

Sense

SENSE - 85 Park Road

Inspection report

85 Park Road
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06 November 2023
13 November 2023
16 November 2023

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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

SENSE - 85 Park Road is a residential care home providing accommodation for up to 6 people who require personal care. The service provides support to people living with a learning disability, autistic spectrum disorder or sensory impairment. At the time of our inspection there were 6 people, all living with a sensory impairment living at the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

People were not always supported safely with their individual nutritional needs. Training was ongoing.

An ongoing refurbishment plan was in place, we saw the windows and doors being replaced during the inspection. People's bedrooms were nicely decorated and personalised.

Medicines were administered safely. We made a recommendation in relation to ensuring PRN protocols were specific. 2 staff checked in the medicines from the pharmacy and medicines administration record included allergy information in them.

Activities were undertaken, however, these were inconsistent and lacked engagement. Records included some information about aids to help people with communication. However, people were not consistently engaged by the staff team.

Right Care

The feedback about people's care was mainly positive and that their privacy, dignity and independence was respected. We noted some kind and caring interactions however, the engagement between staff and people was limited, dependent on the staff on duty. One person had stained clothing on for a number of hours. Where changes in people's behaviours were seen, the staff failed to always act on this. We saw people treated with dignity and they were supported and encouraged with their independence. Records were stored securely in line with GDPR requirements.

Risks were assessed and managed and systems were in place to ensure allegations of abuse were dealt with.

Care records had been completed. However, they did not always reflect accurately people's current and individual needs. Family told us they had been involved in the development of care plans.

Right Culture

We observed differences in the skills of the staff team. We saw evidence of professionals involved in people's care. Staff were recruited safely, although we made a recommendation in relation to ensuring suitable staff delivered people's care.

People were mostly supported to have maximum choice and control of their lives and staff somewhat supported them in the least restrictive way possible and in their best interests; the policies and systems in the service somewhat supported this practice. The registered manager gave assurance they would ensure all staff understood how to protect people from unlawful restrictions. Complaints were managed and a range of positive feedback was noted. There was evidence of partnership working and we saw professionals visiting during the inspection.

People were engaged and involved, meetings were taking place. Staff were positive about the management and support they provided. Most relatives were positive, but some feedback was mixed.

Audits and monitoring was being undertaken. However, they failed to identify the shortfalls we noted at this inspection

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good, published 13 September 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation person-centred care, meeting nutrition and hydration needs and good governance.

We made recommendations in relation to sufficient numbers of suitable staff, the management of medicines, ensuring staff understood how to protect people from unlawful restrictions, to ensure all staff regardless of knowledge and skills.

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

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

SENSE - 85 Park Road

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

SENSE - 85 Park Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. SENSE - 85 Park Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection. Inspection activity started on 6 November 2023 and ended on 16 November 2023. We visited the service on 6 and 13 November 2023.

What we did before the inspection

We looked at the information we held about the service and asked for feedback from professionals. We checked whether Healthwatch had undertaken a review of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 relatives and undertook observations on both days at the service. We asked for feedback from professionals. We looked at 3 care records, medicines records and associated documentation. We spoke with 10 staff and sought feedback from them via email. These included 8 care support staff, the deputy manager and the registered manager. We checked 3 staff files, training records and records relating to the operation and oversight of the service.



Is the service safe?

Our findings

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

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

Using medicines safely

- People were mostly supported to receive their medicines safely.
- We checked the medicines administration record (MAR) and noted 1 person's allergy status was not recorded on the MAR chart provided by the pharmacy. This posed a risk that a person may receive a medicine they were allergic too. This had not been picked up as part of the auditing of the service. The registered manager took immediate action to rectify this.
- PRN (as required medicines) protocols had been completed. However, they did not always contain detailed information to guide staff on what the medicine was to be administered for.
- Medicines were stored safely and temperatures were being undertaken in line with guidance. However, not all medicines were being checked into the service in line with the providers policy.

We recommend the provider seeks nationally recognised guidance to ensure medicines were managed safely and take action to update their practice accordingly.

- No one raised any concerns in relation to the management of people's medicines. All staff employed by the service told us they had undertaken medicines training and competency checks.
- We observed medicines being given safely and medicines records signed.

Staffing and recruitment

- The provider ensured there were sufficient numbers of mostly suitable staff in place.
- The feedback about the staffing numbers was mixed. Relatives mostly told us there was, "Sufficient staff in place." However, some concerns were raised about the use of agency staff. Comments included, "They have had problems with getting the staff in the past" and, "Do worry about staffing levels. Sometimes there is heavy use of agency."
- The feedback from staff about the staffing levels was mixed. They said, "Yes and no, there is enough staff on shift, but we can always do with more flexibility within the team", "Night staff yes (enough) day staff no. We are struggling to recruit but the good thing is we use the same agency ladies" and, "There is enough staff. Now and again we use agency staff. We try to use the same agency; they do not always know what they are doing we try to get the same staff. We will monitor and support the staff, do induction with them. There will always be a staff member, agency are never left on their own."
- The registered manager discussed the ongoing recruitment programme and the current challenges to fill vacancies. Where agency were being used they were keen to ensure these were regular staff to support a consistent delivery of care to people.

We recommend the provider ensures all staff are equipped and knowledgeable to meet people's needs.

- The provider operated safe recruitment processes.
- Staff had been recruited safely and relevant checks had been undertaken to ensure staff were suitable for their post. Agency profiles were available for the staff team where agency staff were used to cover shifts.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed and managed. Lessons were somewhat learned.
- Individual and environmental risks had been assessed and, servicing and checks on the environment had been completed.
- Accident and incident records had been mostly completed. Records included the immediate actions taken. The registered manager confirmed they would ensure all records of incidents and accidents demonstrated they had been reviewed by the management. We also found they needed more detail to demonstrate the management of incidents and support lessons learned. We asked to review a specific incident report for one person. Whilst details in relation to the actions taking including liaison with professionals was seen, no incident reporting record was provided from the registered manager.

Preventing and controlling infection

- People were mostly protected from the risk of infection. Audits and cleaning checks had been completed.
- We observed staff wearing PPE as required. We discussed how the service managed all areas of cleanliness and the importance of ensuring all staff understood how to reduce risks. The registered manager gave assurances about the action they would take to ensure all staff understood how to deal with spillages safely in the service.
- Information, policies and guidance was available to support infection prevention and control management. Staff had undertaken relevant training.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Most relatives told us their family member was safe. Comments included, "[Person] is safe in the home" and, "[Person] is yes absolutely safe." One relative discussed an ongoing concern which was being investigated by the relevant organisations.
- Systems had been developed which supported the investigation and actions if abuse was suspected. Staff knew what to do if abuse was suspected. One said, "I feel everyone is safe. I have no safeguarding concerns. I would raise any concerns straight away to manager and the Care Quality Commission, I would go higher if needed."
- Policies and guidance was available and staff had undertaken safeguarding training. This would ensure action was taken to investigate abuse allegations.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported to eat and drink safely.
- We saw one person had a specific need in relation to their nutritional needs. The registered manager told us about how to manage this and there was evidence of professionals involved in their care. However, we checked their care records and saw these did not demonstrate how to manage this safely. There was no information in relation to specialist advice to support the persons nutritional needs or the action to take if staff raised a concern. Fluid charts did not confirm staff had provided them with their fluids, in line with their individual, assessed needs.
- Meals were prepared by the care staff team and there was a 4 week rolling menu. Most people's individual needs in relation to their meals and how these were to be served was met. However, one person's care record did not provide up to date, consistent information. This included information in the hospital passport, the risk assessment for meals and the eating and drinking statement.

We found no evidence people had been harmed however, records and guidance were not in place to ensure people received the safe and appropriate support for their nutritional needs. This was a breach of regulation 14 (1) Meeting nutritional and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us about how one person liked their meal to be served and provided assurance they would ensure this was reflected in their care plan. We observed some people receiving their meals. They appeared to be enjoying them, and making decisions in relation to their experience.
- Food was mostly stored safely. We saw raw meat stored incorrectly in the fridge, the registered manager took immediate action to ensure food was stored safely and in line with guidance. Information and guidance was available and the kitchen was clean and tidy. The service latest food hygiene rating was 5, the highest score available.

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 MCA 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 Safeguarding (DoLS)

- The provider was somewhat working in line with the Mental Capacity Act
- We observed an household activity undertaken by one staff member which could prevent one person making their own choices. The registered manager provided an explanation for this and confirmed no unlawful restriction had taken place. The registered manager confirmed they would ensure all staff understood how to protect people from unlawful restrictions. Whilst some staff told us they had undertaken MCA training, the training matrix noted gaps in the amount of staff who had completed it.

We recommend the provider seeks nationally recognised guidance to ensure all staff had an understanding of MCA and DoLS, completed training and take action to update their practice accordingly.

- Care records included information in relation to mental capacity assessments and best interests decisions. Evidence of completed and submitted DoLS application to the assessing authority was seen. Information, policy and guidance was available for the staff team to access.
- People were observed making choices as part of their daily routines.

Staff support: induction, training, skills and experience

- The service had supported and trained staff in place. The feedback about the skills of the staff team was mixed. Comments included, "Staff absolutely know what they are doing" and, "The staff have the skills to look after [person]." However, others told us, "The staff need to be more on it. A couple of staff are excellent [2 staff members named]" and, "I query if the staff are trained. They have an awful lot of bank (agency) staff."
- A professional raised a concern in relation to a specific training need for the staff team. The registered manager confirmed this training was no longer a requirement for staff to complete this.
- Staff told us they had undertaken training relevant to support them in their role. One said, "I am up to date with my training online, and face to face."
- During our observations we noted staffing abilities and skills depended on the member of the staff team. The registered manager gave assurance they would ensure all of the staff team, including agency staff had the skills to meet the needs of the individuals.
- Staff files and training records confirmed staff had completed training. Supervision and competency checks on care delivery and tasks had been undertaken.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. People were supported to live healthier lives, access healthcare services and support.
- People were supported to access health care services and we saw evidence of the involvement of health and care professionals in their care. Information and guidance including nationally recognised guidance was available to support and guide staff in supporting people with their health needs. Care records confirmed oral health assessments had been completed.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. Care records included assessments undertaken by the local authority.

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

- People's individual needs were met by the adaption, design and decoration of the premises. Relatives were happy with the environment and people's personalised bedrooms.
- We looked around the service and saw people's bedrooms were nicely decorated and personalised. Staff told us all areas of the environment were kept the same to ensure people who were living with a visual impairment were able to mobilise safely. We saw very limited tactile objects and equipment accessible in the communal areas for people.
- There was an ongoing refurbishment taking place. We observed all of the windows and doors being replaced during the inspection. People were supported to access the community on day one of the inspection. This helped to lessen the impact of the updates on people living in the service.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported. People were supported to express their views and make decisions about their care. People's privacy, dignity and independence was mostly respected and promoted.
- We noted some kind and caring interactions taking place. However, the quality of this was dependent on the staff member involved. We saw a number of occasions where staff had very limited engagement with people.
- We also noted one person's clothing was not changed where a stain was evident for a number of hours, and staff did not always act or provide assurance where people demonstrated a change in their behaviours. We discussed this with the registered manager who confirmed they were addressing the concerns in relation to engagement and interaction with the staff team.

We recommend the provider seeks nationally recognised guidance to ensure all staff regardless of knowledge and skills understand the importance of engagement, support and involvement with people and take action to update their practice accordingly.

- Relatives mostly told us they were happy with the care people received, and regular routines were maintained to support their needs. Comments included, "Care is brilliant, happy with the care [person] gets. They struggle with staff, like all places. It is not as nice when agency used. We see the same staff try to get the same ones (agency staff)" and, "[The staff] are lovely with [person] very kind and caring. They keep things in the same place to help people. They have really regular routines for [person]." However, one feedback, "I am happy with the care but this can be dependent on the staff (on duty) at the time."
- Personal care was being delivered in the privacy of people's own rooms and staff were observed knocking on doors before entering. We saw one staff member demonstrating good practice by immediately approaching one person using touch to make them aware they were in the room.
- Staff supported people with their personal care with dignity and privacy and they enabled people to be independent in their day to day lives. Where people demonstrated their choices, this was respected. Staff understood people's needs. They told us, "We value their [people's] skills, experience, what and who is important to them, we support them and manage their wellbeing. People are being cared for in the right way as far as I know", "The fact that the supported people are given the time they need during routines and their choices are respected at all times is a credit to the team, we are here to support them to lead a fulfilled life that they choose" and, "I feel the standard of care is high and very much personalised."

- Confidential information was stored securely either in the registered managers office or in a small, locked room in the communal area of the service. This supported the requirements of General Data Protection Regulation (GDPR) to ensure personal information was stored safely.
- Up to date policies and guidance was available to support staff in delivering care. We saw evidence of advocates involved in supporting people with decisions where this was required. Advocacy means getting support from another person to help people express views and wishes, and help people stand up for their rights.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Assessments of people's current needs had not been consistently completed. Care records were in place and included some good information about people's diverse needs and inclusion. However, guidance in the care plans was sometimes inconsistent, incorrect or out of date. The registered manager was able to confirm the current care needs of the people's records we reviewed.
- They provided assurances care records would be reviewed as a matter of urgency. We saw evidence of monthly reviews taking place however, these did not identify our findings at the inspection.
- Assessments had been undertaken and hospital passports had been developed to support people in the event of a hospital admission. The registered manager confirmed they would ensure these reflected all of the needs for people so that hospital staff had up to date and relevant information.
- Daily records were completed in the form of a weekly booklet. These detailed the care provided, tasks undertaken and activities. The content of these varied in their detail about the care provided.

Whilst no harm occurred records to guide staff on the current individual needs of people had not been reviewed or completed. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they had been involved in the development and reviews of care plans. They said, "[Person] has a care plan. I have been involved and agreed to [persons] care", "[Person] has a care plan. They have been there a long time, they change it if things change" and, "I have gone through [persons] care plan. I was called last week regarding the care plan update."
- Staff understood the importance of care plans and confirmed these were used to guide the care people received. They told us, "The health and welfare files are reviewed each month, and updated as needed, staff members complete health action plan records with day-to-day appointments" and, "Care plans provide detail and effective personalised care to be provided to the service users (people who used the service). The care plan is being reviewed as often as needed."

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 were not always supported to maintain relationships, follow their interests or take part in activities that were relevant to them. Feedback from family was mixed about the activities provided. Comments included, "They (the service) do activities with [person]. They were out all day yesterday. We had a message from [staff member] regarding activities yesterday and [person] had a full day out last week."
- However, others told us, "People are not provided with activities or with equipment to undertake activities."

There are no sensory sessions taking place. I have never interrupted a sensory session" and, "We have to ask staff to take [person] out. Due to quality of staff [person] is not being encouraged to go out." The registered manager provided assurances staff knew they had access to public transport when non-drivers were unavailable to support community activities.

- There was some records of activities undertaken as well as communication with family. However, care records did not consistently demonstrate the activities people enjoyed in line with their care plan were provided. There was a weekly activities programme for people. However, this was basic and some of the activities listed related to care.
- We saw some people taking part in activities in the community on both of the days we visited. However, these were not in line with the persons activities programme. The registered manager told us some of these community activities were provided to minimise the impact of the window installation.
- We observed some very basic activities being undertaken. These included very basic music interactions, and tactile activity. The service lacked an engaging atmosphere, with very few interactions noted with either staff or people. We observed staff providing undignified support during one person's activity.

Whilst no harm occurred, the provider failed to ensure people were supported and engaged in meaningful and appropriate activities according to their needs. This was a breach of regulation 9 (1) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was not always meeting the Accessible Information Standard. People's communication needs were not always understood and supported.
- All people living at the service required alternative ways to communicate with them. We saw some evidence of using touch to help and assist with daily tasks and activity. However, this was not consistent across all areas of the care and support people required. In particular where people were sat in communal areas.

Whilst no harm occurred, the provider failed to ensure people were supported and engaged in meaningful and appropriate communication according to their needs. This was a breach of regulation 9 (1) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records contained information about aids to support people with communication.
- Technology was being used. Hand held electronic devices were available where people wished and Wi-Fi was available. We saw evidence of communication via a social media platform with family about people's day and the activities they undertook. Staff and the management used laptops to develop care records and to support the operation and management.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. People told us they knew how to complain. Comments included, "I am happy. They would sort it if I had a concern", "If there was a problem I would raise it and would speak to them" and, "I have no concerns, if I was concerned I would say something."

- There was a complaints policy in place and records seen in relation to complaints and the outcomes and actions taken as a response to these. The registered manager discussed an ongoing complaint and their investigation. A range of positive feedback had been received.

End of life care and support

- Policies were in place to support end of life care. Staff meeting minutes detailed some consideration in relation to funeral wishes for people.

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

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

- Systems did not always effectively monitor the quality of care provided to drive improvements. Oversight and monitoring was not being completed effectively.
- Audits were taking place in a range of areas. Records included the actions taken as a result of these. However, the findings from our inspection had not been identified.
- During this inspection we identified breaches in relation to ensuring systems were in place so that people received safe and appropriate support for their nutritional needs, that records to guide staff on the current individual needs of people were in place and up to date. As well as breaches in relation to ensuring people were supported and engaged in meaningful and appropriate activities and meaningful and appropriate communication according to their needs.
- We also made recommendation that the provider ensured sufficient numbers of suitable staff were in place, the safe management of medicines. As well as recommendation to ensure staff understood and trained in how to protect people from unlawful restrictions.

Whilst no harm occurred, systems were not robust enough to monitor the operation and oversight of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw evidence of notifications being submitted to the Care Quality Commission. The registered manager acted immediately to ensure outstanding notifications in relation to some recent incidents were submitted without delay.
- Managers and staff were clear about their roles and understood quality performance.

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

- A person centred and open culture which supported good outcomes for people was in place. We saw management supporting staff positively. Relatives were mostly positive about the management. Comments included, "[Registered manager] is very good, has worked her way up. She knows what she is doing" and, "[Registered manager] is very down to Earth, she is grand, she sorts things and is open." However, one person feedback, "Sometimes the (registered) manager doesn't respond appropriately."
- We received positive feedback from staff about the registered manager. They told us, "I feel supported by the (registered) manager. She has my back and is supportive" and, "The (registered manager) is

professional, compassionate, caring, easy going and easy to talk to. I have never worked in a more person-centred place than (SENSE 85-) Park Road."

- All the staff team were very supportive of the inspection and requests for information was provided promptly.
- Certificates of registration and the ratings from the last inspection were on display, as well as their employers liability insurance certificate.

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

- The provider acted when things went wrong. The registered manager, staff and senior team provided assurances they would act on our findings, where this was required.
- Correspondance in relation to the findings and actions was seen as a result of concerns and complaints.

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

- People and staff were mostly engaged and involved. Most relatives told us they had been asked for their views and were involved. One said, "I have done a survey with feedback about one month ago." However, others told us they had not completed surveys or attended relative meetings.
- We saw evidence of completed surveys with feedback and actions recorded. The registered manager told us no formal relative meetings had been undertaken recently. They said they had an open door policy and updates were shared regularly with relatives. Minutes from regular staff meetings were seen. These included the dates for these, attendees and the topics discussed. Staff told us they were engaged and involved and their views were listened to.

Continuous learning and improving care

- The service had an environment to support continues learning and improvements in care.
- Guidance and information was available, and on display to support staff in providing care to people. Policies and procedures were available and up to date to support staff in their role. The provider had developed newsletters with information and updates about the service.
- Staff had been allocated roles as champions to improve and share knowledge in a range of areas. These included medicines, food, oral health and mentoring.

Working in partnership with others

- The service worked in partnership with others. Care records included information which confirmed the involvement of professionals, to provide guidance and training. We saw professionals visiting during the inspection.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure people were supported and engaged in meaningful and appropriate activities according to their needs.</p> <p>Regulation 9 (1)</p> <p>The provider failed to ensure people were supported and engaged in meaningful and appropriate communication according to their needs.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>People were at risk of harm because systems were not in place to ensure people received the safe and appropriate support for their nutritional needs.</p> <p>Regulation 14 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to ensure records to guide staff on the current individual needs of people had been established to ensure people received up to date care according to their needs.</p>

