

Almondsbury Care Limited

Belmont House Nursing Home

Inspection report

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Date of inspection visit:
12 November 2020

Date of publication:
31 December 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Belmont House is a care home with nursing and accommodates up to 40 people in one adapted building. The service provides care and support to people who are living with dementia. At the time of our inspection there were 27 people living at Belmont House.

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

Since the last inspection improvements had been made to the cleanliness of the environment and the layout and design of the service. Cleaning routines had been improved and there were no unpleasant odours. The dining room and a quiet lounge had been re-designed to make them more suitable for people's needs. Many areas of the building had been re-decorated, and this was on-going. There was a calm atmosphere and people appeared happy in the changed environment.

Improvements had been made to how risks were identified, assessed, monitored and reviewed. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

Where people were assessed as needing to have specific areas of their care monitored, such as their weight, food and fluid intake, skin care and re-positioning records of these checks had improved. Any changes in people's health were escalated to the relevant professional and relatives were kept informed.

Medicines were now being well managed. Improvements had been made to the recording of when people's medicines were given, stock control, medicines audits and medicines care plans.

At the last inspection we made a recommendation about how staff accessed training and at this inspection support was in place for staff to complete online training. The training programme had been updated and courses were booked, although not all completed at the time of this inspection. However, health and safety and infection control training had been completed by all new and existing staff. Staff told us support from managers was good and formal supervision, under the new management, had started.

There had been a lack of consistent management of the service since December 2019. This had resulted in systems and processes being frequently changed and not effectively implemented or embedded. At this inspection we found the assessing and monitoring of the safety and quality of the service had significantly improved. However, a robust auditing system for the provider and manager to have oversight of the service was still being developed and was not yet fully embedded.

In August 2020 a new manager took over the running of the service and a new management team had been appointed including head of care and clinical lead. During June and July several care and nursing staff left. Some returned a few weeks later and new staff had been recruited, and this was on-going, to fill the remaining vacancies. There was a positive culture and staff had quickly become a cohesive team. Staff told us they had confidence in the new management and felt completely supported. Relatives also said they had

confidence in the new management and told us this had resulted in more positive outcomes for people living at the service.

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "Staff treat people well and I feel [person] is safe" and "Until the last couple of months I was very worried about [person], but they are safe now."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely, and deployed in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm.

Cleaning and infection control procedures had been updated in line with Covid-19 guidance to help protect people, visitors and staff from the risk of infection. During the summer months families had met people in the garden. A bedroom next to the main entrance had been converted into a visitor's room to enable people to see their families during the winter months. Several relatives were making regular visits to see their loved ones, and this was welcomed.

Care plans were individualised, and detailed people's needs and preferences. A newly recruited well-being co-ordinator provided personalised and responsive activities in line with each individual person's needs and wishes.

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

Rating at last inspection and update

The rating for this service at the last comprehensive inspection was requires improvement (report published 19 December 2019). The rating was not changed at the targeted inspection (report published 14 August 2020). Across the two inspections there were four breaches of regulations. The provider completed an action plan after both of these inspections to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the provider was still in breach of one regulation.

Why we inspected

The inspection was carried out to follow up on the action we told the provider to take at the last two inspections. As a result, we carried out this focused inspection to review the key questions of Safe, Effective, Responsive and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the caring key question and therefore we did not inspect that key question. Ratings from previous comprehensive inspections for that key question were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belmont House Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified a continued breach in relation to the governance of oversight of the service.

Follow up

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Belmont House 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Belmont House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Most people were unable to tell us about their experiences of living at the service, so we observed how people spent their time and how staff interacted with them. We spoke with two care staff, the head housekeeper, the clinical lead and the manager.

We reviewed a range of records. This included four people's care records and a sample of medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two healthcare professionals and a further three relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our inspection in July 2020 the provider had failed to robustly assess the risks relating to the health safety and welfare of people, particularly in relation to the monitoring of people's skin integrity and weight loss. This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to how risks were identified, assessed, monitored and reviewed. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk of losing weight, choking, had specific dietary needs, at risk of falling, or needed to be hoisted.
- Where people were assessed as being at risk of pressure damage to their skin, skin integrity care plans were in place. These care plans gave clear instructions for staff as to how often people should be re-positioned to help prevent skin damage. Records showed these checks were being carried out in line with each individual's assessed needs.
- Some people had been assessed as needing pressure relieving mattresses to protect them from skin damage. There was a system in place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight.
- Risk assessments were completed to decide if people were at risk of losing weight. Records showed, where people were at risk, their weight was regularly checked and appropriate action taken if there was a change to their weight.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Using medicines safely

At our last inspection medicines were not robustly managed. This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The management of medicines had improved since the last inspection. People received their medicines safely and on time. Staff were trained in medicines management and the clinical lead monitored nurse's competency to ensure ongoing safe practice. A formalised process of recording competency checks had been set up and was due to be implemented shortly after this inspection.
- The stock of medicines had reduced and was better controlled because the ordering process was now being managed effectively.
- There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- Some people required their medicines to be given covertly (without their knowledge or consent). Appropriate best interest decisions had been carried out and advice sought from a pharmacist to check if the medicines were suitable and safe to be given in food or drink.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

At our inspection in November 2019 we recommended the provider take steps to ensure systems to monitor and address risks associated with the cleanliness of environment were managed effectively. The provider had made improvements.

- Since the last inspection improvements had been made to the cleanliness of the environment. Cleaning routines had been improved, cleaning products were stored safely and there were no unpleasant odours.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Conversations with relatives and staff confirmed there were always enough staff available.
- During our inspection we saw staff were responsive to requests for assistance and recognised when

people needed support. Staff had enough time to engage with people in a meaningful way.

- During June and July several care and nursing staff left. Some returned a few weeks later and new staff had been recruited, and this was on-going, to fill the remaining vacancies. The vacancies still to be filled were mostly for nurses and agency nurses were being used. Shifts were filled by regular agency nurses who were currently only working at this service.
- The clinical lead and another permanent nurse worked opposite each other so there was always one employed nurse on duty to work alongside the agency nurse. Night nurse cover was also planned so a permanent nurse worked with an agency nurse.
- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Relatives told us they were happy with the care they received and believed it was a safe environment.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Information about how to report safeguarding concerns externally was displayed in the service.
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and the manager had oversight of these to identify any trends or patterns. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs; Supporting people to eat and drink enough to maintain a balanced diet

At our inspection in November 2019 there was a lack of facilities available for people to receive person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

At our inspection in November 2019 the provider had failed to maintain the premises to a satisfactory standard and ensure the premises were suitable for the purpose for which they were being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Since the last inspection improvements had been made to the layout and design of the service. The dining room and a quiet lounge had been re-designed to make them more suitable for people's needs. We observed people appeared happy in the changed environment and the atmosphere in the shared areas was much calmer and suitable for people's needs.
- The maintenance of the building had improved. Many areas of the building had been re-decorated, and this was on-going. The provider had researched best practice about how the decoration of the environment could support people living with dementia and used this when making decisions about how the premises were decorated.
- Access to the garden was now more suitable for people with mobility difficulties and patio and seating areas had been improved. This made it possible for people to go into the garden and enjoy spending time there.
- At previous inspections people did not have a good dining experience because there were not enough dining tables for people to eat at, should they choose to. At this inspection a separate dining room had been created and we saw this was used by several people throughout the day which meant people had a positive shared dining experience.
- People were provided with healthy meals. Staff were aware of any specific dietary requirements, for

example, if people needed their food to be pureed to minimise the risk of choking.

- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Nutrition and hydration care plans were in place and covered people's dietary needs and detailed if assistance from staff was needed. When people's food and fluid intake needed to be monitored, we found records were consistently completed and acted upon if necessary.

Staff support: induction, training, skills and experience

At our inspection in November 2019 we recommended the provider consider current guidance on the best way to ensure all staff had access to effective training opportunities. The provider had made improvements.

- Since the last inspection the service's training programme had been updated. Staff were supported to have access to online training and given time to complete their training.
- Training and induction courses had been booked, although not all were completed at the time of this inspection. However, all staff new and existing staff had completed in house health and safety and infection control training. New staff spent time working with experienced staff until they felt confident to work alone.
- Relatives told us they thought staff were competent and understood people's care and support needs. They told us, "Staff understand [person's] needs" and "Staff have learnt how to manage [person's] behaviour."
- Staff were provided with opportunities to discuss their individual work and development needs. Due to management changes one to one supervision meetings had fallen behind. However, staff told us informal supervision and support by management was good. A programme of formal supervision, under the new management, had started.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place. Everyone living at the service either had an authorised DoLS in place or an application had been submitted.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

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

- Each person had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From these initial assessments care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and were able to provide care and support which met their needs.

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

- People's health conditions were well managed and staff engaged with external healthcare professionals such as occupational therapists, physiotherapists and GPs as needed to help provide consistent care.
- The home had a named GP who supported the service and they carried out weekly video meetings to check and discuss people's health needs.
- Relatives told us staff kept them informed if people were unwell, especially since family visiting had been limited due to Covid-19. One relative told us, "Staff were quick to identify that [person] had an infection and contact the GP for antibiotics. When I visited [person] recently they were well and the best I have seen them for a long time."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. People's needs were met through good organisation and delivery.

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

At the inspection in November 2019 we recommended the provider considers current guidance on delivering meaningful activities for people living with dementia, including the use of technology. The provider had made improvements.

- Since the last inspection additional facilities, to boost the Wi-Fi connection, had been installed to enable Wi-Fi access in all areas of the home. This meant people could keep in touch with their families and have access to the internet.
- The quiet lounge had been equipped with a kitchen area, including a sink, cooker and fridge to enable people to take part in activities such as cooking and life skills.
- A well-being co-ordinator had been recently recruited and they were in the process of developing individual activity plans with people. The co-ordinator was spending one-to-one time with each person to understand what they would like to do and what type of activity they best responded to. Activities were individual to each person's needs and responsive to how people were feeling at that time.
- Care staff had also adopted this person-centred approach to activities and talked to us about they spent time with people to understand their needs and wishes. Each day a resident was picked to be 'resident of the day' and this meant their room was deep cleaned, their care plan was reviewed, and staff were allocated extra time with them to make them feel special and support them to spend the day as they chose.
- Some people spent their time in their room or in bed because of their health needs or personal preferences. Staff spent one-to-one time with people, in their rooms, to help prevent them from becoming socially isolated.
- Many people living at the home frequently needed to be comforted and re-assured. We observed staff interaction with people was very good and they responded to meet people's emotional needs if they became upset and needed comforting.

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

- Staff had a good understanding of people's individual needs and provided personalised care.
- Care plans were individualised, and detailed people's needs and preferences. These were reviewed monthly and updated as people's needs changed.
- Staff told us care plans were informative, giving them the guidance they needed to care for people. Staff were informed about people's changing needs through effective shift handovers. This helped ensure people received consistent care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Relatives told us they would be confident to speak to the provider or a member of staff if they were unhappy. One relative told us they had raised a complaint recently and the manager had taken swift action to rectify the concern.

End of life care and support

- The service often provided end of life care to people, supporting them while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
- As people neared the end of their life the service sought support from GPs and district nurses. Since Covid-19 relatives had been provided with the appropriate PPE to enable them to visit their loved ones at the end of their life.
- People's views on the support they wanted at the end of their lives was discussed with them. For example, where people expressed a wish not to go into hospital and be cared for at the end of their life in the home. This was recorded and respected.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our inspections in November 2019 and July 2020 the provider had failed to establish satisfactory governance arrangements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The service is required to have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the service had not had a registered manager since the beginning of June 2020. The current manager, who started in August 2020, advised us they intended to apply to be the registered manager but had not made an application at the time of this inspection.
- There had been a lack of consistent management of the service since a long-standing manager left in December 2019. Between the long-standing manager and the current manager there had been two other managers for short periods. This had caused systems and processes to be frequently changed and not effectively implemented or embedded.
- At this inspection we found the assessing and monitoring of the safety and quality of the service had significantly improved. This is evidenced in the safe, effective and responsive sections of the report. However, a robust auditing system for the provider and manager to have oversight of the service was still being developed and was not yet fully embedded. For example, a care plan auditing system and a system for analysing accident and incidents was not in place.

While we found no evidence that people had been harmed, however, satisfactory governance arrangements had not been embedded. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

- Roles and responsibilities were defined and understood. The manager was supported by a clinical lead, head of care, senior carers and care staff.
- Important information about changes in people's care needs was communicated at staff handover

meetings each day. As one care worker said, "Brilliant handovers and lots of detail."

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

- People were living in a surrounding that supported their well-being as the environment had improved since the previous inspections and was more person-centred and suitable for the needs of people living with dementia.
- Since starting in August 2020, the manager had prioritised spending time supporting staff to develop a more positive culture and boost staff morale. At the same time recruiting new staff who had the same approach and would fit with the changing culture of the service. There was a positive culture and staff had quickly become a cohesive team. Staff demonstrated commitment to their roles and had built positive and caring relationships with people.
- Our observations and feedback from relatives and staff showed this approach had been successful and had resulted in people receiving more personalised care. Comments from relatives included, "The home has a renewed energy since the new manager has started" and "I don't worry anymore about how [person] is being cared for, if there are any issues, I know staff will let me know."
- Staff spoke positively about the new manager and how the management of the service had improved. They told us they felt valued and were well supported. Comments from staff included, "Since [manager's name] came it's been much better", "Under the previous manager the paper work was really confusing, and I didn't even know where care plans were kept" and "There is now time to read care plans."
- Relatives and healthcare professionals said they had confidence in the management, commenting, "Things are improving, we have confidence in the new manager", "The new manager is like a breath of fresh air" and "The service is making good progress and the staff team seems more cohesive."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

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

- The registered provider understood their responsibilities under the duty of candour. People and their families had been informed of the changes to visiting put in place to manage infection control in relation to Covid-19.
- The provider had notified CQC of any incidents in line with the regulations.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- Questionnaires had not been given to people and their families, although the new manager planned to do this. However, informal feedback had been sought and there was evidence of positive feedback from relatives.
- Relatives have been kept updated with newsletters as changes were made to the service developed as well as information about the new staff recruited and their roles.
- Monthly staff meetings were held at 6pm to enable night staff to attend as well.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care

- Under previous management training had fallen behind and some staff needed support to complete online training. Under the new management all staff had completed a short course to match their skills and development, before starting on the main courses. This helped to identify where staff needed support and provide it according. This helped to ensure staff were trained to the same level, so the care provided to people was consistent.

Working in partnership with others

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.
- Since the last inspection the service had worked closely with the local authority's safeguarding team to bring about improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance While we found no evidence that people had been harmed, satisfactory governance arrangements had not been embedded. Regulation 17 (2)