

# Larchwood Care Homes (South) Limited

## Stambridge Meadows

### Inspection report

Stambridge Road  
Great Stambridge  
Rochford  
Essex  
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Tel: 01702258525

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Stambridge Meadows is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. Some people living at the service were also living with dementia. The service can support up to 49 people.

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

Safeguarding policies and procedures were not embedded and understood to keep people safe. Staff did not recognise or respond appropriately to abuse. Not all risks to people's safety were assessed and recorded. Checks relating to the service's fire arrangements were not regularly completed. Improvements were required in relation to medicines management. Comments about staffing levels were variable. Staff did not have the time to sit and talk with people and care provided was predominately task and routine focused. The deployment of staff was not always suitable to ensure people's needs were met. Recruitment checks for staff supported people to stay safe. In general, infection control arrangements were managed well.

Not all newly employed staff had received a robust induction. Though staff had received regular supervision, the registered manager had not nor had they received an annual appraisal of their overall performance. People's comments about the meals provided were positive, however the dining experience across the service was variable and not always well planned. The physical environment for people living with dementia is not suitable and improvements are required. The service monitors people's health, care and support needs but does not consistently act on issues identified. Staff worked collaboratively with other services to meet people's needs. Staff felt supported and valued by the registered manager.

People's comments about the care provided was positive but people told us staff did not have the time to sit and talk with them. Staff did not always understand the importance of making sure they had the time to give people support in line with their care needs, particularly for people living with dementia.

Not all care plans were up-to-date or reflective of people's current care needs. People were not supported to follow their interests or encouraged to take part in social activities relevant to their interests and preferences. The service has not fully implemented the Accessible Information Standard. People feel confident to raise concerns or make a complaint. The service's arrangements to manage concerns and complaints was appropriate, open and transparent.

Suitable arrangements were not in place to ensure the management and governance arrangements at the service were effective and outcomes for people assured good quality person-centred care. There was a lack of oversight by the provider and senior members of staff to identify and pick up poor practice, particularly on the first floor for people living with dementia.

### Rating at last inspection

The rating at last inspection was good (published July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

#### Follow up

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

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

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Stambridge Meadows

## 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 completed by one inspector. The inspector was accompanied by an Expert by Experience on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Stambridge Meadows 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

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 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff and the registered manager. We also spoke with the provider's regional manager for Stambridge Meadows. We reviewed four people's care files in full, four people's care files relating to specific topics and three staff personnel files. We also looked at a sample of the service's quality assurance systems, the provider's arrangements for managing medication, staff training and supervision records, complaint and compliment records.

# 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 Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely;

- Where risk assessments were in place, these identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. However, not all risks to people's safety and wellbeing were assessed and recorded.
- The care plan for one person detailed they could exhibit inappropriate behaviours towards others when distressed and anxious. However, no risk assessment was completed detailing the actions to be taken to mitigate the risk. This was despite there being five incidents occurring between April 2019 and January 2020, which could have compromised people's safety. The failure to provide staff with all the information they needed to understand how to support people safely, placed them and others at potential risk of harm.
- Daily records for one person referred to their skin integrity having been compromised since 3 January 2020. Though a formal assessment tool was completed to provide an overall risk score [very high risk], a risk assessment was not completed detailing the actions to be taken to alleviate the risk.
- One person's care plan recorded them as having a catheter fitted. No one had considered the potential implications and risks of having a catheter fitted, such as, Urinary Tract Infections [UTI], bladder spasms, leakage or the catheter becoming blocked. However, there was no evidence to demonstrate people's catheter care was not being managed.
- The service's weekly fire system checks were not regularly tested between 5 August and 4 September 2019 and 17 September 2019 and 20 January 2020. For example, fire door checks were not completed for 24 weeks between 2019 and 2020. Monthly checks relating to emergency lighting and door closures had not been completed since September and October 2019. Though this was due to there not being a person responsible for maintenance at the service until very recently, steps had not been undertaken by the provider to make alternative arrangements. Following the inspection the provider wrote to us and confirmed although regular checks had not been undertaken, any issues would have been escalated to the organisations estates department.
- Staff had not routinely taken part in robust fire drills throughout 2019. The registered manager told us seniors employed at Stambridge Meadows were designated 'Fire Marshalls.' However, no one had received specific fire marshall training or undertaken fire drills which included using fire evacuation equipment.
- The Medication Administration Records [MAR] for 15 out of 32 people were viewed. Medication Administration Records [MAR] showed not all people using the service received their prescribed medication as they should. For example, the MAR form for one person recorded the code 'M = make available' for two medicines in January 2020. The person's care plan detailed the person required staff to administer their medication and did not self-medicate. The MAR demonstrated they missed five doses of one medication and two doses of another medication. This was not an isolated case.
- Staff initials used when recording the administration of medication were not always clear as these duplicated codes used on the MAR form.

Systems were either not in place or robust enough to manage and mitigate risk. 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

- Although staff were up-to-date with safeguarding training and able to tell us about the different types of abuse and what to do to make sure people were protected from harm, they did not follow the provider's or local safeguarding procedures in practice. This referred specifically to unexplained bruising for one person and an incident in April 2019. Staff failed to recognise and respond appropriately as they did not raise either concern with the management team. Neither incident was raised as a safeguarding concern with the Local Authority or Care Quality Commission. This demonstrated the provider's safeguarding policies and procedures were not embedded, understood and followed by staff.

This was a breach of Regulation 13 [Safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- People told us they felt safe. One person told us, "I'm safe, I'm happy, they [staff] look after me well." Another person told us, "I'm better now and safe. At one time I had this [person] coming in to my room uninvited, but they've been moved upstairs, I hope that's permanent." Relatives comments included, "[Relative] is well cared for and I am comfortable leaving, knowing staff look after [relative] properly" and, "I visit regularly, so am confident 100% that [relative] is safe."

Staffing and recruitment

- People's comments about staffing levels were variable. Positive comments included, "If I do ring for help, staff don't take long, and I think there are enough staff" and, "I think there are enough carers." Comments which were not so positive included, "I can wait and wait and wait to go to the toilet" and, "My only irritation is I sometimes have to wait for the toilet, it could be half an hour."
- During both days of inspection between one and three people only accessed the communal lounge on the first floor at any one time. Although six out of 15 people spent time within the ground floor lounge, no other people were enabled, encouraged or supported by staff to come out of their bedroom. Nothing was recorded within people's care plan to suggest it was their personal preference to remain in their room throughout the day.
- Some people's personal care was not completed until midday. This coupled with some people's comments meant staffing levels were not as appropriate as they should be to meet their care and support needs in a timely manner.
- Poor staff deployment meant staff responsible for facilitating activities were unable to leave the main communal lounge on the ground floor because they were frequently being asked by care staff to provide cover whilst they supported others with personal care tasks. This impacted on people who remained in their bedroom and others residing on the first floor as they did not have their social care needs met during the inspection.
- Staff told us they did not have the time to sit and talk with people and our observations showed the service did not ensure staff had the time to give people the care and support they need. Staff told us they felt stretched, with the focus on completing tasks rather than on providing person-centred care and support. Staff comments included, "I do not have the time to just sit and talk with them [people using the service]. People upstairs are just forgotten about and there are times I feel the care I give is rushed" and, "Staffing levels could be better. Although we do use agency staff at times, there is never enough time to really sit and talk to people. It would be good to not keep looking at your watch."

The deployment of staff was not always appropriate to meet people's needs. This was a breach of



Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff recruitment records for three members of staff were viewed. Relevant checks were completed before a new member of staff started working at the service.

Learning lessons when things go wrong

- The inspection highlighted lessons had not been learned and improvements made when things went wrong. For example, staff did not recognise incidents or concerns and the need to escalate these.
- This inspection highlighted the provider and management of the service were unable to sustain and maintain improvements made at our inspection in July 2017.

Preventing and controlling infection

- The service was clean and odour free, except for a strong odour omitting from one person's room.
- Personal Protective Equipment [PPE] such as gloves, aprons and liquid soap were available to staff to prevent and control infection.
- Staff had received training in infection prevention and control.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training records showed staff employed at the service had received mandatory training in line with the organisation's expectations.
- Staff completed an 'in-house' orientation induction when first employed. However, where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework [QCF]; and had limited experience in a care setting, they had not commenced or completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Where staff had changed roles, they had not received an induction relating to their new position.
- Staff told us they felt supported and valued by the registered manager. Staff had received regular formal supervision, apart from the registered manager. The registered manager confirmed their last supervision was July 2018 and since employed as manager of Stambridge Meadows in April 2017, they had not had an appraisal of their overall performance.

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

- People's comments about the food were complimentary. Comments included, "The food is good, and I look forward to the meals", "The food is very good, and I look forward to every meal" and, "I eat in my room because I prefer to, the food is quite good, and staff would find something else for me if I didn't like it. I'll eat most things except curries, I like an 'English' dinner."
- Relatives comments were equally positive and included, "The food is nicely served and always looks tasty" and, "The food looks A1 and nicely presented."
- People had access to enough food and drink throughout the day and meals were nicely presented. However, the dining environment was not as nice for people living on the first floor as it was for those residing on the ground floor. The tables were not laid, people were only given their cutlery and serviette when their plate was placed in front of them and no people were offered condiments. This contrasted with people on the ground floor. The tables were attractively laid with placemats, cutlery, serviettes, glasses, condiments and a small vase of flowers.
- The dining experience for people was not as positive as it should be. On the first day of inspection 13 people on the ground floor had been seated at the dining table for up to an hour. People were assisted by staff at 12.20pm and yet the lunchtime meal was not served until 1.20pm. This demonstrated poor communication between care staff and the service's chef. If there was a delay in the food being served, this should have been communicated to staff.
- Although plated meals for people were brought up to the first floor and placed in the hot trolley, the hot

trolley was not switched on.

- On the first floor, four people were supported to eat their lunchtime meal. One person sat on their own and three people were seated at another table. Two out of three people were observed to finish their main course at the same time and rather than waiting for the third person to complete their meal, the member of staff asked all three what they wanted for dessert. The person stopped eating, their plate was removed, and all three people were promptly given their dessert.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for support and advice. Nevertheless, improvements were required to ensure information provided by healthcare professionals were updated to the person's care plan.

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

- People had personalised rooms which supported their individual needs and preferences.
- There were enough communal lounge's and dining areas for people to access but these were not routinely utilised on the first floor. The activity room opposite the main kitchen could not be used as it was untidy and disorganised. This room was not being used for its intended purpose. We brought this to the registered manager and regional manager's attention. Steps were taken on the second day of inspection to start clearing the room.
- The environment on the first floor was not appropriate for people living with dementia. There was a lack of visual clues and prompts, including signs using both pictures and text to promote people's orientation. For example, not all people's room displayed their name or any other visual clue to help the person to orientate themselves.

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

- People's needs were assessed prior to their admission to the service.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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

- The service worked with other organisations to ensure they delivered joined-up care and support. Except for one incident, people's healthcare needs were monitored, and action taken to address these. We discussed this incident with the registered manager. Action was taken by them to seek medical intervention and advice.
- People had access to healthcare services when they needed it and confirmed their healthcare needs were met. One relative told us, "If [relative] is not well staff let me know."
- The service was part of the 'Red Bag Care Home Scheme'. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

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.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

# 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.

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

- People's comments about the quality of care were positive but people told us staff did not have the time to sit and talk with them. Comments included, "The carers are all kind, especially [names of three members of staff]. However, I find staff to be too busy to speak with you unless you are having something done for you", "The carers wave as they go past. I say, come in, I won't eat you" and, "I get on well with the carers. The whole point of a good relationship is to be friendly and to feel you can have a laugh. It can be like that, but staff are such busy people, so you have to snatch the moment." People repeatedly spoke positively about one member of staff. One person told us, "[name of staff member] is lovely, feels like a friend and it makes me feel good to talk to them."
  - Though staff were able to tell us about people's care and support needs, staff did not always understand the importance of making sure they had the time to give people support in line with their care needs, particularly for people living with dementia.
- Interactions were primarily task and routine focused and not as person-centred as they should be. This referred to providing personal care, comfort breaks and assisting people to have a drink.

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

- People, those acting on their behalf and staff had not been given the opportunity to provide feedback about the service through the completion of questionnaires within the last 12 months. We discussed this with the regional manager, but they were unable to provide a rationale for this oversight.
- Few people had seen their or their family member's care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery.
- People were supported to maintain and develop relationships with those close to them. Records showed people received visits from family members and friends.

# 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; End of life care and support

- Care plans were not up-to-date or reflective of people's current care needs. The lack of up-to-date and accurate information placed people at potential risk of receiving inappropriate care.
- Where people could be anxious and distressed and exhibit inappropriate behaviours towards others, information relating to known triggers and specific guidance for staff on how best to support individuals was not robust. Where information was recorded relating to specific incidents, evidence of staff interventions to demonstrate the support provided and outcomes was not always recorded or appropriate.
- At the time of our inspection, the service was not supporting anyone at the end of their life. The registered manager informed us they would support people with end of life care and work with health care professionals such as the palliative care team, people and families to support good end of life care.

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's comments about social activities were not positive. One person told us, "Those of us who are sound in body and mind are not that great in number and we tend to entertain ourselves." A second person told us, "Life's what you make it, but I do get a bit depressed and spend much time in my room. I don't go to things because I like my room and it's boring in the lounge because there's nothing to do and everyone goes to sleep." Another person told us, "Activities....as far as I'm concerned there's absolutely nothing, why isn't there painting, board games or cards? They [activities facilitators] just say no one wants to do anything, it's for them to be proactive."
- Relatives comments were similarly not favourable. One relative told us, "[Relative] is becoming more confused with things, the staff leave them to their own devices and they don't get much stimulation. People need to feel wanted and the staff are busy and so walk past and get on with their tasks. The boredom here needs challenging." A second relative told us, "I am sure the activity coordinators never visit [relative] in their room. [Relative] needs one-to-one time with them, I know they would respond if discussing photographs, [Relative] needs stimulation."
- People's care and support plans did not show how the service responded to their differing needs in terms of interests, social activity and stimulation. People's personal history was sparse and therefore staff were not provided with a good understanding of the person's past life to help understand them and initiate conversation.
- Few people during both days of inspection were supported to take part in activities. Most activities undertaken between 1 January to 29 January 2020 included listening to music, watching the television, completing crosswords and quizzes, undertaking various art and craft projects. Records showed the same nine people regularly participated in activities and there was no indication to demonstrate suitable activities

were provided for people living with dementia or people received one-to-one support. Information recorded failed to record if people who participated in activities enjoyed these.

People did not receive person-centred care and support that was appropriate, met their needs or reflected their preferences. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### 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.

- We did not see enough evidence of how AIS had been applied. The activity programme and menu were not in an easy read or large print format to enable people with a disability, living with dementia or sensory loss to understand the information.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. A record was maintained relating to each complaint or concern.
- A record of compliments was maintained to capture the service's achievements. Two compliments relating to the quality of care people received at Stambridge Meadows were recorded on a well-known external website for the preceding 12 months. One compliment recorded, "I am very happy with the care my relative receives. They look well and cared for and like everybody. Staff are absolutely lovely to them."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The leadership and overall management of the service did not ensure it was consistently well-managed and led at both service and provider level.
- Quality assurance and governance arrangements at Stambridge Meadows were not reliable or effective in identifying shortfalls in the service. Specific information is cited within this report which demonstrated the provider's and service's arrangements for identifying and managing these and areas for development were not robust. There was a lack of oversight by senior members of staff to identify and pick up poor practice, particularly on the first floor for people living with dementia.
- As already stated within the domain of 'Safe', reporting of incidents, issues and concerns was unreliable and inconsistent. The arrangements for managing risk were not effective.
- Effective role models, for example senior members of staff, were not available to provide valuable support and guidance to staff and to enable them to effectively carry out their roles. This had not been picked up by the senior management team of the service or the provider.
- Clinical governance audits relating to Urinary Tract Infections, pressure ulcers, peoples weight loss and gain; and accidents and incidents were recorded each month and analysed. Information showed there was a low incidence.

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

- People and those acting on their behalf confirmed they knew who the registered and deputy manager were. Two people praised the management of the service. One person told us, "The people who run [Stambridge Meadows] must do a good job because I'm happy." Another person told us, "The home is run well."
- However, four people living at Stambridge Meadows told us they rarely saw the registered manager and could not always rely on the deputy manager. Comments included, "I know who the manager is, but you don't see X around much. X is pleasant and is the sort who will put their arms around you", "You don't see [registered manager] often, if I was worried I would speak to the deputy manager" and, "X is often not around, and deputy manager doesn't always carry things through. If I ask X to get me a cup of tea, they'll forget." Following the inspection the provider wrote to us advising the registered manager undertook a walk of the premises at least twice daily. Though comments made by people during the inspection were not



always favourable, the service has received no formal complaints about the management of the service.

- Relatives were generally complimentary about the management of the service. One relative told us, "Everything seems to run smoothly." A second relative stated, "X [registered manager] is affable and the home seems to run well."

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

- Arrangements were not in place for gathering people's, relatives and staffs views about the quality of service provided or what it was like to work at Stambridge Meadows.
- Meetings were infrequently held for people using the service and for those acting on their behalf, to enable them to have a 'voice'. Since January 2019, two meetings had taken place. Action plans were not compiled to evidence how people's suggestions were to be actively followed up and addressed to improve the service.
- Staff meetings were infrequently held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Since January 2019, one staff meeting, and two senior staff meetings had taken place. Action plans were not compiled to evidence how areas for improvement were to be actively followed up, monitored and addressed to improve the service.

Arrangements were not in place to make sure effective systems and processes were in place to assess and monitor the service to ensure compliance. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations, such as, GP surgeries, Dementia Intensive Support Team and District Nurse services.

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  All of a person's care and support needs must be recorded to ensure it is comprehensive, accurate and up to date. People must receive opportunities to have their social care needs met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Effective arrangements must be in place to mitigate risks for people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Effective arrangements were not in place to ensure safeguarding procedures were embedded and followed to safeguard people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective arrangements must be in place to assess and monitor the quality of the service provided and to ensure compliance with regulatory requirements.

