

**Brunelcare**

# Little Heath Care & Support

## Inspection report

Earlstone Crescent  
Cadbury Heath  
Bristol  
BS30 8AA

Tel: 01174500320

Website: [www.brunelcare.org.uk/locations/little-heath-care-home-and-reablement-centre/](http://www.brunelcare.org.uk/locations/little-heath-care-home-and-reablement-centre/)

Date of inspection visit:

06 April 2022

07 April 2022

Date of publication:

05 July 2022

## 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

Little Heath Care and Support is a care home providing accommodation, nursing and personal care for up to 64 people. At the time of the inspection 54 people were living at the home. The home was purpose built with facilities over two floors. There were two units on each floor. The two units on the ground floor had Bramble and Fern and the first-floor units had Willow and Bracken.

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

The inspection identified areas of improvement relating to the management of risk. This included people's nutrition and hydration, skin integrity and moving and handling. Improvements were also required to the recording of time specific medicines, the recording of fridges which stored medicines and the recording of medicines carried over from the previous month. We recommend the provider seeks best practice guidance to address the recording of medicines management.

Improvements were also required to staff and visitors wearing personal protective equipment such as surgical masks as during our inspection we observed at times these were not always worn as required. These shortfalls had not been identified through the providers quality assurance system and processes.

People were supported by enough staff and by staff who were kind and caring, however some staff were unfamiliar with people's moving and handling needs and their specialist equipment. Staff felt well supported and it was a nice place to work. Staff had a good understanding of equality and diversity and that people should be treated as individuals. Staff had checks completed prior to working with vulnerable adults and staff felt people were safe. People received their medicines safely and were supported by staff who gave them choice and control.

Staff had access to personal protective equipment and regular testing. The service was clean and odour free. Relatives felt able to raise any concerns should they have any and the provider had a complaints process should anyone feel unhappy about the care received. Management was accessible and approachable with an 'open door' policy.

People could access various activities and we observed staff giving people choice about what they wanted to eat and drink. Incidents and accidents were logged including actions along with safeguarding incidents. People had referrals made to health care professionals including GP's when required. Care plans contained important information about the person's histories, such as hobbies, interests, employment and family information.

### Rating at last inspection

This service was registered with us on 1 April 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards or quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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** ●

# Little Heath Care & Support

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out over two days. On the first day the team consisted of two inspectors along with an Expert by Experience and a specialist nurse advisor. One inspector undertook day two. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Little Heath Care & Support is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Little Heath Care & Support is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager was planning on becoming registered manager.

#### Notice of inspection

This inspection was announced on the morning of the inspection. Inspection activity started on 6 April 2022 and ended on the 7 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people and two relatives during our inspection along with the home manager, the dementia care lead, the director of nursing & care services, the clinical lead for Brunelcare, the nursing & care homes support manager and the deputy manager of the home. We also spoke with three nursing staff, two senior staff, one home maker, two care staff and the administrator. We reviewed a range of records, including 7 care plans and 11 medicines administration charts and quality assurance documents. Following the inspection we made calls to eight relatives and gained views from five.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following our inspection, we fed back to the manager and director our findings. They sent us actions they had taken following our inspection.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- We were not always assured people were receiving their care and support in relation to their individual risks such as repositioning, nutrition and hydration and their individual care needs.
- Three people who required support with their repositioning had gaps within their records, for one person this was over six days. This meant there was no confirmation their position had been changed in line with their assessed need. All three care plans confirmed three to four hourly re-positioning however, other associated repositioning records for these people confirmed four to six hourly. This meant people could be at risk due to poor recording of care delivered and their care plan and repositioning charts having conflicting information recorded.
- Some people were at risk of poor nutrition and hydration. Nutrition and hydration charts had limited information relating to what total people should be drinking and what they had eaten and drank that day. This is important as by not having accurate and up to date information of what people had eaten and drank each day meant the provider was not able to demonstrate people's nutrition and hydration needs were being met.
- On the first day of the inspection one person's care plan had no important information reflecting their reduced mobility with one of their limbs and how this might affect their ability to perform tasks such as eating and receiving personal care. Their risk assessment had no record of how this affected their ability and what support they required from staff. We raised this with the manager, who took immediate action to update the person's risk assessment.
- One person required pressure relieving equipment to support their poor skin integrity. Their care plan confirmed they should be sat on specialist equipment when seated. We observed they were not supported with their specialist equipment during both days of our inspection until we raised this with a member of staff. Two staff we spoke with were unfamiliar with what support and equipment the person required with their skin integrity. We raised our findings with the senior staff for the unit. They knew the person well and they took action to ensure they were sat on specialist equipment. We also observed this person receive moving and handling support from a member of staff. The support provided was not in line with best practice guidance or in line with the persons individual care plan and risk assessment. We raised these incidents with the manager who confirmed action taken following our inspection.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people had important information relating to their individual care needs such as catheter and diabetes care. However two people's care plans had limited information relating to how often their catheter and leg bag required changing. One relative we spoke with felt improvements could be made to their parent's care relating to their catheter. We shared this feedback with the manager they confirmed following the inspection the matter had been satisfactorily resolved.

#### Using medicines safely

- People received their medicines as prescribed although improvements were required to some records.
- Medicines Administration Records (MARs) showed people received their medicines regularly.
- Medicines were stored safely, although improvements were required to the recording of time specific medicines, the recording of fridges which stored medicines and the recording of medicines carried over from the previous month. We fed this back to the manager. Who confirmed they were increasing the monitoring of fridge temperature records and medicines carried over. They had also liaised with the GP and pharmacy team regarding medicines that required time specific administration.

We recommend the provider seeks best practice guidance in relation to recording medicines management.

- Nursing and care staff were responsible for administering medicines to people. All had a competency check completed prior to administering medicines to people. This was followed up with a yearly competency check. Records confirmed this.

#### Staffing and recruitment

- People were supported by staff who had checks completed prior to working with vulnerable adults. Checks included a criminal records check, references and identification.
- The service was using agency whilst actively recruiting permanent staff. Relatives gave us mixed views on their experience of their being enough staff. One relative told us, "Staff are busy". Another relative told us, "Short staffed sometimes, although other carers are coming in to cover staff". Another relative told us, "Staff seem to be around". The director of nursing & care services confirmed staffing levels were reviewed on a daily basis and reported to the senior management team so they could review safe staffing numbers where required.

#### Preventing and controlling infection

- We were not always assured that the provider was preventing visitors from catching and spreading infections as not all visitors were wearing face masks as per government guidance.
- We were not always assured that staff were wearing PPE effectively and safely. During our inspection we observed two staff who were found not to wear their surgical mask as required. We raised this with the staff at the time and fed this back to the manager so they could address this poor practice.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visit for people living in the home in accordance with the current guidance.

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

- Staff felt people received safe care. One member of staff told us, "Yes I believe so".
- People were supported by staff who had received training in safeguarding adults and who had a good understanding of abuse. One member of staff told us, "Yes, I feel people are safe here". They confirmed they would raise any concerns to their manager or the local authority safeguarding team.

#### Learning lessons when things go wrong

- The manager and senior managers monitored incidents and accidents.
- Staff were familiar with when to log an incident and records confirmed details of the incident, who was involved, details of the injury and any actions taken. Where incidents were of a safeguarding nature these were raised with the local authority.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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. People's care plans contained important information relating to medical information that might affect their capacity.

- People's care plans had a mental capacity assessment and best interest decisions in place relating to daily decisions about their care and support.
- Staff had a good understanding of the principles of the MCA. One member of staff told us, "We assume capacity (first). We then complete a best interest in relation to medicines, bedrails, sensory mats and personal care (for example)".

Staff support: induction, training, skills and experience

- People were supported by nurses who had received supervision and an appraisal as required. Records confirmed what training nurses had received for example in relation to tissue viability, catheterisation, syringe driver and peg feeding. This was so people were supported only by nurses who had the skills to perform these procedures if needed.
- People were supported by care staff who had received training relating to their role. For example, care staff had received training in, infection control, health and safety, safeguarding, manual handling and fire training.
- Additional bespoke training had also been provided to care staff. This included, person centered care, dementia awareness and some staff becoming dementia coaches. The dementia care lead supported staff with ongoing dementia training. This was to ensure staff had the skills and understanding to provide people

with individual person centered care whilst living with dementia. The service used a programme called FITS (Focussed intervention training and support). The FITS programme is a university accredited evidence-based model of excellence to providing care and support to people living with dementia.

People with dementia were supported with specific wellbeing sessions called Namaste care.

- The senior nurse had undertaken a project in managing medicines safely in care home. This was aimed at non nursing staff to improve their understanding and confidence in administering medicines.
- Staff felt supported by the manager who they felt was approachable. One member of staff told us, "I had supervision three weeks ago, I talked about training and my progress. Another member of staff told us, "Always someone to talk to. The door is always open".
- Staff were supported to gain the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Agency staff and newly employed staff had an induction and orientation around the service. However, we found on the first day of the inspection two staff were already working prior to receiving a handover. These two staff when spoken with were not familiar with one person's specialist equipment and how staff should support them with their moving and handling. We fed this back to the registered manager.

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

- Most people were happy with the quality and variety of the meals being offered. One person told us, "Very nice food here". Another person told us, "Food varies between good and not so good. They are good at making cakes". During the inspection we observed people being given choice with what they would like to eat and drink and when.
- Relatives felt people were supported with various meal choices. One relative told us, "Meals are lovely. They come in with plenty of choice". Another relative told us, "Meals are good and they're (flexible).
- People received referrals to specialist advisors such as dieticians and the GP if a concern had been identified with their weight loss.

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

- People had referrals to health care professionals when required. People's care plans confirmed details of the health care professionals and GP visits including any outcomes.
- Relatives felt they were kept up to date with any changes. One relative told us, "They keep us very well informed. Communication is excellent. They told us today about (name) having their booster. It's excellent".

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

- People's care plans contained important sensory information. For example, if the person required a hearing aid or glasses.
- People's care plans contained information relating to their next of kin or spouse and who should be called in case of an emergency.
- Staff had a good understanding of equality and diversity and had received training, so they were familiar with the protected characteristics under the Equalities Act 2010.

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

- The provider had started making some areas of the home, 'more homely'. This included adding coloured walls, areas of interest, pictures and creating a stimulating environment for people living with dementia.
- The home was clean, bright and airy. Communal areas were well maintained and had plenty of tables and chairs within the dining areas and lounges. People's bedrooms were personalised with pictures and soft furnishings. One relative told us, "The home is very nice, bright and airy". The different units were named

with clear signage. People could use handrails and a lift was available to people and visitors to access the two floors.

- The home had a hair dressing salon and an adapted shop for people to use.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant 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 and relatives felt staff were nice and supportive. One person told us, "Staff are nice". Another person told us, "I like being here. They look after you. Staff are good, kind and they talk to me". All relatives we spoke with were very happy with the care provided to their loved one. One relative told us, "It's very good, we are very impressed with their kindness. It's an excellent home". Another relative told us, "Really can't fault them. It's just so nice in here they take the time with you and my (name)". Another relative told us, "It's brilliant. Carers are really lovely and helpful".
- Staff were thoughtful and undertook acts of kindness to people in their care. Some staff at Christmas had received vouchers in recognition for their continued hard work. Staff had used these vouchers on improving the environment for people rather than using them on themselves.
- People were supported by staff who respected people's individual needs. Staff were able to demonstrate a good understanding of supporting people with their individual needs. One member of staff told us, "Everyone is individual. We don't class everyone the same". The member of staff had a good understanding of equality and diversity. They told us, "Race, gender, age, culture, it's about what the person wants". Another member of staff gave examples of how they had in the past used a communication board so the person who had a hearing impairment could read what staff were saying to them.

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

- People were able to make decisions about their care and support. We observed staff asking people what they would like to have for lunch and if they would like a hot or cold drink. People were given visual choices of meals and different drinks were offered and available. Modified diets looked appealing. One person told us, "I can have a shower whenever I want to. I can go to bed whenever I want and get up when I want". People's care plans had important information where people had lasting power of attorney in place. One relative confirmed their (name) was always offered choice around meals and when they wanted to eat. They felt the service was flexible and adapted to what people wanted. They told us, "I really can't fault them".
- Staff were able to give examples of when they support people to make decisions. One member of staff told us, "We involve people".

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, privacy and dignity. Staff demonstrated good examples of how they supported people. One member of staff told us, "We support people with what they can do themselves. Wash their face and top half by themselves. Close curtains and doors".

- During our inspection we observed staff encouraging people to be independent and have choice with their daily routines. Example's included, people deciding what they wanted for lunch, what they wanted to drink, and if they wanted to have the TV on.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- People's care plans had important information such their life histories. This included what the person's life looked like in relation to where they had lived, if they had siblings, children or a spouse. It also included where the person liked to holiday any employment history and any hobbies.
- People had individual care plans that contained important information relating to their Parkinson's and seizures however not all care plans were up to date. We also found people's individual care and support and daily records was not always provided in line with their individual needs. More information on this can be found in the safe section of this report.

Meeting people's communication needs

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

- People were supported by staff who used various approaches to ensure people's views were sought. Staff told us they used communication boards and gave people visual choice such as what they would like to eat or what they would like to wear.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to participate in a variety of activities within the home. Activities included, nail care, exercises, sensory activities which included tasting different foods. What people liked was shared back with the kitchen staff so improvements could be made to offering people meals that were what they enjoyed eating. Arts and crafts were also available and seasonal themes meant people could do cards to celebrate certain times of the year.
- People could undertake daily routines like folding socks, tidying up, setting the table and washing up. This meant people were encouraged to maintain daily routines that could orientate them to the time of day.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise a complaint and most confirmed they had no reason to do so. One relative told us, "No complaints, it's really good". Another told us, "No, no reason to complain". Whilst

gaining feedback from one relative as part of this inspection they raised with us they were unhappy with certain aspects of their loved ones care. We passed these concerns onto the manager who confirmed they would contact the person and resolve the issues.

- The provider had a complaints policy and procedure in place. Complaints were handled in line with the providers complaints policy.
- Various compliments had been received. These were available within the entrance to the home.
- Staff were also able to recognise each other's contribution to the service and each other. A 'colleague compliment card' recorded the reason for the compliment and who was giving the compliment, the date and to who. Some compliments included, '(name) is always supportive. Nothing is too much. She's helpful and caring to the residents. Another compliment included, '(name) was a pleasure to work an evening shift. (name) is very caring, dedicated, compassionate and thoughtful'.

#### End of life care and support

- No one at the time of the inspection was receiving end of life care. The manager confirmed when people were identified as reaching their end of life there was an 'End of Life Care Pathway'. Following our inspection, the manager sent us a copy of one person's end of life care pathway. This document covered what the person's wishes were so their care respected these whilst aiming to maintain the persons comfort and dignity at the same time.
- Staff spoke highly of the people they had cared for. Staff demonstrated their respects for people even after their passing. This was observed during the inspection as staff gathered to say their final farewells to a person who they had cared for at the home.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The providers quality assurance systems and processes were not always identifying shortfalls identified during our inspection.
- For example, during our inspection we identified shortfalls relating to risk management, including skin integrity, moving and handling and nutrition and hydration. Daily care records did not always provide accurate and contemporaneous evidence of the care and support people had received.
- Fridge temperatures were not always being recorded, medicines carried over had limited information recorded where one person required their medicines covertly.
- Systems had failed to identify issues relating to staff and visitors not wearing their personal protective equipment as required. However, when we raised this with the manager they took immediate action to address our findings.
- Not all staff were being provided with important information prior to starting their shift. For example, two staff when spoken with were not familiar with one person's specialist equipment or moving and handling needs

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

- At the time of the inspection the service did not have a manager registered with the Care Quality Commission (CQC). The new manager confirmed they planned to be registered manager for the home. They were keen to support the service and they felt the future was positive. They told us, "I've been very well supported. I go around the units and I have an open-door approach".
- Systems were in place to monitor, concerns, incidents and accidents and safeguarding's any actions were identified and implemented.
- There was a clear management structure and support from senior management. The manager and staff understood their roles and responsibilities. One member of staff told us, "More settled now. Everyone knows their roles". The manager notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- The senior management team provided a supportive and accessible culture. At least one of them visited the service daily.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager kept families up to date with changes in the service. This including having face to face meetings and sending newsletters.
- The provider and manager understood their role and responsibility under the duty of candour. They worked in an open and transparent way when improvements in the service provision could be improved or learned from.
- Staff and relatives felt the manager and management were open and accessible. One member of staff told us, "They are 100% approachable". Another member of staff told us, "I get the support I need. The senior team are always here, there is always someone to talk too".
- Staff had access to a trained counsellor who visited the service once a week. They were available to provide confidential support to staff during the Covid-19 pandemic.

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

- The provider at the time of the inspection was due to send customer satisfaction surveys to people and their relatives. These results were not available currently. All people we spoke with felt able to raise with the manager anything they needed to.
- The provider sought feedback from people monthly through a 'resident/star of the day' process. This involved the person's views being sought to ensure their care was in line with their wishes.

Continuous learning and improving care

- The provider and manager were keen to make improvements to the care delivery and the home environment. Improvements included re-decoration, training for staff and recruitment.
- Staff were dedicated and committed to providing people with the best care possible. We were mindful that the service had been through a difficult few months but even though this has been the case staff were all positive about the future and the support received. Staff remained committed to people they cared for and for each other. One member of staff told us, "It's very supportive, like one big family" Another member of staff told us, "We always help each other. It's a nice place to work".
- The provider supported staff to develop their knowledge and skills in improving people's care experience. Some staff had been through a mentorship programme to build on their existing knowledge and how to support people with a diagnosis of dementia. They were then responsible for promoting and encouraging their peers with everyday practice so that people benefited from care delivered in an empathetic way.
- Some staff had received additional training in becoming a dementia coach. The FITS (Focused Intervention Training and Support) programme is a university accredited evidence based programme that equips staff with the skills to support people in a person centred way whilst living with dementia.
- Staff were given opportunities to develop themselves and improve their knowledge and skills. For example, a senior nurse planned to provide non nursing staff with some training in managing medicines safely in care homes. This they felt would improve their understanding and confidence in administering medicines.

Working in partnership with others

- The manager and senior management team worked closely with social workers, local authority safeguarding teams, doctors, and other health care professionals.
- The service at the time of the inspection had a specialist nurse who visited the service at least weekly. They were supporting the service on all infection control measures such as donning and doffing personal protective equipment and hand hygiene audits.

- There was partnership working with health initiatives such as the get moving pathway. This was promoting people's independence and mobility through a structured assessment and outcome.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's care plans and risk assessments did not always contain important information. Nutrition and hydration charts and records relating to people's repositioning were not always completed accurately.  Regulation 12 (1) (2) (a) (b) (h)

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	Quality assurance systems in place were not always identifying shortfalls found during our inspection.  Regulation 17 (1) (2) (a) (c)