

Warrington Community Living Lodge Lane Nursing Home

Inspection report

10A Lodge Lane
Warrington
Cheshire
WA5 0AG

Tel: 01925418501
Website: www.wcliving.org.uk

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30 November 2018
19 December 2018

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Lodge Lane Nursing Home provides nursing care and accommodation for up to twenty people with enduring mental health needs. On the day of the inspection 16 people were living at the service. Accommodation is provided on two floors, with lounges available on both floors. A passenger lift and stairs provide access to the first floor. The dining area is on the ground floor. There is also a conservatory and a garden and a small car park at the front of the building. Assisted bathing facilities are provided. Staff are on duty twenty-four hours a day to provide care and support for the people who use the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided.

People's experience of using this service:

This comprehensive inspection took place on the 29 and 30 November 2018 and 19 December 2018 and was unannounced.

People who used the service were happy about the service being delivered to them. People told us they enjoyed the food but they had mixed comments depending on which chef was on duty.

We recommend the service review the dining experience and look at trialling various initiatives to help improve this aspect of support for people.

We identified a breach of regulation relating to good governance as we did not see sufficiently established and effective quality assurance systems in place. The provider's quality assurance processes had not initially identified the issues highlighted during this inspection.

We identified a breach of regulation relating to staff training and support. Staff noted improvements to the service since the registered manager commenced in post. They felt supported and listened to. The registered manager had actions in place to update staff with training and to provide all staff with regular supervision and appraisals.

Staff supported people to take their medicines safely and as prescribed. The registered manager took appropriate on-going actions to offer more person-centred support. This ensured people living at the service could choose when they wanted their medication and where they wanted their medications stored.

Health and safety needed regular oversight and support to consistently manage safe systems at the service. We noted some areas of repair. The quality and safeguarding manager arranged for the repairs during the inspection to help improve the standard of maintenance within the service.

We recommended the service review the environment to access published guidance in developments to meet the needs of people who were living with cognitive impairments and dementia.

People were protected from potential harm and abuse. Staff were knowledgeable of local safeguarding procedures. The provider and staff have recently taken appropriate safeguarding actions following reports of alleged poor practice.

Recruitment procedures were safely managed to minimise the risk of unsuitable people being employed to work with vulnerable people. Agency staff were used for some vacancies and to help provide one to one support for some people at the service. People at the services were unsure how many staff they could expect to see on each shift.

We recommend the registered provider includes staff, people receiving support and relatives in their assessments of staffing levels so they are fully informed and consulted about the staffing levels provided.

Detailed care plans described the support people needed. They included information from external healthcare professionals. People's health was well managed and the positive links with professionals promoted their wellbeing. People were referred to appropriate health and social care professionals when necessary to ensure they received treatment and support for their specific needs. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA).

Information and arrangements were in place for the staff team to respond to concerns or to a complaint. The provider and registered manager were reviewing this process to encourage more feedback from people living at the service.

Rating at last inspection: At the previous inspection in February 2016 the overall rating was 'good.'

Why we inspected: This inspection was a planned comprehensive inspection. We had not received information of concern prior to or during the inspection.

Enforcement-Follow up: We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

Lodge Lane Nursing Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection took place on the 29 and 30 November 2018 and 19 December 2018 and was unannounced. The inspection team consisted of one adult social care 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: Lodge Lane is a care home. People in care homes receive accommodation and nursing or personal care. 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 when preparing for and carrying out this inspection: Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about the service. We received a Provider Information Return (PIR) submitted by the provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with the registered manager, the regional quality support manager, the chief executive, two trained nurses, one ancillary staff member, kitchen staff and six support staff. We also spoke with nine people being provided with support. This gave us a wide insight into their views across all areas of the

service.

We reviewed a range of records about people's support and how the service was managed. These included looking at support records for three people; medicine records; we reviewed three staff recruitment files; staff duty rotas; staff training and supervision records; a sample of minutes of meetings; complaint and safeguarding records; policies and procedures; a variety of records in relation to the management and governance of the service including health and safety and quality assurance audits.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff we spoke to had a good understanding of what to do to make sure people were protected from harm and abuse. We saw there was a whistle blowing policy. The whistle blowing policy is a policy to protect an employee who wants to report unsafe or poor practice.

- Staff demonstrated a good understanding of the different types of abuse, how to recognise abuse and how to report unsafe practice. They told us they would not hesitate to report any concerns. Staff told us they had confidence in the registered manager that anything reported to them would be responded to immediately with appropriate action being taken. Following the inspection, the registered manager and provider notified CQC of safeguarding actions taken to report alleged poor practice by some individual staff members. They had taken appropriate actions to support staff with their allegations and had taken a number of actions to make sure that people at the service were safe. These allegations were currently being investigated by the local authority and police.

Using medicines safely

- People received appropriate support with their medications by staff. Medications were stored safely in a locked trolley inside a locked clinic room. Temperatures in the clinic room were recorded daily to maintain appropriate temperatures suitable for the storage of clinical stores and medicines. The clinical staff and registered manager provided regular oversight and auditing of records to make sure people's medications were safely administered. We noted some people queuing at the clinic room waiting for their medications. Some people who lived at the service felt this was something they did due to staff expecting them to queue, they were unaware of other choices in receiving their medications.

- Staff advised people did have other choices and told us they went to some people's rooms to help administer their medications. The registered manager and provider explained what actions they had taken to make it clear to both staff and people at the service what choices they had and reassured people they would be supported with their requests and choices at all times.

- The registered manager took appropriate actions to offer more person-centred support so people living at the service could choose when they wanted their medication and where they wanted their medications stored. The registered manager had arranged for some people to have their own storage cupboards located in their own bedroom. This helped staff to support those people who chose to have their own storage cupboards to receive their medication within the privacy and comfort of their own room.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Care plans guided staff on how to respond to risks associated to people's medical needs.
- The environment was accessible for people with physical disabilities. During the inspection regional support staff collated all relevant safety checks including, liability insurance certificates, maintenance certificates and detailed risk assessments including fire risk assessment for the premises. The service did not have a recorded maintenance, decorating or refurbishment plan in place. There was no information to advise people of how or when their home environment would be improved. The registered manager advised they had identified areas for development and would develop a plan with the input from everyone at the service.
- The environment and equipment was not always repaired and maintained within the building. Health and safety needed regular oversight and support to consistently manage safe systems at the service. We noted some areas of repair had not been recorded by staff to help swiftly manage their repair. The quality and safeguarding manager arranged for the repairs during the inspection to help improve the standard of maintenance within the service. Areas such as broken blinds, broken armchairs and a broken bedroom drawer were repaired during the inspection. Senior staff explained they did have access to various trades people. The provider and registered manager took appropriate actions in revising environmental checks with designated staff to make sure they included any repairs and actions identified as needed.
- During the inspection the service was having the complete installation of new PVC windows throughout the building. The registered manager was unavoidably absent during part of the inspection and staff were unclear about the risk management of this installation of windows. The provider reviewed this and reflected on future developments. They advised all types of work would have the plan of action and risk assessments accessible at head office so they were prepared for any eventuality and could access the plans at any time.

Staffing levels

- Staff felt the staffing levels were appropriate as they had recently been increased once the manager commenced in post. Some staff felt they needed more stable staff in place as they used regular agency staff. Staffing levels were regularly reviewed by the registered manager to assess the service had enough staff each day to appropriately support people at the home. The registered manager felt that they were always able to respond to the need for staffing levels to be increased and had confidence in the provider to meet those needs. There was no information shared with relatives or people living at the service to inform them of how many staff they could expect to see in place each day.
- We recommend the registered provider reviews the systems in place of assessing staffing levels to include consultation with people.
- Staff were recruited safely. We saw the provider had robust procedures in place to ensure recruitment was safely managed to make sure they employed suitable staff at the service. Staff records contained pre-employment checks including full employment history, references and checks with the disclosure and barring service (DBS). DBS complete checks on applicants to ensure they are not known to be unsafe to work with vulnerable adults. In trained staff files there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration was in place for each trained nurse.

Preventing and controlling infection

- People told us they liked their surroundings and felt it was always kept clean and well maintained. Staff followed good infection control practices and used personal protective equipment (PPE) to prevent the spread of healthcare related infections. We looked around the kitchen and the food storage area and noted some areas of the kitchen needed improvements such as the flooring and the front of fridges and freezers. Senior staff took appropriate actions during the inspection to show improved standards of cleaning within the kitchen area. The provider and registered manager took appropriate action and reviewed staff practices to show improved organisation of kitchen regardless of employing agency staff. The kitchen areas were much improved during day three of the inspection.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and incidents were monitored to help reduce risks to people being supported.

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.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve consistent outcomes. Regulations have not have been met.

Staff support: induction, training, skills and experience

- Training included a diverse and varied range of topics to meet the needs of people within the service including clinical areas of need to help people with nursing care needs. Some of the training records were up to date and some needed further review to reflect accurate updates to staff training records. The registered manager took appropriate actions for staff to update their mandatory training. Following this inspection they sent updates of the overall training plan for the whole staff team and dates over the next few months confirming updated training for all staff. One person new to the service was shadowing established members of staff to help them to be inducted into the service. However, they had no written induction plan to show how and what support they could expect to be supported with. Effective training helps to appropriately support staff and show clear guidance in the standards and values expected to meet the needs of the people living at the service.

- Supervisions and appraisals had been introduced by the registered manager to help improve support to their staff team and to develop standards within the service. Supervision sessions provided staff with an opportunity to speak with senior staff about their training and support needs as well as being able to discuss any issues in relation to their work. The registered manager acknowledged that improvements had been made with providing this support and had plans to continue and roll out appraisals for all staff, as not all staff had received this support. The manager developed and shared with us a staff supervision and appraisal schedule/planner for 2018/2019. Staff told us that since the registered manager commenced working at the service they had noted improvements and felt well supported with their training needs.

- We had found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to supporting staff with supervision, appraisals and in training for staff.

Supporting people to eat and drink enough with choice in a balanced diet.

- The most recent inspection from the food standard agency for the home awarded a rating of five stars. This is the highest rating that can be given and highlighted good management of the catering facilities.

- People living at the service had mixed views and felt the food varied depending on who was cooking in the kitchen. Staff felt this was due to them having to rely on different agency staff to cook. They were recruiting to a vacancy for a second chef for certain shifts which has now been filled following the inspection.

- We observed the lunchtime meals being served. The regular chef was on duty during one of the days of inspection and knew the different preferences for each person. We noted separate containers with people's names labelled on them. The staff explained they stored people's snack's in the store cupboard. They were

unsure why people's snacks were stored in the kitchen as opposed to people's own rooms. The provider and registered manager took appropriate actions during the inspection and reviewed this practice to reflect improved person-centred support. Some people chose to keep their snacks stored in the kitchen and some people were supported to store their snacks within their own room. The chef told us they tried to provide a selection of home-made meals based on people's preferences. Care plans included any allergies, special diets and specific requirements a person had. People's nutrition and hydration was monitored to ensure their nutritional needs were being met.

- Lunchtime was a sociable occasion with staff engaging well with people and offering support if required. We noted the dining room was noisy at times with the dining room and kitchen doors open and people, coming in and out adding to the noise within the dining area. We discussed these aspects with staff.

- We recommend the service review the dining experience and look at trialling various initiatives to help improve this aspect of support for people.

Ensuring consent to care and treatment in line with law and guidance- Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The manager had developed a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.

- We observed staff asking if people would like assistance throughout the day of the inspection. We noted that some people could display behaviour that challenged and staff knew these people well. We observed staff engaging positively with people to manage those behaviours sensitively.

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

- Staff worked closely with healthcare professionals such as GPs, community psychiatric nurses (CPN's) hospital staff and community teams. Their advice was included in care records for staff to refer to. Where people required support from healthcare professionals this was arranged, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

- People receiving support were positive in their feedback regarding the service. People told us that they felt that their care needs were met within the home. They shared comments such as, "It's alright here and the staff are OK", "They look after us here" and "The staff are very good especially (Staff Name). She's helped me a lot.

- People were involved in identifying the assistance they would like, including recognising any needs in

relation to protected characteristics as defined by the Equality Act 2010. This included areas such as sensitively supporting people with their personal requests, physical and social needs. The service had policies to support the principles of equality and diversity.

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

- When we walked around the home we saw the design and layout of the home was suitable to accommodate the number of people living at Lodge Lane. There was sufficient suitable equipment in place to promote people's mobility such as, walking frames and handrails. We noted that some doors displayed signs with the use of pictures or large print to help people find their way around the service. Staff told us about recent plans to develop the service such as making the staff room into a potential bedroom/bedsit and to move the current activities room. They did not think the developments met the needs or wishes of people at the service. The registered manager took appropriate actions to engage with people at the service to discuss their home and to include them and their suggestions in planning developments around their needs. The registered manager felt there had been a miss-communication prior to commencing at the service whereby they thought people had already been involved and agreed with the changes to their home.

- The provider and registered manager took appropriate actions to engage with people living at the service to reassure them no changes had been agreed and they wanted their opinions about future developments of their home. The provider advised they had no plans currently to operate an additional bedroom and confirmed they were aware of registration requirements prior to use of this facility.

We recommended the service review the environment to access published guidance in developments to meet the needs of people living with cognitive impairments and dementia.

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- People receiving support told us the staff were kind and caring and treated them with dignity and respect. They shared various positive comments such as, "The staff are alright" and "The staff are really kind".

- In our discussions with staff they had a good understanding of the individual needs of each person and were able to demonstrate how they supported and cared for people in a dignified way, respecting their privacy when providing and supporting them with personal care tasks.

- During our observations of care and support we saw staff treated people in a dignified and respectful manner. Staff provided discreet support protecting people's dignity when providing one to one support to meet their needs sensitively. We observed people chatting to staff and it was apparent they were comfortable and happy with the staff supporting them. We observed staff patiently sat with the people they were supporting, offering reassurance maintaining good eye contact, speaking quietly and sensitively.

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

- Confidentiality of information was safely and appropriately maintained. Records and documents were kept securely. No personal information was on display. During day one of the inspection we noted the lock to the office door was broken. The quality and safeguarding manager arranged for an appropriate trades person to call to repair the lock and improve the security to the office door and its storage of records.

- Records showed people and their relatives were involved in decisions about their care and support plans were regularly reviewed. These records showed that appropriate people had been involved in the decision-making process and in their care planning process. Information was available about sources of advice and support or advocacy.

Ensuring people are well treated and supported; equality and diversity

- Staff carried out regular care plan audits and checks with people to make sure that they were receiving the care they wanted and to a good standard. Information was present in people's care files about their individual likes and dislikes, hobbies and interests and religious beliefs. This personalised information helped staff to better understand each person's requests. Staff discussed how they respected people's equality and diversity and how they had sensitively supported people with their choices. One person living at the service was positive about the support they had received from staff and told us it meant a lot and said, "I'm changing my name officially by deed poll and (Staff member) had been helping me. She's been arranging the solicitor and helping me with the forms."

Is the service responsive?

Our findings

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

Requires improvement: People's needs were not always met.

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

- During the inspection we saw some evidence of activities such as, supporting people to go out shopping, accessing the activities rooms and listening to music, playing a game of hoopla and making cards. Throughout the inspection we saw people coming and going from the home either independently or supported by staff or visitors. People told us they liked to have a chat and during the colder months were happy to go out once a week. They told us they wanted more activities to do in the home. The home did not employ an activity co-ordinator. Staff told us they provided this support when they could throughout their working shifts. In previous months they had volunteers visit the service who organised various activities and helped produce documents to reflect this support. Since the volunteers stopped visiting the service, staff had not always documented what support had been provided with each person's social needs and requests.

- Following the inspection, the provider and registered manager had reviewed people's needs and requests for social support and revised and improved the support from staff to meet people's social needs. They submitted action plans and correspondence of what improvements had been made. They had organised for volunteers to start visiting the service and a local art group who were experienced in supporting people to explore art as a therapeutic activity.

- The provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Staff were knowledgeable in communicating to people in different ways to meet their needs.

End of life care and support

- Staff knew people's needs and individual preferences with their care. People who lived at the service and where appropriate, their relatives were encouraged to be involved in developing their individual care plan. People living at the service told us, they got the right medical care and were happy with the staff calling the GP if required. Care plans were well maintained and regularly reviewed to make sure they reflected the care needed for each person. Plans included details about people's life stories and interests. Such information helped staff to better understand the people they were supporting. At the time of inspection no one was assessed as needing end of life care. The service had appropriate policies on end of life care to provide guidance to staff.

Improving care quality in response to complaints or concerns

- People living at the service told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff and the

registered manager to discuss anything. CQC had not received any complaints or concerns about the service prior to the inspection. We reviewed the complaints records and resident meetings and noted there had been no official complaints recorded for 2018. We discussed this with the registered manager and whether this was a true reflection of the feedback from people living at Lodge Lane. The registered manager and provider advised they had reviewed all aspects of feedback and met with everyone at the service to encourage them to raise any issue important to them including any informal comments. Following the inspection, the manager had arranged a survey with people at the service and held several meetings to listen to people's feedback and to update and include people in regard to developments in their home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture
Requires improvement: Service management and leadership was inconsistent. Some regulations had not been met.

Leadership and management-Planning and promoting person-centred, high-quality care and support

- People who used the service spoke positively about the management of the service. They told us they had noticed improvements to the home since the manager had started working at the service. A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

- Throughout the inspection the registered manager and provider were open and transparent towards the evidence we presented and were proactive in their response to our findings. They were clear that the people living at the service were at the heart of any changes and improvements. They told us they would take all actions to maintain person centred support and would work with all staff to update and reflect on their practice so they achieved increased examples of person centred care throughout the service.

- There was a management structure in place. The registered manager described a lot of work that had taken place that continued to help them to provide a stable team with their active recruitment programme for staff. Staff were very positive about improvements noted within the service and were supportive of their registered manager. The provider discussed the effects of their vacancy for a lead development manager which previously helped support the service. They had since recruited to this post and were positive in the support they would provide in showing improvements within the service.

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

- At this inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the need for good governance. The registered provider had not operated effective systems and processes to make sure they assessed and monitored their service.

- The provider continued to support the service in improving the management and records by providing supporting staff and managers to assist the registered manager. The registered manager and provider were transparent in their objectives in making improvements to the service which they identified at the start of the registered managers post. We noted some areas needed continued review to show evidence of improvements in areas such as improvements with staff practices to reflect person centred care, social support, the development, repair and refurbishment of the environment, discussions around staffing levels, review of the dining experience and menu choices, management of training and of staff appraisals. The

registered manager and provider submitted extensive evidence following the inspection to show continued improvements to the service and to their governance systems. They provided evidence of appropriate actions taken and acknowledged some areas of development had already been recognised to provide improved person-centred support. We have been supplied with evidence of engagement and discussions with people living at the service by the registered manager and provider. People living at the service continued to share positive comments about the service with the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics- Continuous learning and improving care

- The provider had developed several ways to engage with people to gain their on-going feedback about the service. This included a survey for anyone to complete feedback and regular 'resident meetings.' The survey was reissued by the registered manager following the inspection to gain more updated information about people's views specifically in relation to how they would like to be supported with their medications. The provider has also met with people at the service and carried out a provider visit and report following day two of the inspection. The provider met people living at the service to make sure they were included in developments of their home and to listen to their opinions.

Working in partnership with others

- Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by the local authority's contracts and commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. They did not raise any serious concerns about the service.

- The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. Where necessary, the registered manager had undertaken detailed and transparent investigations into incidents and accidents.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance processes had been ineffective and lacked evidence the service was being appropriately monitored..</p> <p>Records for managing health and safety did not reflect updated checks and identified risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Training records for staff were not updated and lacked appropriate oversight to make sure staff received updated training necessary for their role.</p> <p>Staff had not consistently received supervision and appraisals necessary to support them in the workplace.</p>