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The White 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The White House is a residential care home providing personal care and support for up to 38 older people. Accommodation is provided in thirty single and 4 twin rooms for married couples, partners or friends who wish to live together by choice. There are two lounges, a dining room and a garden to the rear of the service. At the time of the inspection there were 20 people living in the service. Most people were living with dementia.

People's experience of using this service

People's experiences of living at The White House were positive. Relatives told us that as it was a small home, with a stable staff team, and staff knew people well. They complimented the providers in keeping them up to date with their family members' care during lockdown. One family member told us they very much appreciated their relative's birthday being celebrated in their absence and that they could share the photographs around the wider family. Another relative told us, "One thing that really stands out is the care, the way they speak to people is just so kind and respectful, I have observed some lovely care."

The providers had improved the service since our last inspection and met the shortfalls in risk management, staff training and keeping accurate records of people's care. They had also made progress in strengthening quality assurance processes. However, we found staff recruitment processes were not robust enough to ensure only suitable people were employed at the service.

Recommendations made at previous inspections concerning using body maps to track pain patches and seeking information about activities had been met. People participated in activities but there was mixed feedback from relatives about if these were sufficient or could be improved further.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood how to apply the principles of the Mental Capacity Act 2005, but records did not always support this practice.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 4 December 2019) and there were multiple breaches of regulation. We carried out a targeted inspection on 24 September 2020 to follow up on these regulation breaches. At the targeted inspection we found not enough improvement had not been made and the provider was still in breach of regulations in relation to staff training, risk management and monitoring the quality of the service. We served Warning Notices with regards to risk management and quality monitoring. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this focused inspection we found enough improvement had been

made and the provider was no longer in breach of these regulations. However, we found a further breach of regulation with regards to the recruitment of staff.

Why we inspected

We carried out an unannounced targeted inspection of this service on 24 September 2020. Three breaches of legal requirements were found, and we served Warning Notice with regards to two of these continued breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve the areas of safe care and treatment and well-led.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remain Requires Improvement. This is based on the findings at this inspection. This is the second time the service has been rated Requires Improvement.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The White House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in staff recruitment at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The White 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. 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 by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The White House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

One of the providers was also registered with the Care Quality Commission to manage the service. The registered manager and provider were both legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection here

We sought and received feedback from the local authority. We reviewed information we had received about the service since the last inspection. The providers were not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who lived in the service. We talked to six members of staff including the provider, registered manager, a senior carer, two care staff and the cook.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We also looked at staff training and staff supervision. A variety of records relating to the management of the service were reviewed including accidents and incidents and quality checks and audits.

After the inspection

The expert by experience spoke to three people living at the service and five relatives to gain feedback about their experiences 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

- Staff recruitment was not consistently managed in a safe way. The provider had not completed all necessary checks for potential staff to make sure they were suitable to work with people using the service.
- The provider had not obtained satisfactory evidence of one staff's employment in social care. This staff member had a reference from their previous employment in social care where they had worked for only a month. The reason for the staff member's employment ending had not been obtained in the reference, nor during the interview or application process. The staff member's second reference was a character reference although this staff member had previously worked in other social care settings.
- A full employment history had not been obtained for two staff, accounting for gaps in employment. There were no interview records for staff. These are important as they contain the questions potential staff have been asked and their answers to help assess their potential suitability to their role. Also, to ensure that staff interviews are carried out in line with the Equality Act 2010.

The provider had failed to ensure a robust system was in place to recruit suitable staff. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There were appropriate levels of trained staff to meet the needs of people living in the service. Many staff had worked at the service for long time. These experienced staff helped to train and support newly recruited staff. One person told us, "There are enough staff at the home. I'm never hanging around wanting for something."

Assessing risk, safety monitoring and management

At our last inspection of the service the registered provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection. The provider had complied with the Warning Notice and was no longer in breach of regulation 12. Staff had access to guidance about potential risks and how to minimise them. This included providing training and information about catheter care and diabetes.

- At this inspection assessments of risk had been carried out for each person's health, social and personal

care needs. Staff had access to clear guidance about how they needed to support people in a safe and consistent way.

- Assessments of risk related to when people were moving about their home, maintaining healthy skin and any medical conditions such as diabetes. For people with diabetes there was information about people's diet and monitoring their blood sugar levels. Staff were informed about how to recognise and what action to take if people had too much or too little sugar in their bodies (hyperglycaemic or hypoglycaemic). A relative told us, "They monitor her falls and regularly test for UTI's (urinary tract infections) and inform us when she has an infection as a lot of her falls prior to going there were related to urine infections."
- Some people used emollients to treat dry skin conditions. The provider considered the fire risk and taken actions to minimise them. When fabric with dried-on emollient comes into contact with a naked flame, the resulting fire burns quickly and intensely.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment regularly serviced. There was a programme of fire drills to ensure staff knew what actions to take in the event of a fire.

Learning lessons when things go wrong

At our last inspection of the service the registered provider had not recorded actions taken when things go wrong. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection. The provider had complied with the Warning Notice and was no longer in breach of regulation 17. The provider was aware each time a person had fallen or injured themselves so they could ensure appropriate action had been taken.

- At this inspection the provider had oversight of accidents and incidents and had taken action to minimise any potential harm. For example, when people had frequent falls, they had been referred to the falls clinic.
- A record was made of all accidents and incidents at the service. This included any immediate action to keep people safe or treatment sought, who was involved and the outcome of the intervention.
- Significant events were reviewed monthly to identify any patterns or trends. Referrals were made accordingly, such as to the falls clinic and people's risk assessments updated accordingly.
- There were guidelines to support and protect people and staff when people became anxious. Staff recorded any triggers to the person's behaviours. This was so they could intervene in the most appropriate way to help prevent people's behaviour escalate. A relative told us about their family member who was very anxious prior to moving to The White House. This relative said, "She's now so settled there she doesn't like to leave the home: It's the familiar surroundings."

Using medicines safely

At our last comprehensive inspection, we recommended that the registered provider seek guidance from a reputable source such as The National Institute for Health and Care Excellence (NICE) on managing medicines in care homes. This was because body maps were not being used for pain patches.

- At this inspection body maps were used for people who were prescribed pain patches. Staff recorded which part of person's body the patch was applied, to ensure it was rotated at each application to keep people's skin healthy. Body maps were also used to direct staff where topical creams should be applied.
- People received their medicines from staff who were trained in medicines administration. Staff checked the medication administration record (MAR) before giving people their medicine. Then they signed the MAR to evidence the person had taken their medicine as prescribed. One person told us, "I take my tablets, they watch me take them."

- All medicines were stored securely and at the correct temperature for them to be effective.
- Medicines were regularly audited. This included checks on staff's training and competence, MAR and counts of medicines in stock.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they or their family member was safe living at The White House. One person explained they felt safe because, "Staff come and check on me often. A relative told us, "She wakes and wanders in the night, so she is safe because somebody was always there."
- Staff continued to understand what constituted abuse and poor practice. They knew the importance of making clear and timely records and reporting their concerns to the providers.
- Safeguarding concerns had been reported to the local authority, who have the lead role in investigating allegations of abuse.
- Staff knew how to whistle-blow (tell someone if they had concerns). They also understood their role in reporting any concerns to external agencies. The telephone numbers required to report their concerns were available to staff.

Preventing and controlling infection

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 using PPE effectively and safely.
- 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.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection of the service the registered provider had failed to provide appropriate up to date training for staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection the provider had developed a programme of staff training which took into consideration people's care and support needs.
- Staff had received training in essential topics such as moving and handling and first aid. Infection control training included updating staff on the impact of covid-19.
- Training had been developed around the specific needs of people. Staff had been upskilled in diabetes and catheter care. This was to ensure staff knew how to support the individual needs of people in their care.
- New staff participated in an in-house induction programme which included mandatory training. New staff also shadowed senior care staff before they were assessed as suitable to work unsupervised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff providing consistent, effective, timely care within and across organisations

- People's physical, social, emotional, cultural and religious needs were assessed before they moved to the service, so the provider could be confident they could be met by the staff team.
- A relative described the positive experience of their family member moving from another care service to The White House. "It was a very good handover between the respite service and the White House. We were given a choice of rooms and the transition was as best as it could be."

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

- People were supported with eating and drinking as assessed in their care records.
- There was a planned menu and the cook knew about people's food choices and specialist diets and provided foods accordingly. At lunchtime staff sat with people who required assistance, to help them eat their meal.
- People's weights were monitored, and the dietician contacted for advice when there was a significant increase or decrease. For example, as a result of a referral to the dietician, one person had been prescribed nutritional supplements.
- People and their relatives were satisfied with the quality and quantity of food provided. A relative told us

their family member ate well and had a nutritious diet. "They must be doing something right as I've just had to buy her the next size up in clothes so that's a good sign: We know she's eating well".

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

- People's health care needs were identified and monitored by staff. People were supported to access health care services such as their doctor when they were needed.
- People's oral health was assessed, and people received regular foot care. This is particularly important to maintain the health of people with diabetes.
- Feedback from relatives was the service kept them up to date with any changes in their family members health. One relative told us, "They are very good at keeping me up to date if he has a fall, or any hospital appointments, doctors' appointments etc."
- Relatives said they appreciated the regular contact from the service during the pandemic. One relative said, "They have been very good throughout covid. Each time she's poorly the staff are very friendly and always willing to update me by phone. They've called me each time when she's had her vaccination. They let me know how she is after."

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 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).

- Staff had received training in MCA 2005 and understood how to apply its main principles in practice.
- Staff described one person's ability to make decisions. They described how this person could make daily decisions such as what to wear and what to eat. However, they explained that this person's capacity would need to be assessed if they needed to make a more complex decision.
- Some people had Independent Mental Capacity Advocates (IMCAs). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. Staff knew which people had IMCA's to advocate on their behalf.
- The provider had made DoLS applications to ensure any restrictions on people's care and treatment were lawful. A relative told us, "The owners have been very helpful with DoLS. We really didn't have a clue, but they supported us."

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

- There was signage around the service to help guide people to where they wanted to go. Some signage was peeling away so it was difficult to see. The providers said this would be addressed.
- Adaptations such as handrails and bath seats were available for people with limited mobility.
- People were provided with a main lounge and an additional lounge, for people who preferred a quieter setting.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last comprehensive inspection, we recommend the registered provider sought advice and guidance from a reputable source, about the provision of meaningful activities responsive to the needs of people living in the service.

- At this inspection the provider had accessed information about activities for older people living with dementia.
- People's care notes detailed that people had been offered a choice of activities such as ball games, sensory box activity, quiz and gentle exercises.
- There was mixed feedback about how activities offered met people's needs. One relative explained that as her family member's dementia had advanced, they preferred to watch TV more and take less part in activities. Another relative commented, "The Christmas parties are lovely, they make a real effort. However, I think they could have kept residents busier during covid, they were not able to get out, so I think there was a lot of sitting around. They could probably have been a bit more proactive with that."
- People were supported to maintain relationships, including during the pandemic. Relatives said was regular communication between them and the service. One relative told us, "We can call anytime to see how she is, and they will always call us if she needs anything."

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

- Care plans contained information about people's care needs and the support they required from staff.
- People also had a life history, which provided staff with information about what was important to them, such as their family, past employment and likes and dislikes. One relative said, "Staff take an interest in my mother and wanted to know more about her. We chatted all about her past likes and dislikes".
- Feedback from relatives was that staff knew people well and so were able to provide personalised care. One relative said, "I have witnessed care. Staff always asked how she would like things done they are very aware of how she likes things done". Another relative told us, "She cannot communicate. Staff can tell if she's not well: They spot the signs. If she's unwell they give her paracetamol or whatever she needs."
- Important events were celebrated, which was of particular importance to people, who were unable to see their loved ones during lockdown. One relative described the impact on the service celebrating her Mum's birthday with balloons and a small party. "It was lovely for me to be able to share the pictures with our family especially those who would not get to see her on her birthday. I know it doesn't cost much to buy a few balloons, but it really means the world to us to know that her birthday didn't go uncelebrated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had developed easier to read information to help people living with dementia to be able to understand their care needs and what they required support with.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The policy included information about contacting the local government ombudsman if they were not satisfied with how their complaint had been handled by the service.
- People said when they had raised concerns, the provider had acted on them. One person said that sometimes things go missing. They said they tell staff when this happens and staff sort this out for them.
- Most relatives reported that they had not needed to raise a concern or make a complaint. Relatives who had raised concerns said that they were resolved. One relative told us, "I've not had any ongoing concerns. We had one issue where her glasses were dirty. I mentioned this to the carers and I've not noticed them dirty since." Another relative said about the laundry, "Things are resolved quite quickly but I do feel like sometimes it is an ongoing battle."

End of life care and support

- The provider understood the importance of working closely with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.
- People at the end of their lives had advanced plans of care about their medical treatment. This included making sure they had access to pain relieving medication when it was needed.
- A relative told us about the positive support they had received from the provider who was the one who informed them that their family member was at the end stages of their life. "This was very difficult for us as we were not able to visit at the time. All we wanted to do was jump in the car and see her. However, knowing we couldn't visit (the provider) was extremely kind on the phone and explained very clearly how they would keep her comfortable and pain free, and all the precautions they are taking with Covid". (The provider) was very respectful in her manner."
- There had been limited consultation with people about their wishes at the end of their lives. This was intended to provide a clear plan which set out where people would like to live in their last days and any important things and people they would like to be around them. The provider acknowledged this was often a difficult conversation for people and that they would work sensitively towards initialising these conversations.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

At our last inspection of the service the provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and failure to ensure records were accurate, complete and consistent. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection. The provider had complied with the Warning Notice and was no longer in breach of regulation 17. Systems to assess and mitigate risks to people's health and safety had been established. Essential information about people's health and safety had been added to people's care plans. However, this is an area where further improvement is needed.

- At this inspection there had been improvements in the systems to monitor the quality of the service. Breaches of regulation with regards to managing risks, and making sure staff had the relevant training and written guidance to follow to meet people's individual needs, had been fully addressed.
- A range of audits had been established to check staff were up to date with their training, that infection control procedures were followed, and medicines practices were safe. This established a system for analysing accidents and incidents to reduce the impact on people of these events reoccurring.
- However, the provider had not included staff recruitment in these checks, and we found shortfalls in this area.
- There had been improvements in record keeping, and specifically the detail included in people's care plans. This was so staff had to hand all the information they needed about a person to support them appropriately. However, we did find that some mental capacity assessment records did not reflect what was happening in practice. Staff understood which people had the capacity to make day to day decisions and they were supported to do so. But these people's records of their mental capacity did not always reflect this. The provider gave assurances that these records would be reviewed in line with the Mental Capacity Act 2005 principles.

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 law requires registered providers to follow a duty of candour. This means after a significant, unexpected or unintended adverse incident occurs in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing.

The provider understood their responsibility to follow duty of candour principles.

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

- The management of the service was shared between the two providers, one of whom was the registered manager. The registered manager and provider had regular contact with people, staff and their relatives. They had a clear understanding of the running of the service.
- Staff and relatives were positive about the management of the service. They said the providers were approachable, supportive and kept them up to date with their family member's well-being. One relative told us, "The owners are very personable: Their door is always open."
- Staff and relatives described a positive culture at the service. One relative said, "One thing that really stands out is the care, the way they speak to people is just so kind and respectful, I have observed some lovely care." Another relative told us they happened to call the service at the same time their mum was arriving back from a short stay in hospital. "I heard mum say, 'I'm home!' This meant the world to me to know that mum sees it as home."
- Relatives said they would recommend the service to others. Comments included, "They actually care. It's not just a business, they really do care about residents"; and "I feel that it's small enough that people get a good level care. They are all individuals not a number".
- The provider had informed us of significant events that had occurred at the service. It is important that the Care Quality Commission (CQC) has a clear overview of all incidents at the service, so we can check that the provider has taken appropriate action.

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

- Relatives told us there used to be regular relative meetings, but due to the pandemic this had not been happening. However, they said they could contact the service at any time with any queries or to speak to their family member. One relative told us, "They have been very good during the pandemic and kept us up to date."
- Staff meetings and supervisions had taken place, although less frequently due to the pandemic. Staff said there was good teamwork, communication and they felt supported by the providers. Comments included, "We are a pretty well good team. In handovers we will give each other the information we need. And nine times out of ten it will be done."; and "I would recommend the job to others. It's rewarding working with the residents. It is giving something back to them."
- The registered manager said they sought people's views and experiences when they were present at the service.

Working in partnership with others

- The provider worked in partnership with other social and health care professionals to enable people to receive 'joined-up' support. They had referred people to health care professionals including the district nurses, GP, mental health team and chiropodists.
- Staff supported people to receive coordinated care when they used or moved between different services. When people were admitted to hospital, they passed on important information about the person's care needs.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure a robust system was in place to recruit suitable staff. This placed people at risk of harm.</p> <p>Regulation 19 (2) (3) (a)</p>