

Palms Row Health Care Limited

Westbourne House Nursing Home

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Westbourne House Nursing Home is a care home which provides personal and nursing care for up to 71 people with a range of medical and mental health needs. The home also provides intermediate care for people who are admitted to the service from the community or from local hospitals. Intermediate care is undertaken via a National Health Service contract to help ease the pressures on the acute health care services in the area. People receiving intermediate care were receiving rehabilitation to support them to return home or to an alternative care setting.

At the time of this inspection the service was mainly caring for people who were using the service on a temporary basis; some of whom only used the service for a very short period after being discharged from hospital. On the first day of this inspection there were eight people living in the service on a permanent basis and 50 people using the service on a temporary basis. On the second day of this inspection, six of the people using the service on a temporary basis had been discharged back to their own homes. There were therefore 52 people using the service when we concluded this inspection.

People's experience of using this service:

Most people using the service only resided there temporarily whilst they improved their health or regained independent living skills. They had access to a range of health professionals who were based at the service to support the provision of intermediate care. Staff worked alongside these health professionals to help rehabilitate people.

People told us they felt safe. Staff understood how to protect people from abuse and they were confident the manager would act upon any concerns they raised.

There were enough staff deployed to keep people safe, however people and their relatives told us they thought the service was sometimes short staffed, particularly during the night. Staff told us they thought there were enough staff to meet people's needs.

People's medicines were not always managed safely. We found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safe care and treatment.

People told us staff were kind and caring. We observed staff treated people with dignity and respect. Staff knew people well and they provided care and support in accordance with people's preferences. Staff supported people to remain independent.

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

People and their relatives said staff appeared to be well-trained and knew what they were doing. Staff told

us they were happy with the training they received. They thought it supported them to deliver effective care to people.

People knew how to make a complaint if they had any concerns about the care and support they received. People were provided with information about how to complain if they needed to.

The care plans and risk assessments for people using the service on a temporary basis needed to be more personalised. However, the care records for people using the service on a permanent basis were better quality as staff had had more time to develop them.

The provider and registered manager understood most regulatory requirements however they had not notified the Care Quality Commission of some events they were required to tell us about. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The managers monitored the quality and safety of the service. However, the quality assurance system had not identified all issues we found during this inspection in respect of medicines management and the quality of some care plans. Improvements to the quality assurance system are therefore required.

We received positive feedback about the way the home was run. Staff and health professionals based at the service told us about the registered manager's commitment to the service.

More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated good (published 21 November 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Enforcement:

Please see the 'action we have told the provider to take' section at the end of the full report.

Follow up:

We have requested an action plan from the provider, where the provider must confirm the action they will take to make the necessary improvements to the service. We will check the action plan to make sure we are satisfied with the provider's proposals.

We will continue to monitor the intelligence we receive about this service until we return to visit as part of our re-inspection programme for those services rated requires improvement. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Westbourne 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.

Inspection team:

This inspection was completed by three inspectors, one assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience in caring for older people and people living with dementia.

Service and service type:

Westbourne House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Westbourne House Nursing Home provides accommodation and personal or nursing care for up to 71 people with a range of medical and mental health needs. The home is an adapted building over two floors.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on 23 and 29 May 2019. The first day of this inspection was unannounced. This meant no-one at the service knew we were planning to visit.

On 23 May 2019 one unit on the upper floor was closed to non-essential visitors due to a norovirus outbreak. When we returned on 29 May 2019 this unit had reopened and we were able to conclude this inspection.

What we did:

Before this inspection we reviewed information we had received about the service since the last inspection, such as feedback from people and their relatives and information from the provider. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at the service. We also contacted Healthwatch (Sheffield). 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 feedback we received from these organisations to plan our inspection.

The provider did not complete the required Provider Information Return (PIR). We took this into account when making our judgements in this report. A PIR is a form that providers must complete and return to us when requested, to give us key information about the service, what it does well and improvements they plan to make. This information helps support our inspections.

During this inspection we spoke with eight people living at the service and four of their relatives. We spoke with 10 members of staff which included the registered manager, deputy manager, care staff and a range of other ancillary staff.

We also spoke with two health professionals who were based at the service, to obtain their views about the care provided. A range of health professionals were based at the service and they worked alongside care staff employed by the provider. This was due to the provision of intermediate care to people using the service.

We looked at five people's care records. We checked a range of medication administration records and three staff files which included their recruitment checks. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were not being met.

Using medicines safely:

- People were happy with the support they received with their medicines. Comments included, "They are very good with my medication. They are never late with it. If I forget it, I know the staff won't" and "My medication is not always given on time, but it's never been missed."
- Nurses were responsible for supporting people with their medicines. They received training in how to provide this support safely. They refreshed their training every year to help make sure their knowledge remained up to date. However, staff did not undergo a formal annual assessment of their competency to administer medicines safely, as recommended by good practice guidelines.
- The arrangements in place for the safe storage of medicines were satisfactory.
- People usually received their medicines as prescribed, however during this inspection we identified a person appeared to have missed two doses of a prescribed medicine and this had not been noticed by staff at the service or the pharmacist. We discussed this with the registered manager who ensured medical advice was appropriately sought from the person's GP.
- Staff did not follow the provider's policy when recording support they had given people with some topical medicines, such as creams. Care staff recorded the application of creams on a personal care chart instead of a MAR. There was no space on the chart to record which creams had been administered on each occasion and at what time. Staff would have been unable to tell what time a person's topical medicine had last been administered and therefore when the next dose was due. This posed a risk to people's health.
- Improvements were required to the information recorded in people's care records about support they needed from care staff with their creams. People's care plans did not always indicate which creams people were using, why they needed them and where they should be applied.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. People's care records did not include enough information to support staff to recognise when people may require their PRN medicines. For example, their records did not say whether people could ask for these medicines themselves or whether staff were required to observe them for any signs and symptoms when deciding whether to offer PRN medicines.
- We concluded medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Staffing and recruitment:

- There were enough staff deployed to keep people safe.
- We received mixed feedback about staffing levels. People using the service and their relatives said they thought there weren't always enough staff on shift. Comments included, "I think they do their best and the care is very good. It's just sometimes there aren't enough staff to be able to support [my relative] to do the things they want to do", "There aren't really enough staff, especially at nights", "Usually there are enough

[staff] during the day, but at night it can be an issue" and "Around lunchtime, when they are very busy, they could sometimes do with more staff. The trouble is, [my relative] knows that they are busy and won't ring the buzzer."

- Staff told us they thought there were enough staff on each shift to provide timely and appropriate care to people. We observed staff responded to people promptly during this inspection and a relative commented, "The staff do seem quite quick at responding when [my relative] rings the buzzer."
- Staffing levels were not calculated using a formal dependency tool, which would typically use information about people's needs and dependency levels to calculate the number of staff required on each shift. However, the registered manager confirmed they took people's needs into account when considering how many staff were needed and they increased staffing levels if people with complex needs were using the service.
- Agency staff were regularly used to maintain safe staffing levels at the service. The registered manager told us that wherever possible they used agency staff who were familiar with the service to ensure people received care from staff who were familiar to them. However, there were occasions where agency staff who had not previously worked at the service had to be used. The registered manager told us they were actively trying to recruit additional permanent staff, including permanent nursing staff, however this was an ongoing challenge for the service.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

Assessing risk, safety monitoring and management:

- Regular checks of the building and the equipment were carried out, to keep people safe and the building well-maintained.
- Staff assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained risk assessments detailing the specific risks posed to them, such as the risk of falls or the risk of pressure damage.
- In the care plans we checked for people using the service on a temporary basis, we found there was minimal information included in people's care plans about how staff should manage the identified risks. The assessment and recording of risk reduction measures could therefore be improved, to ensure staff have enough guidance about how to support people safely.

Preventing and controlling infection:

- Staff were trained in infection control practices when they started working at the service. They had access to personal protective equipment such as gloves and aprons, to help prevent and control the spread of infection. We observed staff using this equipment throughout this inspection.
- The building was clean and odour free. Staff followed cleaning schedules and the registered manager completed a monthly infection control audit to check the correct standards were being maintained. On both days of this inspection we saw domestic staff working throughout the building and taking time to interact with people and their relatives.
- People told us the building was always clean, commenting, "It's nice and clean. They are always cleaning" and "It's very clean."
- On the first day of this inspection one unit on the upper floor was closed to non-essential visitors due to a norovirus outbreak. The service had implemented relevant procedures to restrict access to the unit and to reduce the risk of cross infection. On the second day of this inspection the unit had reopened.

Systems and processes to safeguard people from the risk of abuse:

- The provider had appropriate systems in place to safeguard people from abuse.
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any

concerns they raised.

- People consistently told us they felt safe. Comments included, "I am safe here, definitely" and "The staff are nice, and I feel safe here."

Learning lessons when things go wrong:

- The provider had a system in place to learn from any incidents or accidents and reduce the risk of them reoccurring.
- Staff completed incident and accident records at the time an incident occurred. The registered manager reviewed the records to ensure staff had taken appropriate action to deal with each incident. The deputy manager analysed the accident and incident records every month to identify any trends and common causes.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into Westbourne House Nursing Home, to check the service was suitable for them. Risk assessments and care plans were then written to provide staff with guidance about how to care for each person using the service.
- The care plans for people using the service on a temporary basis were not well-organised and only contained very basic levels of information about the care they needed from staff. This was partly due to the short period of time these people used the service.
- We found that when there were changes to the care people required, staff made a note of these changes in the care plan review notes, rather than by amending the care plan itself. This meant new staff or agency staff might have missed important information about the care people needed. However, staff attended detailed handover meetings where these changes were discussed. The handover records we checked contained a better level of information. They were detailed and personalised and this helped to ensure staff provided care which met people's needs.
- The care plans for people using the service on a permanent basis contained a better level of detail and were easier to follow. The registered manager told us the provider was already considering re-developing the care plan format for people using the service on a temporary basis, to make them clearer and more concise.
- Most people and their relatives were happy with the care they received. Comments included, "99% of the time, it's very good" and "I think, on the whole, [my relative] is well looked after here. I've found that the staff I've spoken with are approachable."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We observed staff asked for consent before delivering care to people. People also signed consent forms when they started to use the service.
- People's care records contained assessments of their capacity to make various important decisions, where

this was appropriate. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.

- The registered manager had made appropriate applications for DoLS authorisations in accordance with the MCA. However, they did not have a clear method of tracking which people were currently subject to such authorisations and when they were due to expire. They agreed they would benefit from implementing a more organised system of tracking this information.

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed a range of training when they started working at the service and they were required to regularly refresh their knowledge of different subjects. Staff were happy with the training they received and told us they could request additional training if they wanted or needed to. People and their relatives told us they thought staff were well-trained. A relative commented, "Most of the staff are really caring and seem very well trained."
- Staff received regular supervision and annual appraisals to review their competence and discuss areas of good practice or any improvements that were needed. All staff told us they felt well-supported by the management team.

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

- People receiving intermediate care were seen by a team of health professionals who were based at the service, such as physiotherapists and occupational therapists. They supported people to improve their health and independent living skills, so they could be discharged home or to an alternative care setting.
- People were transferred in a timely way from the community or from local hospitals into the intermediate care beds at the service. This helped to decrease the pressures on the acute healthcare services in the area.
- The health professionals based at the service told us staff worked with them to rehabilitate people, to improve their health and to regain skills. The service also worked very closely with the local GPs who regularly visited the service. Staff told us they had "absolutely amazing support from the GP surgery" and this helped them to support people with their health.
- Staff also supported people to access external health professionals when required. People told us staff supported them to attend appointments. One person commented, "I have twice had to go to hospital in the month that I have been here and both times they have arranged the transport and supported me to the appointments."

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

- People were supported to maintain a balanced and varied diet that met their nutritional requirements. Where people required a special diet because of medical or cultural reasons, this was catered for.
- People and their relatives were positive about the food options available. Comments included, "You can't beat the food. There is so much choice at lunch and dinner. If you don't want a big meal you can have sandwiches" and "I've found that [my relative] has eaten well whilst they've been here, which is a surprise. Their appetite has improved a lot."
- Nurses were responsible for monitoring people's food and fluid intake where they were assessed to be at risk of malnutrition or hydration.

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

- The premises had enough amenities such as bathrooms and communal areas to ensure people could receive the support they required. Technology and equipment was used effectively to meet people's care and support needs.

- The premises had written signage displayed in the corridors to help people to navigate around the building. The corridors were wide which made it easier for people using mobility aids to mobilise safely.

Is the service caring?

Our findings

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

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

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

- People told us staff were kind and caring. Comments included, "Oh yes, the staff are lovely. There are some comics and I can have a good laugh with some of them", "The staff are fine. They're helpful" and "The staff, in the main, are very friendly."
- We observed staff were attentive to people throughout this inspection. They spoke to people in a calm, friendly manner. They listened to people and supported them effectively if they became anxious or distressed.
- Even though many people using the service were only staying at the service for a short period of time, we observed that most staff knew them well and had developed positive relationships with them. We observed agency staff, who were not familiar with people, were supported by permanent staff to get to know people. One person commented that when new agency staff started working in the home they came to introduce themselves.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and where they would prefer to spend their time.
- People's care records did not always evidence how they had been involved in formal reviews of their care. The service kept people's care under review on a regular basis to ensure it continued to meet their needs, however people's involvement in this process was not recorded.
- The registered manager was aware of the need to consider arranging the support of an advocate if people did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms or toilet areas. One person commented, "The staff do always knock, whether the door is shut or not. They are all very polite and respectful."
- The provider had systems in place to ensure people's personal information remained confidential.
- Many people using the service were receiving rehabilitative support from staff and the health professionals based at the service. They were supported to improve their daily living skills, so they could return home after a short period of time at the service. Our observations showed staff promoted people's independence and

they provided encouragement to people to complete tasks for themselves.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- We observed staff knew people's likes, dislikes and preferences. They used this knowledge to care for people in the way they wanted. However, the care records for people using the service on a temporary basis contained little or no information about people's life history and things that were of interest to them. New staff or agency staff would not have had this information readily available to them, to support them to provide personalised care to people using the service. Despite the shortfalls in these care records, we were satisfied people received personalised care which met their needs.
- The records for people using the service on a permanent basis were more personalised and person-centred as staff had had more time to develop them. The registered manager acknowledged it would be beneficial to have some information recorded about people's life history even if they would only be using the service for a short period of time.
- The service provided a range of activities which people took part in according to their personal preference. An activity coordinator was employed at the service during the week. They arranged a timetable of different activities and information about the activities due to take place was displayed on notice boards throughout the home. The activities included events such as the breakfast club, exercise class, quizzes and arts and crafts.
- People commented, "There are things to do. I do the quizzes and the keep fit" and "There is an art class. I won some pens and chocolates when I went." Other people told us they were not interested in taking part in activities and they preferred to spend time in their own rooms as they would only be using the service for a short time.
- The activity coordinator was able to spend time with people on a one-to-one basis and support group activities to take place. However, due to the size of the home, we observed it was difficult for the activity coordinator to engage with people throughout the home each day. They tended to focus on a different unit each day, which meant people using the other units did not have this support available at those times.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People knew how to complain. One person commented, "I'm quite happy with everything at the moment and I've no complaints." We saw information about how to complain was displayed in the entrance to the home.
- We checked the service's complaint records and found complaints were appropriately recorded, investigated and responded to, in accordance with the provider's policy.

End of life care and support:

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified

and pain-free death.

- People were given the opportunity to express how they would like to be cared for at the end of their life.

This meant people could be supported to have a dignified death, in accordance with their own wishes.

- Staff worked closely with community health professionals when people received care at the end of their life, to ensure they had access to any specialist support and medicines they needed to remain comfortable.

Is the service well-led?

Our findings

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

Requires improvement: Improvements were required to the provider's management and leadership of the service. Some regulations were not being met.

Continuous learning and improving care:

- The registered manager and deputy manager monitored the quality of the service. Each month they completed a range of checks on the service. For example, they audited a sample of care plans every month, they completed checks of the medication management system and on the infection control system. Where audits identified something could be improved, this was discussed with relevant staff members to ensure the improvements were made.
- Although quality assurance audits were regularly taking place, we found some were not always effective as they had not identified the issues we found during this inspection or ensured the issues were rectified. For example, recent audits of the medicine management system had not identified the issues we found with the safe management of medicines and care plan audits did not identify the concerns we found in terms of the quality of the information recorded.
- Improvements to the quality assurance system are therefore required to ensure audits accurately identify all issues. This will support the service to continuously improve.

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

- People using the service, their relatives and staff all gave positive feedback about the way the service was run. They told us the registered manager and deputy manager were both approachable, supportive and proactive at dealing with any issues that arose. Staff commented, "[The registered manager] is lovely. You can tell them anything, you can express your concerns and they will do their best to deal with it", "They are both very approachable" and "[The registered manager] is phenomenal. Their attention to detail and commitment to the service is exemplary."
- Staff morale was positive and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities and staff worked effectively as a team.
- The registered manager understood most regulatory requirements. Registered persons are required to notify CQC of the outcome of any requests made to the local authority for authorisation to deprive a person of their liberty. During this inspection we found the registered manager and provider had not notified CQC of these events. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009; notification of other incidents. We discussed this with the registered manager during the inspection who informed us they would submit these notifications in the future.
- The registered manager had submitted timely notifications for all other notifiable incidents in accordance with the regulations.
- The provider did not complete a Provider Information Return (PIR) when requested to do so by CQC prior to this inspection.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager and staff were all keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home.
- The provider had a range of policies and procedures in place, which provided staff with guidance about most aspects of the service delivery. However, the provider did not have a policy in place to guide staff in how to comply with the duty of candour. The duty of candour requires providers to be open and transparent with people who use the service. It also sets out some specific requirements that providers must follow if things go wrong with their care and treatment. Following the inspection, the provider implemented a suitable policy to support staff to comply with this requirement.

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

- The registered manager and senior staff made themselves easily available to people using the service, their relatives and staff, so they could share any concerns or feedback about the service. Relatives commented, "The manager did introduce themselves when [my relative] first came here and they answer all our questions at the office" and "I haven't met the manager, but I've spoken to the person in charge of the ward regularly. They are easy to talk to. When I've phoned up, communication has been good, and they've dealt with my queries efficiently."
- The registered manager and deputy manager held 'drop-in' sessions, two evenings per month. This enabled people's relatives who worked during the day to have regular access to managers, so they could raise any questions or concerns about the service or about their family members care.
- People using the service on a temporary basis were asked to complete a survey about their experience of receiving care at the service. People using the service on a permanent basis and their relatives were asked to complete an annual quality assurance survey to obtain their feedback. The registered manager analysed the feedback they received and used it to make improvements to the service.
- Staff meetings took place, so the registered manager could share information about the service and discuss any areas that required improvement with staff. We viewed minutes of staff meetings and saw the registered manager discussed areas for improvement with a view to improving the quality of care.
- Staff were also encouraged to discuss any ideas or concerns they had about the service during supervision meetings and appraisals. Staff told us they could approach the registered manager at any time if they had any concerns and they did not need to wait for a staff meeting to take place. A staff member commented, "The [registered manager] is amazing. They're always there if you need them. Regardless of what's happening, their door is open."

Working in partnership with others:

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support.
- The service worked very closely with the NHS to provide intermediate care to people using the service. The registered manager attended a quarterly clinical governance meeting with NHS managers to continuously review the care provided by the service. The NHS staff based in the service provided positive feedback about the way the service was run by the registered manager and they told us this supported the service to achieve good outcomes for people.

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 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The registered manager and provider did not always notify the Care Quality Commission every time a notifiable incident had taken place.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The management of medicines was not always carried out in a safe way.
Treatment of disease, disorder or injury	