

Richard Whitehouse

# Wheathills House

## 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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Wheathills House Residential Home is a residential care home that was providing personal care to 19 people aged 65 and over at the time of the inspection. The home is situated in a rural location with extensive grounds for people to use. People have single occupancy bedrooms and the home has been designed to enable people to move around independently. Due to the location of the home there is limited access to public transport or local amenities.

### People's experience of using this service:

Our previous inspections identified the provider needed to make improvements within the service. Good care is the minimum that people receiving services should expect and deserve to receive. On this inspection we found the provider had made sufficient improvements to be removed out of special measures; however, improvements were still needed.

Systems to monitor the service had been developed, however these needed to be embedded within the service to ensure these were effective in identifying the improvements that were still needed. Further training and support was still needed to ensure the provider recognised where improvements were needed, and the provider was accepting support from other agencies to address this.

People were not always protected from harm as risks had not always been identified and action taken to mitigate these. Care plans were not sufficiently detailed to guide staff to provide people's care needs. This meant people's support was not always provided in line with current legislation and best practice guidelines.

There were limited activities on offer during our inspection and people were not supported to engage with activities that interested them. When dedicated activity staff were available, people were happy with how they were supported to engage with activities. However, the staffing was not sufficient to enable care staff to spend time with people unless they were providing support or personal care; people needed to alert staff when other people needed support as there were no staff present and people could not summon support themselves.

Infection control procedures were effective, and the home was maintained and cleaned to a good standard. The home enabled people to move around independently and there was a range of equipment to help people where this was needed. Further consideration was still needed to support the needs of people living with dementia. There was no signage to support people to orientate the building and encourage their independence.

Improvements had been made with how medicine systems were operated although further improvements were needed to ensure people received their prescribed medicines safely as this was not in accordance with good practice guidelines.

People could make everyday decisions. Where people lacked capacity, the provider had now completed assessments to demonstrate how capacity was assessed and decisions made in their best interests. This meant some people were now supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

People were treated with respect and dignity and people were relaxed and comfortable with staff and the management team. Relatives told us the staff team were pleasant, kind and caring and took good care of people. People told us that they thought the management team were responsive and they dealt with any concerns promptly.

Staff had now received further training to gain the skills they needed to support people and further training was planned to continue with staff development. Staff now understood how to identify potential abuse and knew how to make alerts to ensure people's safety. We had received notifications of significant events. Staff were recruited safely to ensure they were suitable to work with people who used the service.

People enjoyed the meals and felt they had a choice of what to eat and drink. People had good health care support from health professionals. Staff identified when people were unwell and prompt care was given.

Rating at last inspection: The last rating for this service was Inadequate (Published February 2019) and there were multiple breaches of regulation. The provider completed monthly action plans to show improvements they were making. At this inspection, we found some improvements had been made although the provider was still in breach our regulations.

Why we inspected:

On our previous inspection, we rated the service as inadequate and placed the service in 'special measures'. This service has been in Special Measures since March 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Enforcement:

We have identified breaches in relation to how risk is managed and how staffing is organised to ensure people receive safe care. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during our inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](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 not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Wheathills House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

Two inspectors carried out this inspection with 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.

**Service and service type:** Wheathills House Residential Home is a residential care home that accommodates up to 30 older adults who may be living with dementia. There is currently a condition on the provider's registration to restrict admissions to the home. There were 19 people using the service at the time of this inspection.

The service had a manager registered with the Care Quality Commission. 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. The registered manager is also the provider of the service and we have referred to them as the provider throughout the report.

#### Notice of inspection:

This was an unannounced inspection.

#### What we did:

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We had not requested a provider information return (PIR) to be submitted to us at this time. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We reviewed the action plans sent to us by the provider to report how they were monitoring the service and assessing risk as required within their conditions of registration.

During the inspection we spoke with nine people who used the service, two relatives, three staff members, the registered manager and the care manager. Following our inspection, we spoke with the local authority who commissioned a service for one person in the home for people and two health care professionals. We looked at care plans relating to five people and reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management;

Learning lessons when things go wrong

- On our last two inspections we identified that not all risks had been assessed, managed and mitigated. This meant there was a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. We also issued a condition on the providers registration for steps to be taken to manage and mitigate risks. On this inspection we found some improvements had been made although the care planning did not record all risks for people who used the service.
- Where people were at risk of choking and needed softened or pureed food, staff were not clear whether food should be mashed or pureed and provided us with different information. Information from health care professionals recorded food should be pureed, however the care plans and information in the kitchen recorded food should be mashed. This meant the person was placed at risk of harm as staff were unclear how they should be supported to stay safe.
- Some people needed support to move or raise from a seated position. We saw where a mechanical stand aid was used, the staff understood how to use this safely and explained what was happening to reduce any anxiety. However, we saw one person was supported to stand using a walking frame and a stand aid was not used to provide this support. Their care plan recorded two staff should provide support when moving, although the provider had not identified that mechanical equipment may be required to help them to keep safe.
- Some people had complex behaviour and may harm staff or other people. Where incidents had occurred, these were recorded in the daily notes. However, their care plan had not been developed to ensure there was clear guidance how to support them or to reduce the risk of incidents occurring.
- On our last inspection we found safe systems were not in place to ensure accurate medicines records were maintained and people received their medicines as prescribed. On this inspection we found improvements had been made, although medicines were not always managed safely when they were administered to people.
- We saw a staff member administered more than one person's medicines at a time in the medicine pots. Where people were sat at the same table at lunch time, these were dispensed as a group and individual checks were not carried out. This was not good practice as there was potential for risk with the medicines getting mixed up and people receiving the wrong medicines.
- Lessons were not always learned when things went wrong. Incidents and accidents were recorded although risk assessments and care plans were not updated to reduce the risk of further incidents. The provider had not identified that measures in place were not always effective.
- Where people had specific health conditions, information about their care was not always recorded to ensure staff had necessary information to support them. For example, for one person it was identified that it would be beneficial to have equipment to help them maintain a good resting and sleeping position, this had

not been provided. Furthermore, we saw two people had been identified as needing specialist equipment to reduce the risk of tissue damage or to maintain an upright position in bed to help them to breathe and this had not been provided. We spoke with a health care professional who was satisfied that staff were making necessary checks and people were well, although felt the equipment was needed to maintain their well-being.

This meant there was a continued breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

Systems and processes to safeguard people from the risk of abuse

- On our last inspection we found the provider had failed to recognise where people had been at risk of potential harm. Where incidents of harm had occurred, these had not been reported under agreed safeguarding procedures to the local authority and to us. This meant there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.
- The provider now had systems to help protect people from the risk of harm or abuse. Staff told us they had received training and were now confident about what and how they would report any concerns.
- Staff recorded where incidents of harm or potential abuse had occurred. When staff reported these to the provider, they had been raised with the local authority, who are the lead agency for all safeguarding matters. We also received a notification of any incident to ensure we could monitor how the service was managed.
- People were relaxed and comfortable with staff and the provider and told us they felt safe living there.

Using medicines safely

- The majority of people's medicines were supplied in blister packs which helped to ensure people received their medicines as prescribed. Where people had boxed medicines, we saw these were audited to ensure checks were made to demonstrate people received these as prescribed and the correct number of medicines were in each box.
- The medicines were stored securely in a locked medicines trolley.
- We saw when people were offered their medicines, they had a drink.
- Medicines were recorded after they had been administered on the medicines record or the reason for any refusal.
- Where people needed medicines as required, there was guidance about why they needed these which staff understood.

Staffing and recruitment

- People and relatives generally felt there was sufficient staff to provide the care they wanted. One person told us, "There are enough staff to help people. I have a buzzer. Some people need help to go to the toilet or they need help to get up. Two staff will help them. Staff come pretty quickly"
- However, we saw there were two care staff on duty who were supporting people with personal care needs and there were large periods of time where there were no staff present to provide support for people in the communal areas of the home.
- We saw people shout for support and other people who used the service had to search for the call bell to alert staff members. People who used the service also told us that they would need to fetch staff when others wanted support as there was only one call bell in the lounge. One person told us, "Sometimes the staff get busy and they could do with one more."
- Alternative staff provision had not been gained to cover staff sickness which meant people only had interaction with staff when they were being supported with personal care.



This meant there was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were cared for by staff who were suitable to work in a caring environment. Before staff were employed the registered provider carried out checks to determine if staff were of good character.
- Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

#### Preventing and controlling infection

- The service had achieved a five-star rating for the hygiene and practices in the kitchen; this is the highest rating that can be achieved
- The home was clean and smelt fresh and all areas of the home were well maintained.
- Systems were in place to help promote infection control and this included cleaning regimes and training for staff.
- We saw staff used gloves and aprons where needed and when handling food.

# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- On our last inspection we found the provider had not assessed people's capacity where they were unable to make certain decisions; CCTV was used around the home and the provider had not gained people's consent. On this inspection we found improvements had been made.
- Where people no longer had capacity to make certain decisions, assessments had been completed which recorded where people lacked capacity and how decisions had been reached.
- Decisions were made in people's best interests where they lacked capacity, for example, to understand the benefits of taking medicines or for financial issues.
- People knew about the use of CCTV in the home and one person told us, "There is CCTV cameras to keep a track of everything. The staff are exceedingly good, and nothing is too much trouble for them."
- The provider confirmed that there were no restrictions on people's liberty and there were no people who currently had a DoLS in place.

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

- On our last inspection, we identified that suitable assessments had not been completed before people were admitted to the home. The provider has a condition on their registration to prevent further admissions and there have been no new people admitted into the service.
- Care plans had been developed although we saw these did not always reflect people's needs. For example, some people needed support with complex behaviour or support to move that did not have care plans or risk assessments that matched how we saw them being supported. The lack of detail within the care plans meant the staff team did not have the necessary information to support people and to deliver consistent and effective care in line with best practice standards and guidance.

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

- On our last inspection the provider informed us they had reviewed how they could support people to recognise different areas of the home and ordered new dementia friendly signage. They told us this would be used to support people to find their way around the home. On this inspection these were displayed to support people to identify different areas of the home.
- The home was designed so that people could move around easily and there were handrails along corridors. The corridors and rooms were decorated with pictures and photographs of local areas from previous decades.
- People could move about their home safely as there was sufficient communal space to enable people to pass or have room to use their wheelchair or walking aids.
- There was equipment in bedrooms and bathrooms to enable people to be independent where possible.
- People's individual bedrooms included personal items and they had been able to design them to help create a homely feel. One person told us, "The rooms have been redecorated. The furniture is well looked after. The windows get cleaned. Everything is well maintained."
- The fire officer had visited the service and was satisfied the home met reasonable standards of safety in relation to standards to protect people in the event of a fire.

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

- People enjoyed the choices of food prepared in the home and told us the meals were well prepared and of a high standard. One person said, "The food is very nice and there is a variety. We don't get the same menu the next day. The food is warm enough. If you don't like it, they will offer you something else if you want. When we have resident's meetings we are asked if we'd like other things." Another person told us, "The food is very good. I get a daily choice. The vegetables are fresh. There is always a jug of juice and water on the table."
- People had a choice of food at each meal time and the daily menu was recorded on a white board outside of the dining room. Where people had a visual impairment, we heard the staff explain the choices available.
- We observed the lunchtime meal served and people chose to sit with friends and talked about daily events and their family. The meal was a pleasant occasion and some people chose to have a drink of alcohol with their meal.
- Some people had adapted crockery and utensils to support retaining their independence with eating and drinking.
- Where people were identified as being at risk of malnutrition or dehydration their foods were fortified and people were referred to their GP or dietician. Information was available for staff to prepare foods where there were concerns people were losing weight.

#### Supporting people to live healthier lives, access healthcare services and support

- Staff understood how to recognise changes in people's health and worked closely with health care professionals to help them live a healthier life.
- Where people were unwell, arrangements were made with people's GP to visit them in their home. One person told us, "It's very easy to get a doctor from the local surgery. I got new medicines from the doctor recently. I have seen the dentist and optician. My hearing aids are checked every two months." One relative told us, "When they have a hospital appointment, they go in an ambulance for transport and the staff arranges it. The staff communicate with us about visits."
- Where concerns were identified with people's weight loss, advice was sought from the GP and the Speech and language therapists to ensure people maintained a good diet.
- Information was available to share with other agencies if people needed to access other services such as hospitals.
- People were confident that they received the healthcare support they needed in a timely way.
- Two health care professionals confirmed they were satisfied with the support provided by the provider and

staff 'listened and acted on any advice given.'

Staff support: induction, training, skills and experience

- Since our last inspection, the staff reported they had received further training to support people who used the service. For example, they told us they received further training to understand how people could be supported to make decisions and to develop the skills required to meet people's needs.
- The management team and staff confirmed that there was a programme of staff supervision. Staff told us they had regular supervision meetings with the care manager to support their development and staff told us they felt supported. Staff were confident to approach the management team for additional support where this was needed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people well and promptly identified changes in people's health and sought professional advice.
- The provider was now working in partnership with the local authority to receive advice and support regarding improving the quality of service provision.

# 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

People felt well-supported, cared for and treated with dignity and respect. Improvements were needed to ensure people received all their planned care.

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

- On our last inspection we identified that people's care was compromised as the provider had not ensured that sufficient improvements had been made to ensure people received the care they needed. On this inspection, we found although some improvements had been made, further improvements were needed to ensure care was planned and delivered to meet people's individual needs. We have taken this into account for our judgement in this area.
- People were supported with kindness and compassion. However, staff interaction was task focused and staff only had time to spend and talk with people when delivering personal care or providing support.
- People liked the staff and the staff were knowledgeable about the people they supported. Staff spoke positively about people, describing their interests, likes, dislikes and their personal histories. The relationships between people and the staff were friendly and relaxed. One person told us, "The staff speak nicely and there is no bullying." Another person said, "I think the staff do respect you. If I get upset, then they will come and sit with me and put things right"
- We saw that attention was paid to people's appearance and comfort. Everyone looked smart and people told us that they were able to choose their own clothes and were happy with the arrangements for their personal laundry.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld.

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

Respecting and promoting people's privacy, dignity and independence

- People made daily decisions about their own care such as how to spend their time or what time to get up. There were different communal areas where people chose to spend time in. One person told us, "I can walk about the rooms here by myself. You can go to bed when you like. I have breakfast in my bedroom." Another person told us, "No one stops me doing what I want. I can wake up when I want and sleep late. I have the freedom to do that." Another person told us, "The staff all know me and have a laugh and a joke with me. They respect me by doing everything I want them to."
- When personal care was provided, people's dignity was promoted. Staff spoke discreetly with people and personal care was delivered behind closed doors to ensure privacy.
- The staff respected people's private space and knocked on their bedroom or toilet doors before entering.
- People's mobility aids were kept close to them, so they could move around the home independently if they chose to do so.
- People were supported to stay in touch with family and friends and they were able to visit at any time to suit the person.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- People had a care plan, and this was reviewed with them. One person told us, "My care is very good. They can't do enough for you. I do have a care plan. Everybody does. The staff come around with it to check its going okay." However, we saw people's plans did not always reflect the care people needed to stay safe.
- People had mixed views about the level of support they received to engage with their interests. On the day of our inspection, the staffing had not been organised to enable people to be involved with activities. There were usually dedicated staff to support this although when they were not available, the provider had not provided staff to ensure people may have this support.
- We saw there were no activities organised for people during our inspection visit. One person told us, "There's nothing to do here today so we just have the newspapers to read, watch the television or talk to each other." We saw people either watched the television, were asleep, disengaged, or spoke with people sat next to them.
- Where dedicated staff were provided, people told us they enjoyed being involved with activities which included flower arranging, quizzes and craft activities. One person told us, "They are very good, and they can put their hand to anything, they are very entertaining." Another person told us, "We usually have a member of staff from Monday to Friday who does quizzes and brings all sorts of things to occupy our minds and entertain us. They are very good. They organise Christmas parties. We have been to a garden centre and a show on poppies. I like reading and do crosswords. A librarian comes every month."
- The staff told us that activities outside of the home were arranged, and community transport was used. People told us that had been to a visit to the Alrewas Arboretum and local garden centres. The provider shared that people had also visited Carsington waters and people were supported to attend church services. However, people had mixed views about how their religious beliefs were met. One person told us, "I'm church of England and I like to go to the church down the road. I'm disappointed if a staff is not there to take me. The church does visit here and sometimes I take communion here." Another person told us, "I'm church of England and we have communion here regularly."
- In the next month, we saw two visiting entertainers were planned which included a video presentation of local events which people told us they enjoyed watching and a garden party was arranged. People told us they were looking forward to this event and a band had been booked which they had enjoyed the previous year.
- Staff knew people's likes, dislikes and preferences in relation to their care and activities they enjoyed. However, we saw there was limited opportunities to use this knowledge and spend time with people.
- People made choices and had control and independence and felt discussing what they wanted and what they wanted to do. Staff respected people's choices and preferences.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns and make complaints if needed. The provider had a complaints

procedure which people told us they were aware of. The provider welcomed feedback from people who used the service who they knew well.

- There had been no formal complaints and while people knew how to make a complaint, they told us they had not needed to as any small concerns were dealt with straight away. One person told us, "I've no complaints. If I was worried I'd talk to the manager. They are very nice, and I trust them."

#### End of life care and support

- On our last inspection we identified that people's end of life wishes may not be respected as these were not recorded. On this inspection we saw where people had expressed preferences about how they wanted to be supported when nearing their end of life, this had been recorded.

- The provider had identified that this was an area that could be improved and was speaking sensitively with people to ensure their wishes were known.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

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

- On our previous inspection we identified that the provider had failed to develop effective quality audits to review care provision and ensure positive outcomes for people who used the service. This meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found on this inspection improvements had been made although further improvements were still needed.

- The provider and care manager had produced a monthly plan and sent a copy of this to us. This recorded developments in the home including how care was reviewed and training and support provided for staff.

- Quality audits were now completed for health and safety in the home. There was also a regular self-assessment which reviewed includes information regarding people and staff, complaints, compliments, body maps, incidents and accidents. This demonstrated a clear oversight of the service by the care manager and the provider.

- However, we found the quality monitoring had not identified that further improvements were needed to ensure risks to people health and wellbeing were identified and to bring about improvement in key areas such as care plans, risk assessments and medicines administration.

- On our last inspection we found the provider had displayed their report and rating in their office, but this was not easily visible for people using or visiting the service. People and relatives we spoke with were not aware of the ratings of the service. On this inspection we found the rating was clearly displayed to inform people of our ratings and where improvements were needed.

- On our last inspection we identified that the provider had failed to send us notifications when significant events had occurred. On this inspection we found they understood what needed to be reported to us, so we could monitor how the service was managed. We had received notifications of significant events.

- On our previous inspection we identified that the provider had admitted people into the service without contacting us for our written agreement as a condition of their registration. On this inspection we found no new people had been admitted to the home. Where people had been in hospital, the provider contacted us to gain consent for them to move back into their home as required.

- The provider and care manager were visible in the home and people knew who they were and spoke fondly of them. People told us they spoke with them, discussed their care and families felt able to approach them to discuss any concerns or to comment on the quality of the care. People told us, "We have residents discussions of what we would like or if we want anything altered. Like what we would want for tea." and



"The manager and staff always ask me if I want anything. I'd score the home 10/10." Another person told us, "We can talk to the manager without doubt and the manager will listen. They make sure we are all smart and tidy."

- Staff felt the management team was approachable and that they could talk to them at any time. They said they were always open to suggestions from them they listened to what they said to ensure there were further opportunities for improvement.
- There were regular staff meetings held to enable them to discuss any issues arising in the home. Staff members told us they would recommend this service for people looking for care or to staff looking for care work.

#### Working in partnership with others

##### Continuous learning and improving care

- On our previous inspection we identified that the provider had not sought support and guidance from partner organisations including the local authority to help them to make improvements. The provider had now started to engage with the local authority to review care provision and bring about improvements.
- The provider was gaining people's consent for a review of their care and records to support them to bring about improvements with care planning. Our inspection identified improvements were still required; we will review the partnership working to ensure further improvements are made on our next inspection.
- On our previous inspection we identified the provider had not ensured their own training was up to date to ensure staff were working with best practice guidance. On this inspection we found the provider had arranged for further support to provide further knowledge and skills to develop the service. Although we found areas of improvement, we saw there were areas where further improvements were still required in relation to care planning, medicines management and staffing; further training was still needed to ensure they recognised how improvements needed to be made.
- The staff worked alongside health professionals to ensure they understood why care was needed and reported any changes to them and within daily communication records.

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

- There were opportunities for people and family members to share their views about the quality of the service provided. People were asked about the support provided and people reported they liked living in the home and were satisfied with the how care was provided.
- We saw compliments from people and relatives, which the provider shared with 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 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services and others were not protected against the risks associated with unsafe care as not all risks were assessed and mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of suitably qualified skilled and experienced staff were not deployed to meet the needs of people who used the service.