

Grandcross Limited

Chichester Court Care 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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This was an unannounced inspection which took place on 6 and 13 November 2018. This meant the staff and provider did not know we would be visiting.

We inspected the service to follow up on the breaches and to carry out a comprehensive inspection.

At the last inspection in November 2017 the service was not meeting all of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to regulation 11, need for consent and regulation 17, good governance

At this inspection we found some improvements had been made and the service was no longer in breach of regulation 11, but there were continued breaches of regulation 17 as further improvements were required with regard to aspects of people's care. At this inspection we found three other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to regulations 18, staffing, 9, person-centred care and 10, dignity and respect.

You can see what action we told the provider to take at the back of the full version of the report.

Chichester Court is a care home that provides accommodation and nursing or personal care for a maximum of 50 older people including people who may live with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Chichester Court accommodated 40 people at the time of the inspection.

A registered manager was not in post and an interim manager was managing the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe and they could speak to staff as they were approachable. However, we had concerns staffing levels were not sufficient or staff appropriately deployed to ensure people received safe and person-centred care. People said staff were kind and caring. However, we saw staff did not always interact, talk or attend to people in a timely way. Limited activities and entertainment were available to keep people engaged. In some parts of the home there was an emphasis from staff on task-centred care.

Improvements had been made to the environment but further improvements were needed to promote the engagement of people who lived with dementia. We have made a recommendation about the service following best practice for equipping the environment for people who live with dementia. Not all areas of the home were clean for the comfort of people who used the service.

Records did not reflect the care provided by staff. Detailed guidance was not available for staff to minimise or appropriately manage risks to all people. Written information was not available to ensure all people were supported in a person-centred way.

Appropriate training was provided and staff were supervised and supported. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. 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 had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received a varied and balanced diet to meet their nutritional needs.

Communication was effective to ensure staff and relatives were kept up-to-date about any changes in people's care and support needs and the running of the service.

A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. People had the opportunity to give their views about the service. There was regular consultation with people and family members.

The quality assurance processes were not all effective.

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.

People told us they felt safe. However staffing levels were not sufficient to ensure people were looked after in a safe, effective and person-centred way. Staff were appropriately recruited. Staff were aware of different forms of abuse and said they would report any concerns they may have to ensure people were protected.

Checks were carried out regularly to ensure the building was safe and fit for purpose. Some improvements were required to the standards of cleanliness around the home.

Risk assessments provided guidance about how to reduce risk to people's health and safety. People received their medicines in a safe way.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Most staff received supervision and training to support them to carry out their role.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

People received a varied and balanced diet.

Further improvements were needed to ensure the environment was designed to promote the engagement of people who lived with dementia.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

There was an emphasis on task-centred care as there was limited interaction with people by staff. Staff did not spend time talking with people or engaging with them.

People were encouraged to express their views and make decisions about their care. People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if required.

Is the service responsive?

The service was not always responsive.

Care plans were in place, but they were not detailed to meet people's care and support requirements.

There were limited activities and entertainment available for some people.

People had information to help them complain. Complaints and any action taken were recorded.

Requires Improvement 

Is the service well-led?

The service was not well-led.

Although work had been done to achieve compliance with some of the breaches since the last inspection. We considered further improvements were required to ensure people received person-centred care.

The interim manager and provider monitored the quality of the service provided and introduced improvements. However, the systems used to assess the quality of the service had not identified the issues that we found during the inspection to ensure people received safe care that met their needs.

Inadequate 

Chichester Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 13 November 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with nine people who lived at Chichester Court, eight relatives, the interim

manager, the previous registered manager, the regional manager, the deputy manager, the cook, kitchen assistant, five support workers, one domestic, the activities co-ordinator and one visiting professional. We looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for three staff, five people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

Most people and their relatives said they were safe at the home. One person told us, "I am safe here." A relative commented, "I think [Name] is absolutely safe here." However, we received mixed comments about staffing levels and the availability of staff. Relative's comments included, "They have made lots of improvements but they need more staff", "I am quite satisfied with [Name]'s care, but the staff are worked off their feet", "Staff don't have time to spend [Name], they are very busy", "I would say it's adequate", "They could do with more staff", "[Name] has had several falls, three last week" and "Staff have too much to do."

Staffing levels and staff deployment was not consistently managed to ensure safe and person-centred care to people in all parts of the home. Across the two units there were two nurses and seven support workers deployed. There was additional support in place for three people who required 1:1 support due to their risk of falls or distressed behaviours. At the time of inspection there were only three support workers available to support people on the Haven unit and two support workers for the people who did not receive one-to-one support on the Riverside unit. Staff told us morale was low as they sometimes worked with reduced numbers of staff as absences were not covered due to people calling in at short notice. We discussed this with the regional manager who told us it was being addressed and additional staff were being recruited.

Observations during the inspection showed staff were busy and that when they were busy other people had to wait and were left unsupervised. We discussed our concerns with the management team as we had observed an incident in the dining room when a person slapped another person on the face causing them to become upset, a person who we were told may become agitated was also entering people's bedrooms. These incidents went un-noticed by staff until we intervened.

Improvements had been made to the environment since the last inspection with regard to infection control. However, further improvements were required. There were insufficient numbers of domestic staff on duty each day to ensure an adequate standard of hygiene around the home, due to the needs of the people and the layout of the building. Two domestic staff members were on duty between the hours of 10am and 3pm, with one starting earlier and the other finishing their shift later. Observations showed that the domestic staff were very busy completing cleaning schedules but saw that not all areas were clean. Communal areas and some bedrooms were not well-cleaned with areas sticky to the touch. Communal flooring was not always vacuumed, some medicines had been spilled on bedside tables and surfaces were marked. We observed several spillages of drinks and medicine that had been spilled. Support staff were wiping areas with paper towels when domestic staff were not available to provide adequate infection control and cleaning measures.

This meant when domestic staff were not on duty cleanliness was maintained by support staff or if they were busy providing direct care and support to people domestic tasks did not get done.

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

Care plans were not in place for all people that provided detailed guidance for staff for the management of behaviours that challenged when a person may become agitated or distressed. Care plans were vague and did not document what staff needed to do, to recognise triggers or de-escalate the situation to calm and reassure the person when they were agitated or upset. Guidance was not available that detailed how staff should work with the person to support them and 'when required' medicines would be used as a last resort when the person was distressed. We discussed this with the management team who told us this would be addressed.

Staff had undertaken safeguarding training about how to recognise and were clear about the steps they would take if they had concerns. Safeguarding referrals had been made to the local authority safeguarding team, and investigations had been undertaken where necessary.

People's individual risk assessments were in place with a system of review to ensure they remained relevant, reduced risk and kept people safe. The risk assessments included risks specific to the person such as for moving and assisting, choking, nutrition and pressure area care. The monthly evaluations included information about the person's current situation. Environmental risk assessments such as for the use of oxygen, fire, falls from windows and the kitchen environment were in place with a regular monthly review to ensure they remained accurate and reflected any current risk around the home.

Since the last inspection, some floor coverings had been replaced in bathrooms and some communal areas. The provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

Regular analysis of incidents and accidents took place. The interim manager told us accidents and incidents were monitored. Individual incidents were reviewed and a monthly analysis was carried out to look for any trends. They told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, with regard to falls or behaviour management.

Medicines were managed safely. This included safe storage of medicines and appropriate arrangements for controlled drugs which are liable to misuse. Medicine Administration Records (MARs) were accurate, and treatment rooms and medicine trolleys were appropriately maintained with systems in place to monitor and record fridge temperatures for cool storage of medicines as appropriate.

Recruitment of staff was thorough. Appropriate checks had been undertaken before staff began working for the service, including written references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

At the last inspection in November 2017 we had concerns that people without mental capacity to give their consent did not have their right to privacy respected as their personal information was displayed. At this inspection we found improvements had been made to the best interest decision process and the service was no longer in breach of this requirement.

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 saw that all DoLS applications were clearly documented and stored and that where people were being restricted or controlled then this was done so in their best interests and the least restrictive option was always considered. We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights.

Records showed that assessments were carried out to check people's capacity and understanding with regard to specific decisions. For example, for the use of covert medicines, bedrails and lap-straps on wheel chairs. They also recorded who was involved in the decision-making process where decisions were made in people's best interests. Personal profiles, that had been displayed on the wall outside of each person's bedroom, were now displayed more privately in their own room.

The layout and size of the communal area on the Riverside unit was not appropriate to meet the needs of all the people who were accommodated on the unit. The lounge was crowded, noisy and the heat, noise and limited space appeared to escalate some distressed behaviours. Some people displayed distress and agitation and the environment was busy and not tranquil and calming to assist people to relax. Relatives did not have a place to sit when visiting people and the room did not provide a safe environment for people to move around freely. Due to the busyness of the room it was difficult to supervise people. Eleven people were sitting in the room with three staff members providing one-to-one support to three people. We discussed this with the regional manager who told us it would be addressed and an additional lounge could be created.

Improvements had been made to the environment since the last inspection but further improvements were required to ensure it was 'enabling' for people. There was appropriate signage around the building to help maintain people's orientation. Lavatories and bathrooms were signed for people to identify the room to help maintain their independence. However, on the Riverside unit, which accommodated some people who lived with severe dementia, or a dementia related condition there were no tactile objects, sensory areas, displays and themed areas of interest on the corridors for people as they moved around to keep them

engaged and stimulated. We discussed this with the regional manager who told us it would be addressed.

We recommend the service refers to best practice guidelines regarding the design of accommodation for people who live with dementia.

Staff members were able to describe their role and responsibilities. The staff training records showed and most staff told us they had received training to meet people's needs and training in safe working practices. However, one member of staff told us they had not received an induction or moving and assisting training before they started to work with people and they took people out into the community unsupported. We discussed this with the regional manager who addressed it immediately. Support staff said they received regular supervision to help them carry out their role and an annual appraisal system was in place. Staff member comments included, "I do supervisions with staff every three months", "I did a 12 week induction", "I am studying for a National Vocational Qualification, [NVQ] [now known as a diploma in care] at level five", "We get plenty of training" and "Training is e-learning and face-to-face."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

People were supported, where required, to access community health services to have their healthcare needs met. Regular reviews took place to check people's health and welfare. Their care records showed they had input from different health professionals. One relative told us, "When [Name] arrived they [staff] sorted everything out. They got the speech and language therapy team involved and [Name] kept their own GP."

People enjoyed a varied diet. One person told us, "That quiche was the nicest I have had." Where needed nutrition care plans were in place and these identified requirements such as the need for a weight reducing or modified diet. Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. Relative's comments included, "Staff keep a record of all the food and drink [Name] has and the sleep they get and I get regular updates" and "They [staff] have managed to get [Name] to go to the dining room for meals." We spoke with the cook who explained about how people who needed to increase weight and to be strengthened would be offered a fortified diet and they explained how they would be offered milkshakes, butter, cream and full fat milk as part of their diet. However, we observed this was not available for people as a powdered Nesquik milkshake was served for people rather than a full fat, fruit milkshake to fortify people. We discussed this with the regional manager who told us it would be addressed.

We observed the lunch time meals in the dining rooms. People enjoyed a predominantly positive dining experience. Handwritten and pictorial menus were displayed to help people make a choice if they no longer understood the written word. People were offered a choice of meal and drinks. People sat at tables that were set with tablecloths and place mats, people were offered protective aprons. No one was rushed and people could eat their meal at their own pace. Staff were supportive to people and offered full assistance as required.

Is the service caring?

Our findings

Care was task-centred rather than person-centred. We noted staff were visible in most communal areas but throughout our observations most people sat silently and were not engaged or stimulated. People sat sleeping or were unoccupied and dis-engaged apart from at meal times or when care was provided. We observed two of the three staff members who were providing one-to-one support did not engage with people. In lounges the television was turned on but it was not loud enough if people wanted to watch and listen to a programme. There did not appear to be any interest or recognition from some people to show it was appropriate or that people were listening and engaging with it. Staff did not have time to engage and spend time with people. On both days of inspection, we heard a person in their bedroom who was consistently shouting and distressed. We intervened and checked with the person as staff did not respond. When we checked with the staff member they told us, "[Name] is always like this." A care plan was available that detailed what would re-assure and comfort the person. For example, a special blanket and music playing. These were not evident to re-assure the person. The person in bed looked uncomfortable and sounded distressed. We discussed this with the regional manager who told us it would be addressed with staff.

Some people's care records contained information about people's likes, dislikes and preferred routines. However, this information was limited or not available for all people. In some records the social information forms that captured such information about people's previous hobbies and interests was limited or not available to help ensure staff provided person-centred care. This was important when the person was unable to tell staff about their routines and how they wanted their care to be delivered. We discussed this with the regional manager who told us it would be addressed.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people looked clean and well-cared for. However, we received mixed comments as some people said they did not always have an opportunity to have a bath or shower more than once a week. Some people said they did not always wear their own clothes due to some people's laundry being put away incorrectly. We saw there had been several complaints about the laundry. People's comments included, "This isn't my skirt I'm wearing, it's too small", "Staff just rub you over with a cold, wet cloth" and "They [staff] don't wash me properly." Relative's comments included, "Staff try to keep [Name] clean and tidy", "[Name] is always clean and tidy" and "Staff forgot to give [name] their razor, they haven't had a shave for a couple of days." We noted some people's hair had not been coiffured and we were told the hairdresser had not visited for two weeks but alternative arrangements were being made. We discussed this with the regional manager who told us it would be addressed.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff appeared to have a good relationship with people and knew their relatives as well. People and relatives

we spoke with said staff were kind, caring and patient. Their comments included, "Staff are pleasant, keen to help", "I think [Name] is really well looked after here", "Staff are patient", "Staff always seem to treat people well, I think they are doing a good job", "I am quite satisfied with [Name]'s care", "I am quite happy living here" and "Staff are kind."

Staff engaged with people in a calm and quiet way when they engaged with them. Staff modified their tone and volume to meet the needs of individuals. When staff spoke with a person they lowered themselves to be at eye level and if necessary offered reassurance. Throughout the inspection, when staff did interact with people, the interactions we observed were friendly, supportive and encouraging.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication.

People told us they made their own choices over their daily lifestyle. For instance, people had the opportunity to have a lie-in. They told us they could go to bed when they wanted and staff respected their wishes.

Written information was available that showed people of importance in a person's life. People were encouraged and supported to maintain and build relationships with their friends and family. Where people did not have family staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Is the service responsive?

Our findings

Records at this inspection showed some improvements had been made to help ensure people received appropriate care that met their needs.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service.

Care plans were developed from assessments that outlined how people's needs were to be met. For example, with regard to nutrition, personal care, communication and moving and assisting needs. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. Evaluations included information about people's progress and well-being. Records accurately reflected people's care and support requirements.

Care plans were in place that provided some details for staff about how the person's care needs were to be met. However, care plans did not provide guidance to staff to ensure consistent care was provided to people detailing what the person could do to be involved and to maintain some independence. Care plans did not give instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. For example, for personal hygiene.

An activities person was employed. They told us they were newly appointed to their role. They planned to provide one-to-one as well as group activities with people. An activities programme advertised a programme of daily activities. However, staff were not observed to carry out activities when the activities person was not available. There were limited activities, sensory stimulation and opportunities for engagement for people including people who lived with more severe dementia. Some people confirmed activities, seasonal entertainment and parties took place. We observed a movie afternoon taking place in the afternoon.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff completed a daily accountability record for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans. Charts were also completed to record any staff intervention with a person. These records were used to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs.

Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people with regard to their health care needs. People's records also contained information about their spiritual or cultural

preferences at this time. We noted the sensitive letter that was sent to relatives to encourage discussion of a sometimes-difficult subject to ensure people's final wishes could be respected.

People knew how to complain. People we spoke with said they had no complaints. The complaints procedure was on display in the entrance to the home. A record of complaints was maintained and a complaints procedure was in place to ensure they were appropriately investigated. Compliments were also displayed commending staff on the care provided.

Is the service well-led?

Our findings

At the last inspection of the service we found that the provider was in breach of regulation 17, good governance. At this inspection we had continued concerns that audits were not effective to ensure a high quality of care being delivered to people who used the service.

Auditing and governance processes were in place to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly and quarterly audits. A daily audit took place which involved the manager doing a daily walk around. It was completed electronically with an iPad and all responses and outcomes were received directly by head office each day. The responses were escalated electronically, and depending upon the category of severity, were triggered to senior management within the organisation to make them aware of any issues identified. The iPad was also used to collect feedback from people who used the service, relatives and staff, with a minimum number being encouraged to comment.

Monthly audits included checks on people's dining experience, staff supervision, medicines management, care documentation, training, kitchen audits, accidents and incidents, clinical governance and nutrition. All audits were available electronically and we saw the information was filtered to ensure any identified deficits were actioned.

However, the audit and governance processes had either failed to identify or they had not been actioned in a timely way deficits identified at inspection including staffing levels and staff deployment, the environment, record keeping and activities provision.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is the fourth consecutive rating of requires improvement following inspection of this service. This inspection has demonstrated that there has been insufficient oversight and leadership to drive forward the required improvements in the service to keep people safe and provide a good level of care to people using the service. Some improvements had been made to service provision which saw that one breach from the last inspection (Regulation 11) had been complied with. However, further improvements were required in the identified areas such as staffing levels and staff deployment, systems to ensure person-centred care, record keeping, staff induction and governance which were discussed at the inspection. This has resulted in three new breaches of regulation and a continued breach of regulation 17.

A registered manager was not in place; the previous registered manager had left in September 2018. Recruitment was taking place to appoint a new manager. An interim manager from one of the provider's locations was managing the service as well as the location they were registered for.

The interim manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities, including the Care Quality

Commission and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example, safeguarding.

The regional manager told us they carried out monthly visits to speak to people and the staff regarding the standards in the home. They also audited a sample of records, such as care plans, complaints, accidents and incidents, medicines records, risk assessments, safeguarding and staff files. These audits were carried out to ensure the care and safety of people who used the service and to check that appropriate action was taken as required.

The interim manager and regional manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

Staff, people and relatives said they felt well-supported. Staff were positive about the management of the service and had respect for them. Several staff members said, "The manager is approachable." Other staff comments included, "We all work as a team and support each other" and "I do feel supported."

People and their relatives were kept involved and consulted about the running of the service. A variety of information with regard to the running of the service was displayed to keep people informed and aware and this included the complaints procedure, safeguarding, survey results, advocacy and forthcoming events. Meetings took place with them and minutes were available for people who were unable to attend.

Staff told us staff meetings took place and minutes of meetings were available for staff who were unable to attend. One staff member commented, "Staff meetings do happen." Staff meetings kept staff updated with any changes in the service and to discuss any issues.

The provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to people who used the service, relatives and staff.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not always ensure that records and systems were in place so that people received person-centred care that met their needs and preferences. Regulation 9(1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People's dignity was not always respected. Regulation 10(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People were not protected from the risk of inappropriate care and treatment due to a lack of information or failure to maintain accurate records. Robust systems were not in place to monitor the quality of care provided. Regulation 17(1)(2)(a)(b)(c)(d)(e)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered person had not ensured staffing levels were sufficient and staff were

appropriately deployed to provide timely, effective and person-centred care to people at all times.

Regulation 18 (1)