Midland Heart Limited

Brookview

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?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 29 September 2015 and was unannounced.

Brookview is registered to provide personal care for up to eight people with learning disabilities and physical disabilities. At the time of our visit there were eight people living at Brookview.

At our last inspection in June 2014 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to infection control. The provider sent us an action plan outlining how they would make improvements. At this inspection we found improvements had been made.

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 and associated Regulations about how the service is run. At the time of our inspection a registered manager was not

Summary of findings

in post although the provider had appointed a manager who started in September 2015. Prior to this, the provider had appointed an interim manager who managed the home.

Staff were not always available at the times that people needed them in order to meet their needs and preferences. The interim manager told us recruitment of staff had been a concern and people were supported by a high number of agency staff which meant people were not always provided with continuity of care by staff who knew them well. To try and ensure continuity the provider would request agency staff who had worked at the home before. The provider had recently recruited new staff and this was on going.

Relatives told us they felt that people were safe at Brookview and staff treated them well.

Staff were kind and caring to people but told us they were not always able to spend time individually with them.

Relatives thought staff were kind, caring and responsive to people's needs and people's privacy and dignity was respected.

The interim manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns.

There were risk assessments in place to identify risks to people's health and wellbeing. Where risks had been identified, there were management plans to minimise these risks, however we found that these were not always followed. We found improvements were required in how the provider analysed incidents, and accidents, which would help protect people from further risks.

People's care plans were not always up to date or reviewed regularly, however staff had a good understanding of people's care needs and preferences. Documentation regarding people's nutritional intake, falls and accidents were not always completed correctly and actions were being taken to address this.

Medicines were stored and administered safely, and people received their medicines as prescribed.

People were supported to attend health care appointments with health care professionals when they needed to and received healthcare that supported them to maintain their wellbeing.

Recruitment procedures made sure staff were of a suitable character to care for people.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA) and DoLS, and supported people in line with these principles. Correct procedures had been followed regarding referrals to the local authority.

Activities, interests and hobbies were arranged according to people's individual needs and abilities. However staff were not always available to provide support with these at people's preferred times.

Staff felt the interim manager and team leader were supportive however the lack of a permanent manager, and reduced staffing levels, meant that staff supervision meetings were not consistently carried out. Staff had regular team meetings and felt their training and induction supported them to meet the needs of people they cared for.

Relatives told us they knew how to make a complaint if they needed to.

There was a provider audit system that identified and improved the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements.

We found a breach 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.

Summary of findings

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 consistently safe.

At times there were not enough staff to meet the complex needs of people and risk assessments were not always up to date to reduce risk to people living at the home. Staff knew how to safeguard people from harm. Medicines were managed safely, and people received their medicines as prescribed.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively. People had access to other healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

Relatives told us told us they felt people were supported by staff that were kind and caring. Staff ensured people were treated with respect and maintained their dignity and there was good communication with people.

Good

Is the service responsive?
The service was not consistently responsive

Care plans were not regularly reviewed, however staff had a good understanding of people's care needs and preferences.

People were supported to pursue their interests and hobbies but staff were not always available to provide support with these at people's preferred times.

Requires improvement

Is the service well-led?
The service was not consistently well led.

The home did not have a registered manager in post at the time of our visit however interim management arrangements had been put in post and a new manager had recently been recruited. There were systems of checks and audits to identify improvements; however progress was not always made in a timely way.

Requires improvement

Brookview

Detailed findings

Background to this 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.

This inspection took place on 29 September 2015. The inspection was unannounced and was undertaken by two inspectors.

Due to their complex health conditions and communication difficulties, we were unable to speak with people who used the service. To help us understand people's experience of the service 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 to us.

We also spoke with three relatives, the interim manager, the team leader, five care staff and a healthcare professional.

We looked at the records of three people who used the service and looked at two staff records, and also reviewed quality monitoring records.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

We looked at information received from the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Prior to our visit we spoke with the local authority. The provider had sent us the Provider Information Return (PIR) and we used this information as part of our inspection planning.

Requires improvement

Is the service safe?

Our findings

During our inspection on 17 December 2014 we found maintenance of appropriate standards of cleanliness and hygiene in relation to the premises were not in place. This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

During this inspection we saw that improvements had been made. The kitchen had been refurbished and flooring replaced. Cleaning rotas were in place so that staff knew which parts of the home to clean and when. Staff had received additional training so that they had up to date knowledge of infection control matters. Infection control audits and 'spot checks' on cleanliness within the premises were undertaken however the team leader informed us that they were not always able to conduct these as frequently as the provider required. They told us that this would now be addressed following recruitment of a new manager.

All the staff we spoke with expressed concerns about staffing levels within the home. Some staff told us at times staffing levels impacted on peoples' safety as they could not provide the level of observation and supervision some people required. Their comments included: "The staffing levels cannot support people going out", "Staff don't have time, and it's an accident waiting to happen." Another staff member told us "Is a disaster going to happen before anyone realises, it's institutionalised almost".

We discussed staffing levels with the interim manager. They told us that staffing levels currently were four care workers in the morning and usually three in the afternoon. At the weekends there were three in the morning and three in the afternoon. Previously the ratio had been five care workers in the morning and four in the afternoon and weekends but this was no longer the case.

There was no rationale for reducing the number of staff at weekends as people's dependencies and needs remained the same. Staff told us: "There have been concerns about staffing levels. It can be quite desperate sometimes, more so at the weekends."

The interim manager told us staffing levels were based on staff availability rather than the needs of people living in the home. The interim manager accepted they were operating on "basic" staffing on some shifts and told us recruitment of staff had been an issue. Earlier in the year shifts were covered by agency staff and records showed four staff vacancies had not been filled for some time. Further staff have been recruited since and this has reduced the need for agency staff to be used.

One relative told us: "The long term staff have a good understanding of [person] but agency staff don't know them as well, there seems to have been a big turnover at staff. In the past if there hasn't been a driver on duty it has stopped [person] going out."

No domestic staff or cooks were employed in the home so care staff were also responsible for all food preparation, laundry, cleaning and shopping. This was part of their role, however this meant that whilst care workers were carrying out these duties people were not consistently receiving care or attention.

At the start of our inspection we noticed staff only interacted with people when they were carrying out personal care tasks however this improved during the day following the return of some of the people, and their care workers', who had gone out for the morning, as more staff were available.

Four people required the assistance of two members of staff for personal care or transferring from one chair to another. During the afternoon, whilst two staff members were supporting a person with personal care this left one staff member in the kitchen cooking the evening meal. This staff member also had to supervise a person who wanted to assist in the food preparation and observe the five other people in the home. These included two people who were at high risk of falls who were walking around the communal areas, unsupervised. We asked staff how they kept people safe in those situations.

One response was, "It can be quite hard trying to make sure [person] and [person] are both okay as well as being with [person]." "It is difficult but at the weekends, for the ones who are most vulnerable from falls we try to assist them a bit later on in the morning."

Staff told us they would stay behind at the ends of their shift to cover shortages and we saw this for ourselves when the team leader delayed going home to make sure a person could attend a GP appointment. We were told that most times if someone needed to go for a hospital

Is the service safe?

appointment a member of staff would go with them but this was not always possible. This showed that staffing levels were not always sufficient to allow for flexibility of the needs of people living in the home.

One staff member told us; "In the mornings we could have all gone to an activity but we can't always do it because it would be leaving the home, and the customers, vulnerable."

Staff told us sometimes they could not spend enough time with people on a one to basis. "If [person] just wants you to sit and hold their hand it is hard." "When there is more staff it is easier to spend time with that one person."

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing.

Risk assessments were in place that identified risks to people's health and wellbeing. Where risks had been identified, there were management plans in place to minimise the risks. One staff member told us, "We have risk assessments for most things and anything new we do. Senior staff have to assess the risks before a customer does anything new. They are changed and looked at regularly especially if a concern comes up."

During our inspection we observed one person was left unsupervised in the kitchen whilst a member of staff answered the phone. They attempted to grab a hot cup of coffee left on the side and we intervened in order to keep that person, and others, safe. This person had a risk assessment in place which identified they required supervision as they liked to grab objects and throw them. By not following the person's risk assessment they, and others, were placed at risk.

We checked to see how the risks associated with people's care was managed to make sure they were protected from those identified risks. For example, one person was at high risk of falling and had repeated accidents. They had been referred to other healthcare professionals however there was no falls risk assessment or management plan for staff to follow in order to reduce the risk of the person falling. New staff, or agency workers, who did not know people, would need this information to make sure they were managing the risks correctly and providing the right support. However, staff we spoke to were knowledgeable regarding peoples' risks and how to manage them. One person identified as having weight loss had been referred to the dietician for support.

Staff were responsible for completing accident and incident forms. However we saw these were not always being completed. We identified one person who had experienced a large number recent falls. Whilst accident forms had been completed for the majority of falls, we identified three occasions when they had not. The team leader told us although falls were analysed for trends on an individual level, they were not done on a service level to identify whether, for example, falls occurred in a particular area or at a particular time of the day. This is important in order for a provider to be able review the information and identify any trends or patterns in order to reduce the risk of similar accidents or incidents occurring again.

We found staff were knowledgeable regarding their understanding of the different types of abuse that can occur and who to report their concerns to. One told us "I would tell the team leader or someone above them". Another said; "I would report it to the management. These guys come first and there is no in-between."

Staff were aware of the provider's whistleblowing policy and knew where to find it. We asked one member of staff what action they would take if they believed a concern had not been dealt with appropriately. They responded, "I would contact the local authority safeguarding team or even the police." This showed that staff understood their responsibilities on how to report a concern if they suspected a person was suffering harm or abuse.

A relative told us, "I think [person] is very safe, I feel confident in the care they get."

We checked the administration of medicines. We found medicines were stored securely, Medicines, when no longer required, were disposed of safely to ensure people were protected.

People received their medicines on time, from staff that had been trained to do this. Some people required "rescue" medication to be administered if they had a seizure and staff confirmed there was always a staff member on shift who was trained to administer this medicine. Records showed this medication accompanied a person if they left the home along with essential information about the

Requires improvement

Is the service safe?

person should they require hospital treatment. Some people received medicine 'as required'. There were written protocols for administering this medicine, explaining when it should be given and why.

During our inspection one person was being taken to their GP as they had refused medication for 24 hours. At certain times this person needed their medication to be disguised in their food. A best interest decision had been sought from the relevant healthcare professionals and people closest to them regarding this.

Prior to staff working at the service, the provider checked their suitability to work at the home by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not suitable to support people who lived in the home.

We saw personal evacuation plans for people in the event of fire or emergency and a list of fire marshals and first aiders were displayed in the hall. This information would be required by the fire brigade in the event of an emergency or evacuation.

Good

Is the service effective?

Our findings

Staff told us they received regular training in order to undertake their job roles. One staff member said, "It's good. They make sure you have everything but it can be hard to get on courses. The training courses are really good when you get on it." They said, "They make sure everyone goes on epilepsy training and emergency medication training (for seizures)." The team leader told us the provider was encouraging people to obtain further qualifications in health and social care. Staff completed essential training in moving and handling, safeguarding, medications, health and safety, food hygiene, epilepsy awareness and nutrition. The provider completed a training schedule that identified when staff required refresher courses in order to keep their skills and knowledge up to date.

New staff received induction training. As part of their induction, new staff worked alongside an experienced member of staff in order for them to get to know and understand the needs of people they supported. We spoke with a staff member who had recently completed their induction. They told us "For the first week I sat and read the care plans and went through the policies. The second week I was shadowing." Another said, "They guide me really well and I am always on duty with a senior person."

Records showed, and staff confirmed, they regularly had their practice observed to ensure they were putting their training into practice. A staff member told us "Most of the time you don't know you are being observed." Staff told us they had received supervision meetings with the team leader to discuss their role and were encouraged with on going training and development. This was confirmed by records we looked at. One staff member said, "We do have supervision. I think I have had one since I came back (in June)." Another said, "I have only had one this year and would like more but I can always go and speak to [team leader] if I have a problem." The team leader also confirmed supervision sessions took place and the frequency would be increased now the new manager was in post.

During our visit we observed the staff handover meeting between shifts. Information was clearly shared and staff had good knowledge of the people living at Brookview, their needs and the care and support they required.

Staff told us they observed people's non-verbal signs to ensure they were consenting to care and support. For example, we were told if one person wanted to go with staff, they would hold their hand out. A staff member told us "You have to get to know their ways of communicating."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We saw, where necessary, that mental capacity assessments had been correctly carried out. Staff we spoke with had received training and understood the requirements of the MCA. One staff member told us "If they have capacity we encourage them, you always assume someone has capacity first". DoLS applications had been correctly submitted and were still being processed by the local authority.

Care plans contained information about the support and equipment people needed to eat independently. For example, one person required a special spoon and plate guard positioned in a certain way. At lunch time we observed staff made sure this person had the equipment they needed to be able to eat independently. Food was cut up for people unable to do this and assistance was given to those who could not feed themselves. One staff member told us; "We try to encourage people to feed themselves and only offer support if it's needed. I don't care how long it takes to help someone, they just need encouragement".

We saw staff took time to assist people to eat at their own pace and staff prepared alternative meals for people who chose not to eat the food offered. Individual preferences of how to eat and drink was taken into consideration. For example one person liked to drink out of a particular type of cup and walk around whilst eating. Recording of food and fluid intake for people at risk of weight loss or dehydration was not always consistently done and this had been highlighted by the provider prior to our inspection. On the day of our inspection the team leader told us actions were being taken to address this.

People were supported to attend regular appointments with external healthcare professionals to maintain their physical and mental health and wellbeing. Where a change in a person's health was identified, staff ensured they were referred to the appropriate healthcare professional such as

Good

Is the service effective?

Dieticians and Speech and Language therapists so they received the care and support they required. A relative told us; “I only happened to mention the flu jab and staff organised it straight away for [person]”.

A visiting community nurse told us, “Staff here are very aware of people’s needs and work very well with us, this results in a good outcome. People are well cared for and there are no pressure ulcers. There is very good communication between us and staff.”

The home was easily accessible for wheelchair use.

Good

Is the service caring?

Our findings

We saw that staff were very kind and caring to people who lived at the home.

One relative told us. “Staff are very caring especially the way they speak to [person], they are good staff with good teamwork, I am very happy with Brookview. It’s fantastic and I am so thankful to all of them, it’s like going into your own home.” Another relative said, “Marvellous care, the love and warmth they show is fantastic, they are very loving towards [person] and support all [person] needs.”

We asked staff what they thought made a caring member of staff, responses were; “Caring is showing compassion, it’s about being non-judgemental and having a good sense of humour”. ”Another said, “Staff are very caring and every single staff member goes the extra mile. If you are not caring you are in the wrong job. You have to have that if you want to be in this profession.” We saw examples of this in staff members approach and manner with people.

We saw good communication between staff and people. One person asked a staff member for a cup of tea while they were busy supporting someone else. The staff member explained what they were doing and why they couldn’t respond immediately and explained when they would be able to get them a drink. As soon as they had finished what they were doing they immediately made a drink for this person.

We saw staff communicating in a positive manner with people and talking to them in a calm and gentle way, they took time to explain things clearly to people. We saw staff laughing and joking with people, they showed concern for their wellbeing, were attentive to their needs and comforting them. People responded back and were smiling at staff. One person wanted to come into the room where the shift handover took place and went to each of the staff and gave them a cuddle.

To ensure privacy and confidentiality of the others living at the home we saw staff did not use people’s names when they shared information with each other when other people who lived at the home were present. We saw staff knock before entering people’s rooms. Relatives told us; “The staff always give us privacy when we come to visit [person]. There is a warm environment, the staff are very caring and I can visit whenever I want and [person] is well looked after; always clean and appears happy.” Another told us, “We can visit whenever we want and often go every other day.”

The team leader told us seven people living at Brookview were supported by an advocate. An advocate is a designated person who works as an independent advisor in another’s best interest. Advocacy services help support people for example; about their finances which could help people maintain their independence.

Requires improvement

Is the service responsive?

Our findings

People living at Brookview were not consistently supported by staff to pursue hobbies, interests and activities of their choice.

Staff told us they could not always support people to follow their activities and interests, especially in the evenings and weekends. Staff said this was due to a shortage of time to spend with people.

Comments included: "If we want to do activities, or any of our customers want to go out, it is very difficult to do anything. For someone like [person] who likes going to the pub in the evening, we can't do that with three staff." Others said; [Person] would benefit from more input, and I would like to see more educational activities".

A relative told us "If [person] wants to go out it can depend if there is a driver available for the mini bus. [Person] goes out much more now than they used to, the previous manager increased this."

Activities provided to people included movement and music and drama, flower arranging, pottery, baking and aromatherapy which staff and relatives told us people enjoyed. Within the home there was a sensory area and an electric piano, we saw a person who lived at Brookview playing the piano. There was also an art room where people could take part in arts and crafts. Staff told us the local community centre provided activities and they had previously accessed other centres in different parts of the county for people to attend.

One relative told us "Sometimes I have to ring first before visiting [person] to check they will actually be in!" This was because on one occasion they had decided to visit and their relative had gone out with staff. Others said, "There seem to be plenty of activities [person] has gone to music sessions, done flower arranging, visited the Ballet, Disneyworld and the London Eye". Another told us"[Person] has gone to keep fit, they go dancing, out to the cinema and shopping."

Relatives had recently been invited to a garden party held at the home and people living at the provider's other home had attended. Staff who were off duty also attended and some of their families assisted with baking cakes. One relative said, "It was a great day".

One person regularly attended day centres on their own. This provided them with a level of independence and supported them to engage with others in the wider community.

All of the people at Brookview went to Blackpool for the day and the team leader made sure there were enough staff on duty so everyone in the home who wanted to was able to go. Staff told us; "Sometimes a person does not want to go out and that's fine, it's their choice at the end of the day."

People's care plans contained details about what support they required and what they were able to do for themselves; however these had not been reviewed since July 2014. This meant that information about the care and support of some people may not be up to date, for example someone had recently attended hospital after a seizure and this was not detailed in the care plan. The team leader told us that the care plans were currently being updated to make sure that the content was reflective of people's current needs. They told us that instructions had been given to staff about the importance of making sure all documentation was accurate and up to date. Staff we spoke with did, however, have a good understanding of people's current care and support needs.

Staff told us they used a person centred approach in supporting people which meant people received care and support to meet their needs in the way they preferred. We saw that records were written in a person centred way meaning the person was at the centre of their care and support.

We looked at three peoples' care plans and they contained information about them such as their likes and dislikes, their non-verbal communication signs and how staff could recognise changes in behaviour. With this information it enabled staff to look at someone's body language or facial expressions and identify what their needs might be. For example one person would place their hand against their face and then move it away. Staff told us this was a sign the person might be in pain and may need some pain relief. We observed that staff did have a good understanding of the people they were caring for and could recognise when they were communicating particular needs such as assistance with continence issues and personal care.

Care plans also contained information about people's relatives and family background. Staff told us; "Care plans

Requires improvement

Is the service responsive?

give me the information I need about someone." Another said" I like to find out about people's interests, get to know them, like their taste in music. I do this by reading the care plans and by asking colleagues and relatives. I find out from them about people, third party input is invaluable."

Where people were not able to communicate their preferences relatives told us they had been consulted. One said "Staff regularly call me to discuss things." Another said "Staff call me if there are any concerns, occasionally we will have meetings with them but we visit frequently and can talk to them at any time." Another relative told us; "[Person] had an issue with getting up and walking around so the staff contacted me to discuss this and suggested a referral to the Occupational Therapist which happened.

The provider's complaints procedure was displayed in the home, and they had not received any complaints in the last 12 months. We asked relatives if they knew how to report any concerns if they had any and they all said "Yes". They told us "I do know but I have no concerns really." Another said, "We have every confidence in the staff but we know we can make a complaint if we need to. They call us if there are any problems."

The team leader told us that they strived to accompany people when they needed to go to hospital; however this was not always possible as this would leave the home with less staff to care for the remaining people. The home did have a box for each person containing a hospital passport and epilepsy management information which would provide essential information to hospital staff about the person, how they communicate and what their individual needs and requirements were.

Requires improvement

Is the service well-led?

Our findings

There was no registered manager at Brookview at the time of our inspection. The team leader told us the previous manager had left the service eight months ago and as a result the home had been through a challenging time. An interim manager and the team leader had overseen the day to day running of the home during this period and a new manager had been appointed and started in their role three days before our visit. They were not at the home on the day of our inspection as they were attending a manager's meeting.

Staff clearly enjoyed working in the home and valued the homely atmosphere. They told us "I love it. I love every aspect of the job." "It is a lovely place to work. I do like it," and "This is a home from home."

The team leader was jointly responsible for the managerial responsibilities during the period the home had been without a registered manager. Relatives told us of this person; "[Person] has been excellent, lovely personality, very caring, she has her finger on the button and is very capable; she should be the new manager." Others said; "[Person] is very approachable and knows my relative inside and out. It will be good though to have a new manager for stability."

All the staff we spoke with told us this person had worked hard to provide support and direction. Comments included: "[Person] does so much, literally I cannot fault her, there is only so much one person can do but she has really tried". Others said, "[Person] is always around and it's good to have some consistency, she is very supportive."

Staff also spoke positively about the interim manager but said it had been difficult as they had only attended the home twice a week due to commitments working in another home. One staff member said, "He has only been here two days a week, I think it helps to have a manager of your own because it gives the place structure." Another said "He is approachable."

The team leader provided support where necessary to help support other staff on shift, however this impacted on the time they had to carry out their managerial responsibilities in the home in the absence of a full time manager.

Staff told us they had staff meetings and felt able to raise their concerns about issues within the home. A staff member told us "They are really good but we have mentioned in the last staff meeting about staffing levels." Another member of staff told us they had also raised issues around staffing levels at the team meeting.

Family and friends were encouraged to put forward their views about the service through completion of questionnaires. We saw that one family had asked for written monthly reviews providing them with feedback on their relative's health and involvement in activities. This had been put in place, together with six monthly review meetings. When asked what people would like to see improved, one relative had responded with more activities and another that they would like more permanent staff.

People's responses were positive with most people rating the service as very good. A further questionnaire was planned in February 2016 to check whether people's views of the service had improved.

The provider carried out their own internal quality inspections. As part of this process, in August 2015, the provider had identified a number of areas for improvement required and an action plan had been produced. The provider had carried out a further visit to ensure the actions had been implemented. These included the reviewing of care plans, accuracy of recording food and fluid intake and incident and accident forms. These issues were again highlighted on the provider's latest visit prior to our inspection and plans were in place to address these issues. Daily 'spots checks' are now being undertaken to make sure staff are recording information correctly.

There was a 24 hour on call system to support staff if they needed to speak to a manager or team leader out of hours.

Staff told us they had a good understanding of their role and responsibilities. We observed staff enjoyed their work and valued the service they provided; they told us that they were happy and motivated to provide high quality care but at times there were not enough of them to fully meet people's needs and preferences.

Where investigations had been required, for example in response to accidents and falls, analysis within the home had not always been carried out to learn from the incident and make improvements to reduce the likelihood of them happening again. The PIR informed us that the provider has a dedicated health and safety team who monitor all

Requires improvement

Is the service well-led?

accident and incident forms to look for trends and advise on how practice can be improved to prevent recurrences. The provider had sent notifications to us about important events and incidents that occurred at the home.

The interim manager informed us they would be having regular meetings with the new manager to ensure there was a full and effective handover of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Regulation 18 (1). There were not always sufficient numbers of staff to meet the individual needs of the people who used the service.