

Huntercombe (Loyds) Limited

Stocksbridge Neurological Care Centre

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

This inspection took place on 19 and 31 July 2017 and was unannounced. This was the first rated inspection of this service since it registered with us on 30 April 2016. This service was previously owned by a different registered provider.

Stocksbridge Neurological Care Centre is registered to provide accommodation and personal care for up to 24 people who have a brain injury. During the inspection there were 17 people who used the service.

There was a registered manager in post. 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 told us that they were safe within the service and this was supported by their relatives. The service knew how to keep people safe by training staff in how to do this, managing risks to people and the environment, ensuring there were sufficient staff on duty with appropriate knowledge and skills and managing medicines in a safe way.

Improvements were required with the information and documents obtained about staff during their recruitment to evidence they were fit and proper persons to be employed.

Staff received relevant training, supervision and appraisal.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service ensured the service complied with the Mental Capacity Act.

People were supported in a friendly environment. Staff were caring and kind towards people. People's privacy, dignity and independence was respected.

People were involved in the assessment and care planning process and were able to access advocate and healthcare support when needed. People were able to get the appropriate assistance to be able to share their views on how they wanted to be supported. Care records were personalised and regularly reviewed.

People participated in activities they chose to do to enhance their wellbeing and improve their quality of life.

People, relatives and staff were confident in reporting concerns to the registered manager and provider and felt they would be listened to.

People, relatives and staff were able to share their views about the service.

There were systems in place to assess and monitor the quality of service provided, so improvements continued to be made.

The service had not notified all incidents to the Care Quality Commission as required by the regulations.

The service was in breach of two regulations. You can see what action we told the provider to take at the back of the full version of the report.

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.

Sufficient staff were employed, but improvements were required with the information and documents obtained for new staff to show they were fit to work with vulnerable people.

Staff knew how to keep people safe from harm and people and their relatives reported they felt safe.

Risks to people and the environment were managed so that people were safe.

People were administered their medicines as they had been prescribed.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were provided with training, supervisions and appraisals.

Where people lacked capacity the requirements of the Mental Capacity Act 2005 were adhered to, so that decisions were made in a lawful way that protected people.

People were supported to eat and drink and maintain a balanced diet. People reported meals had improved, but some people reported further improvements could be made.

People were supported to access health care as and when it was required.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who were caring and kind.

People were able to share their views and an advocacy service was available for them to do this if required.

Good ●

People's privacy, dignity and independence was respected.

Is the service responsive?

The service was responsive.

People and relative's views were gathered as part of the assessment and care planning process.

People were supported to socialise and take part in things that interested them in and outside of the home.

People, relatives and staff were able to raise any concerns they had as part of the complaints process.

Good ●

Is the service well-led?

The service was not always well led.

The service had not always notified the CQC of reportable incidents as required by the regulations.

Feedback from people, relatives, staff and other stakeholders confirmed there was a positive culture at the home. People, their families and staff were provided with opportunities to enable ongoing improvements.

There were systems in place to assess and monitor the quality of the service provided.

Requires Improvement ●

Stocksbridge Neurological Care Centre

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.

Our inspection took place on 19 and 31 July 2017 and was unannounced. The inspection was carried out by an adult social care inspector and a specialist advisor. The specialist advisor was a registered nurse and had experience and knowledge in services for people with a brain injury.

We asked the registered provider to complete a Provider Information Return. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This and other information we held about the service was used when we considered our judgements about the service. This included the service's inspection history, current registration status, and notifications the registered person is required to tell us about.

We contacted commissioners of the service and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No information was received.

We spoke with three people and three relatives, one of whom was also the advocate liaison for the service. We spoke with the registered manager, business manager, assistant psychologist, two nurses, two senior residential support workers and two residential support workers. We looked at the care records for three people, the recruitment records for two members of staff and records used for the management of the service; for example, staff duty rosters, incident records and records used for auditing the quality of the service.

Is the service safe?

Our findings

We checked and found sufficient numbers of suitable staff were available to keep people safe and meet their needs.

One person told us their call bell was always answered quickly.

We observed during the inspection that staff were available to meet people's needs, that staff were visible in communal rooms and that call alarms were not ringing for significant periods of time.

Generally, staff spoken with told us they felt they were not pressured in their work and that they had timely and effective breaks with support from senior staff and the management team as needed. One staff member told us that due to the reduced number of people using the service, the staff teams had been reduced from three staff teams on shift to two and this did not feel as relaxed, with less time available to spend with people. We shared this with the management team at feedback on the first day and by the second day they had spoken with staff and rearranged the people allocated to those teams, which had improved the situation. In addition, 1:1 or 2:1 staffing was always supplied where it had been identified as being needed.

The registered manager told us the service did not use a staffing tool to identify the safe number of staffing hours required by the service. The registered manager told us they reviewed staffing levels based on feedback and adapted them when required to people's changing needs. For example, the registered manager told us they had recruited an additional member of staff to be responsible for the monitoring of food and fluid intake during the day. Using a staffing tool would support decisions made of staffing levels at the home.

We checked that the recruitment of staff was safe.

We inspected the registered provider's recruitment policy and found it did not include reference to all information required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant when we checked two staff files all the information and documents required to demonstrate fit and proper persons were employed, including obtaining assurance of satisfactory conduct in all previous employment concerned with health and social care and/or children and vulnerable adults and a full employment history, together with a satisfactory written explanation of any gaps in employment.

This meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

We checked the systems in place to protect people from harm and abuse.

One person told us they generally felt safe and was confident any problem they raised would be dealt with by the staff and their relative. Another person told us they felt safe in the environment all of the time.

There was a system in place to respond to and record safeguarding vulnerable adults' concerns. However, whilst alerts had been reported to the safeguarding authority and action taken to mitigate further risk, notifications had not always been submitted to the Care Quality Commission (CQC) as required by the regulations, so that we were able to monitor the action taken and that the service were meeting their regulatory responsibilities.

Staff received training in safeguarding vulnerable adults and were aware of how to raise any safeguarding concerns. They were confident the registered manager would take any concerns seriously and report them to the relevant agencies.

We checked the systems in place for safeguarding people's money and found this protected people from the risks of financial harm. We found individual records were in place, with a running balance of the money people had available. Receipts of financial transactions were in place and were audited to minimise the risk of any errors and protect people from financial abuse.

We checked and found systems in place to manage risks to individuals and the service were managed so that people were protected from harm.

Risk assessments were seen in all records we looked at and were utilised on an assessment, re-assessment and evaluative basis regularly. These included dehydration/malnutrition, skin integrity, harm to themselves or others, moving and handling and communication. The importance of regular re-assessment and evaluation was seen in practice when reviewing records and observing them being updated throughout our inspection.

Staff we spoke with were aware of both people and personal risks that may be presented and the need to report any concerns immediately to a senior staff member concerning any areas of care or the environment. Staff told us any concerns were immediately listened to, dealt with and that the safety of people and staff were paramount.

When we discussed behaviour that challenged with staff they told us there was no use of restraints. They described how they would deal with a situation from a person showing aggressive and unpredictable behaviour, such as walking away once the person was safe, requesting assistance from more senior colleagues, requesting assistance from gender specific colleagues, talking quietly and allowing the person time to try and explain their concerns, removing sources of potential irritants such as noise, allowing people to guide them to the source of concern, guiding people away from volatile situations, allowing people space and time to calm down, sitting quietly near people to observe them to ensure their safety, but allowing them time to calm down and investigating potential sources of the aggression such as hunger, thirst, pain or fear through close observation and led by the psychology team.

The registered provider had systems in place to report and act on accidents and incidents. Staff we spoke with were able to explain how accidents and incidents were managed. Staff confirmed that a computerised system was used to record all accidents and incidents. The registered manager then monitored those incidents to ensure appropriate action had been taken. These were further monitored by the registered provider.

Service records, environment checks and care home audits were provided to demonstrate safety checks were carried out. A fire risk assessment was in place, together with all associated checks for fire maintenance. Staff spoken with were aware of fire procedures and evacuation routes and able to point them out, but one member of staff was unable to confirm the action they would take when presented with a

particular scenario. We were unable to verify sufficient drills had been undertaken to provide all staff with that knowledge as a system to monitor this was not in place. This meant there was a chance that all staff had not taken part in a fire drill. The registered manager had identified this within their own monitoring processes, but had not yet implemented this.

We checked and found people's medicines were managed so they received them safely.

We found that the registered provider had medication policies and procedures in place to provide information and guidance to staff when they administered people's medicines.

The service used a blister pack system, where staff explained it could be immediately seen if there were any medicines that had not been administered or administered out of sequence upon reviewing the packs. A further level of safety was that each person's medicine package had their picture on the front and each unit was colour coded with four separate medication trolleys.

After every medicine administration the assistant to the nurse or the nurse would check the medicine trolleys and the medication administration records against the medication packs to identify and monitor for any errors.

We spoke with one person who was managing their own medicines in anticipation of their discharge. They were able to describe a process that was safe, including having a locked drawer in their room in which to store the medicines. The service needed to update the care plan to reflect that the person was managing their own medicines.

We saw medicines were stored away from people in a secure environment.

Is the service effective?

Our findings

We checked and found people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Improvements were required to ensure a risk assessment was carried out to assess and identify the required amount of staff had received training in first aid.

One relative said, "Staff are very well trained in their interpersonal skills. Staff want to learn."

All staff we spoke with felt well trained, safe, supported and confident working at the service. They told us they were provided with an induction programme and received supervision. One staff member described the induction as a week that taught basic care procedures with specialist in-house policies and procedures explained and taught. Following this 'shadowing shifts' were in place for staff before they were part of the full care team. 'Shadow shifts' are shifts carried out by staff where they follow a more experienced member of staff to confirm how the taught induction is put into practice. One member of staff reported they had three 'shadow shifts' following the induction week, which they felt was enough and initially they always worked with a more senior staff member on all shifts undertaken. A more experienced member of staff felt the number of shadow shifts were insufficient for new staff. We provided this feedback to the registered manager.

Staff confirmed they had individual training programmes in place and they were commencing their National Vocational Qualifications and had a first aid course booked for August 2017. They said fire training was held twice a year via e-learning and classroom based training.

Nursing staff had records to identify when their annual registration dates were due and it was the registered manager advised they had training to meet their individual needs. We saw this in practice on the staff notice board.

The registered manager was able to provide training statistics that showed the current situation in regard to staff training. This confirmed staff were receiving training relevant to their role.

The service was also implementing a new initiative to 'grow your own nurse scheme'.

Staff told us they received regular supervision and were given opportunities to discuss any concerns and share information; they said the registered manager was always approachable. Supervision describes planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, well-being and raise any concerns they may have. We were able to confirm from the supervision schedule and inspecting staff files that staff did receive supervision. One member of staff said, "It's very supportive. I feel like a weight's been lifted off my shoulder."

Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in

their roles. Staff told us they received an annual appraisal.

We checked and found that systems and processes were in place to verify people consented to care and treatment in line with legislation 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 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).

Staff we spoke with were able to tell us where a DoLS application had been made and had an understanding of the MCA and DoLS.

We found that mental capacity assessments were taking place where people lacked capacity and where decisions were being made in people's best interests this was carried out in accordance with the principles of the MCA.

We observed staff consistently gaining people's consent before they supported them or did anything for them.

We checked and found people were supported to maintain a balanced diet.

We found people's dietary needs were assessed with reviews carried out on a regular basis. Where specialist dietary needs were identified these were catered for, including buying in food externally if required. For example, their own quality assurance system had identified improvements were required with the meals. As a consequence the service had sourced a sandwich for people that was fork mashable.

One person said, "The meals are not of a very good variety." Another said, "The meals are alright and there is good variety." A relative told us that in their opinion the food had improved "a lot."

As part of people's rehabilitation and where this had been assessed, people were supported to prepare their own meals.

We saw that where people needed support to eat and drink staff were on hand to offer this support and this was done in a sensitive and caring manner.

We checked and found that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

We were able to confirm healthcare intervention was sought as identified as part of the multi-disciplinary team (MDT) care plan process. MDT meetings were held once a week with a visiting neurology consultant to address people's specific needs that had arisen or were arising, such as additional support requirements, rehabilitation input, admissions and equipment.

We spoke with a visiting health professional who reported they considered the care given at Stockbridge was, "Of a very high standard" particularly given the complex nature of people's needs where they were

unable to be cared for in a hospital environment.

The company employed their own physiotherapists, occupational therapists and psychologists. This meant early intervention and effective communication and care planning was achieved for people who used the service.

Staff confirmed they accompanied people to medical appointments or hospital admissions to ensure safe and effective communication regarding their individual care needs.

Is the service caring?

Our findings

We found staff respected people and their privacy and dignity and supported them to express their views and be involved in making decisions about their care, treatment and support.

During the inspection when we observed staff undertaking their duties we saw them being respectful, kind and compassionate towards people and protecting their dignity. We saw staff knew the best ways to communicate with people. In addition, they were respectful to each other.

One person said, "The staff are always happy and chatty."

A relative said, "Staff are respectful to my [relative] and manage their needs well." They described how it was always staff that knew their relative well that worked with them for their care needs and communication. They reported, "Communication was good" and the support offered to themselves invaluable. Other relatives said, "Everyone's got a story of why they work here. They're interested in the person and their family" and "Staff are thoughtful of how I feel. They always put the kettle on and provide biscuits no matter how busy they are. I can come and go as I please. They're very supportive of family. [Relative] loves staff."

A recent written compliment to the service by a family was 'We would like to take this opportunity to thank you and all your staff for the dedication and exceptional level of care that you gave to [relative]. We are extremely grateful to your dedicated team who cared for them on a daily basis. We know from first hand experience just how much love and care was given to them each and every day. The staff all made such a difference to their quality of life, no matter who was on duty. They were extremely difficult at times, which we saw first hand and you all managed to calm them down. Their last few days with you were the hardest days of our lives and for you to allow them to come back home made it so much easier, knowing that their last few days were with people that loved them. We will never, ever forget the kindness shown to all our family, each and every time we visited.'

The service had a member of staff appointed as the dignity champion. When we spoke with them they told us they spoke to people, relatives and staff in this role. They said, "They become like your own family. The clients are the best reason to be here." They described working as the dignity champion allowed people, relatives and staff to have someone to identify with for issues that may occur throughout a day and they did report things in a timely manner which they then actioned.

Other staff comments included, "It's harder than expected but more rewarding. I like the work very much, in fact I absolutely adore it and I will still be here in two years," "I love it. I like to see the difference we're making. I still cry, it's a massive achievement for people," "People are the nicest, strongest people I know. I admire what they achieve. Staff are passionate about caring. They are here because they want to be. I get a warm feeling. I don't think there's anyone that can't do their job," and "I enjoy watching people progress. The interactions are fulfilling. For example, one person when I started didn't smile and now they're responding. It's the reward."

The toilets on the unit were for both people and staff to share. This gave a positive message for the home, truly promoting a home environment for all.

When we spoke with the registered manager they told us the staff team worked hard to be aware of each person's individual preferences and to accommodate them whenever possible. For example, she explained there were some people who disliked bathing, so they were supported to shower as per their care plans and vice versa.

We found that an advocate service was available for people and the information was displayed for people to see. We spoke with the advocate who visited specifically to speak with us on the day of our inspection. They told us that the management and staff were very supportive of the service and always acted to resolve any concerns identified by people quickly.

Is the service responsive?

Our findings

We checked and found people received personalised care that was responsive to their needs.

One person said, "I receive fair care support. The staff don't have time to talk to you when caring for you."

One relative described how people progressed and that it was all down to the staff at the home. They said, "The hospital can't do this. It's constant. Goals are achieved and if they aren't there's a reason and we start again. They're willing to listen. They know [relative] loves horticulture and food and involve them in those activities." They described a food tasting event that had taken place and they had chosen their relative as a judge because of their love of food. Another relative said, "[Relative] is managed well. Staff go above and beyond because [relative] does harm them, but this reduced 75% I'd say within first couple of weeks. It's a human industry, so things go wrong, but when it does, we're heard very well and our views listened to. The physical environment is sparse, but there's lots of activities. [Relative] has just started going out."

There was a calm atmosphere overall despite quite intensive procedures needing to be undertaken for people's complex needs and this was a testament to the staff working well together as a team and fully understanding people's needs.

Staff we spoke with told us they were able to access people's assessment and care plans when needed. We found these documents were in place to identify what people's assessed needs were and how staff would support them. Staff described how people were always working towards a goal.

We found people were able to share their views as to the service they received. Their personal history, likes and dislikes was part of the assessment process. This information helped to build up an individual picture of each person and we found this was clear for staff to follow.

All care plans reviewed had a picture of the person in place for safe and easy recognition for care interventions.

In the care files we viewed we found every effort was made to ensure people, relatives and staff participated in the care planning process. We saw this through the monitoring of people's behaviour, statutory arrangements such as DoLS, and direct input from people and relatives and all staff.

There was a clear and consistent open communication policy between managers, staff, people and their relatives to ensure people's needs were met.

We saw daily records were written up and updated several times throughout the day following care interventions.

Care plans were comprehensive. They were individualised and all plans and risk assessments were seen to be up to date and re-evaluated on a regular, planned and individual basis with recording of outcomes of

these re-assessments and changes to practice/treatment as required.

All staff we spoke with spoke of the importance of checking care plans for changes not only at the start of shifts, but regularly throughout the shift. They were aware re-assessment and evaluation was an ongoing process and treatments and care inputs changed for people on a very regular basis.

Staff handovers occurred at each staff change where people's specific needs or general day to day activities could be fully discussed and handed over.

We saw three monthly formal re-assessments of people's needs and care planning were undertaken.

We saw how all the MDT worked together to meet people's needs, updating care plans after careful monitoring, so that the change in their care was more likely to have a positive outcome.

All staff reported safety and individual equipment required was readily available on request to management and therapists.

We found rehabilitation planning and execution was responsive to people's needs. We spoke with two people who had both been on a rehabilitation programme and both were now planning to move out of the home into their own environment.

A relative told us they also felt supported by the staff which they found invaluable. They also described how they had full access to the MDT.

A sensory room was available for people. This was well equipped and was an enhancement for rehabilitation programmes and a caring environment for people who permanently lived at the service.

A full programme of activities was in place for people. There were a variety of games available for people and discussions with staff confirmed they were aware of people's preferences in this respect. Activities outside the home were also arranged.

Each room had a patio outside that people could furnish and use with their families and other people who used the service. One person told us they and their family enjoyed the use of the patio for some access to the gardens and privacy. This was initiated as part of a patient led initiative to allow people to have quiet space with visitors or gain access easily to external space and seating areas.

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

One person we spoke with said, "If I was concerned about anything I would talk to the person assisting me first and am confident it would be dealt with."

One relative we spoke with said, "Every time there is a problem (reported) it is actioned."

Staff we spoke with told us they would first report any problems they had to their immediate senior and were confident that this would be responded to.

The registered provider had a complaints process in place which people were able to use to raise any concerns they had.

We found that a system was in place to log all complaints received, which involved the head office for the registered provider being kept informed as to how complaints were progressing in line with their timescales for resolution.

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The registered provider, Huntercombe (Loyds) Limited is part of the wider Four Seasons brand. Under this legal entity the registered provider has three locations, including Stocksbridge Neurological Care Centre. At the time of this inspection the other two locations were rated good.

It is a requirement for all organisations regulated by the Care Quality Commission (CQC) to have a statement of purpose. This is a document which describes what the service does, where it is provided and the people who might be eligible to use the service. We saw the service had a Statement of Purpose. The statement of purpose required review to include where documents, such as inspection reports from CQC could be sent.

It is a condition of the registered provider's registration that they have a registered manager in place. The service had a registered the manager.

The registered provider had a policy and procedure in place to guide staff about notifications which must be reported to the Commission, for example, any changes, deaths, incidents and safeguarding alerts. However, we found two incidents that had not been reported as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found the leadership and staff team were helpful and open when we asked them for information about the home. This openness of communication created a positive atmosphere and was clearly in operation in our discussions with people, their relatives and staff. All staff and relatives and one person we spoke with said they would not hesitate to approach the management team for any issues large or small and they would be listened to and dealt with in a timely and effective manner. Staff comments included, "You can approach everyone here," "Everyone's made to feel welcome. It's like a family. Everyone gets on well. No-one minds the same question a 100 times. I love going to work. Everyone's equal. No-one's better than anyone else. It's teamwork. We respect each other's opinion," and "It's a very, very supportive culture, with manager's having an approachable, open door policy." One person told us the staff were always busy and did not have time to communicate with them and other people and said, "Even management don't speak to you."

Discussions with people, relatives and staff described the culture as one of an individual rather than task orientated approach in an open, inclusive and empowering way. Comments included, "They've got time as a management group. It's like going to [relative's] home. Culture is looked at individually, there's communication. If it can't be done, I get an explanation. There's a nice circle of warmth," and "It seems to be well led. [Registered manager] is strict with staff."

The service was proactive in seeking ways to improve and share their experiences with others. This had

included presentations of a case study for persistent disorders of consciousness at a conference in Manchester and a typical person's journey at Stocksbridge to the South Yorkshire Acquired Brain Injury forum.

There was also a staff forum 'Conversation into Action.' The registered manager said the purpose was for staff to have a voice about how Stocksbridge could be improved and we saw action plans had been implemented in regard to this.

The service had a yearly audit plan in place covering all aspects of service delivery, with key quality measures identified. We sampled the audits for care plans, discharge planning, care notes/records data completion, medicines management, safeguarding, hydration and nutrition, catering, complaints, concerns and compliments, training, safe staffing, bed rail management, falls management, pressure ulcer management and physical health and early detection warning signs. We found the assurance framework identified the majority of systems in place to monitor service delivery were rated as good. Where a question had been rated as inadequate or requires improvement an action plan was implemented so that improvements could be made.

There was a system of meetings in place to assess and monitor any actions required as part of an ongoing programme of improvements. These included, clinical governance meetings, health and safety, staff meetings, resident meetings and relative meetings. This meant everyone was provided with an opportunity to feedback their experiences at the service, so that improvement could be made.

The service had identified a member of staff as a communication champion. Their role was to attend staff meetings and bring agenda items from staff if they were unable to attend and feedback on discussions from the meeting.

In addition staff were provided the opportunity to provide feedback about the service via an annual staff survey. The last survey was November 2016. The areas covered were your job, your managers, your health and safety at work, your health and wellbeing, your personal development and your organisation. The staff were able to comment on what the organisation's strengths, improvements and areas still needing improvement were. An action plan was put in place in order to address where improvement was still required.

A review of the meetings held for people and relatives confirmed they were listened to and ideas discussed and implemented to improve the quality of the service. For example, the PIR identified improvements at the service as involving people on interview panels. We saw from resident meetings and newsletters that this had been implemented, with people eager to be part of the process. Another example was the choosing of blinds and the colour for the lounge area.

There was also an annual survey providing people with an opportunity to complete a survey. The areas covered were your care, planning and reviewing your care, your voice, your team, your experience and overall feedback.

The service issued a newsletter to keep people, families and staff informed of information about the service. The last one included information about new staff, the dignity champion, the family advocate and next meeting and reminding families about the friends and family test.

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 person must notify the Commission without delay of incidents which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Information specified in Schedule 3 was not all available for each person employed.
Treatment of disease, disorder or injury	