monitor and improve

the quality of service provided.

Regulation 17 (1)