

HF Trust Limited

Walberton (South Coast)

Inspection report

Freeman Close, Eastergate Lane
Walberton
Arundel
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BN18 0AE

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Tel: 01243542714

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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:

Walberton (South Coast) is a residential care service. The service consisted of four houses Russett, Melrose, Pippin and Fortune. Russett and Melrose were bigger than most domestic style properties. It is registered to provide support for up to 33 people living with complex needs, a learning disability or autism. 31 people, both young and older adults, were living at the service, at the time of the inspection. This is larger than current best practice. However, the size of the service having a negative impact on people was lessened by people living across four houses and the building design fitting into the residential area. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focussed on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

- Quality assurance processes had improved since the last inspection. However, they failed to identify issues in relation to MCA and DoLS.
- The registered managers and staff did not always have a good understanding of the Mental Capacity Act (2005) (MCA) or Deprivation of Liberty Safeguards (DoLS). Conditions on two people's DoLS were not known or understood by the registered managers or staff. The registered managers had not fully implemented the providers policies and systems to effectively support this practice. □
- Capacity assessments and best interest decisions did not consistently take place and outcomes were not always documented.
- People were supported to have maximum choice and control of their lives however it was unclear if staff supported them in the least restrictive way possible, as best interest decision meetings did not always occur. The policies and systems in the service did not always support this practice.
- The registered managers were not fully aware of their regulatory responsibilities in relation to their registration with the Care Quality Commission (CQC).
- People were safe from the risk of abuse.
- There were sufficient numbers of staff to meet people's need. A relative told us, "He is safe at Walberton, the staff are there for him. I know he feels safe as he is happy living there."
- Staff had the skills and knowledge to deliver effective care and support.
- People were supported to maintain a balanced diet and had access to healthcare services as and when needed.
- People were treated with kindness and respect.

- People's independence was promoted and their differences respected. People were supported to develop and maintain friendships.
- Care was personalised to meet people's care, social and wellbeing needs.
- People had access to a range of activities that met their interests.
- People, their relatives and staff were complimentary of the management of the service and staff felt well supported. A member of staff told us, "The manager is always around and very approachable."

Rating at the last inspection:

Requires Improvement (The last report was published on 28 February 2018.) This is the second consecutive time the service has been rated as Requires Improvement.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

You can find the action we told provider to take at the end of this report.

Follow up:

We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

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 safe

Details are in our Safe findings below.

Good ●

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 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 ●

Walberton (South Coast)

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:

The inspection was undertaken by two inspectors and an expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

Service and service type:

Walberton (South Coast) is a residential care home providing accommodation and personal care for up to 33 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. The registered managers were responsible for different houses on the site. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection:

- We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- Notifications sent to the CQC about important events at the service.
- Information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

- We spoke with five people living at the home, three of their relatives, both registered manager's, the operations manager, three members of staff and two healthcare professionals.
- We pathway tracked the care of five people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
- We completed observations in communal areas, due to the nature of people's needs, we were not able to ask everyone direct questions, but we did observe people as they engaged with their day-to-day tasks and activities.
- We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and four staff recruitment records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 27 and 30 November 2017, we asked provider to take action to make improvements to infection control processes, and this action has been completed.

Preventing and controlling infection

- Infection control process and procedures had improved and people were no longer at risk from poor infection control practice. A relative told us, "One thing that is better is the cleanliness, it feels a lot cleaner and fresher when we visit."
- Following the last inspection, the provider had recruited a cleaner. They followed a cleaning rota and all the houses were clean and well maintained. Cleanliness in communal areas and kitchens had improved, kitchen utensils were clean, food was stored safely and kitchen waste was safely disposed of. Bathrooms were clean and hygienic.
- Staff received infection control and food hygiene training. We observed staff using personal protective equipment (PPE) such as gloves during the inspection.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Staff had a flexible approach to risk management. For example, one person was identified at being at risk when using the car as they did not have road safety awareness. To ensure the person could still go out, staff assessed this and put strategies in place to make car journeys safer.
- People were supported to take positive risks. For example, one person was identified at being at risk when cooking for themselves. Staff were provided with guidance to support the person safely in the kitchen whilst maintaining their independence with preparing drinks and meals.
- People had effective positive behaviour support (PBS) plans in place. These plans provided a person-centred approach to supporting people who display or are at risk of displaying behaviours which may challenge.
- Environmental risks had been identified, assessed and action taken to maintain people's safety.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and received regular training in this area. They could identify signs of abuse. One member of staff told us, "Abuse can take many forms, financial, physical or sexual. I wouldn't hesitate to report any concerns and I know these would be taken seriously by my manager."
- Systems and processes were in place to protect people from the risk of harm such as safeguarding

procedures which were known by staff.

- People told us they felt safe and their relatives told us they felt their loved ones were safe. One relative said, "When I take her home, she is always happy to go back so I know she feels safe."
- Staff told us they were confident the registered managers would act should they raise any concerns about the care people received.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and gave staff effective guidance about each individual medicine.
- Staff who administered medicines were trained and had regular competency checks which supported their practice to remain safe. We observed a member of staff administering medicines to people. They were sensitive in their approach and knowledgeable about people's health conditions. A member of staff told us they find the medicines training, "Really useful to keep up to date and refresh to make sure we are administering medication the right way."
- When medicines errors were identified these were managed safely and in a timely way.
- The registered managers had identified a higher number of medicines errors in one house and had implemented additional safeguards, such as additional training and staff competency assessments.
- They had also worked closely with the local authority around medicines errors and improving their medicines processes. This had improved medicines practice.

Learning lessons when things go wrong

- Accident and incidents were managed safely and lessons learned to improve the care people received. This was because the registered managers analysed incident reports to reduce the risk of a similar incident happening again.
 - For example, a registered manager identified that one person's anxiety had increased by monitoring incident reports. They implemented a positive behaviour plan so staff could identify triggers and use assessed distraction techniques. This had improved the person's wellbeing.

Staffing and recruitment

- Recruitment processes ensured staff were safe to work with people before they started working at the home.
- There were sufficient numbers of staff to meet people's needs. We observed staff responded to people's need in a timely manner. The team were flexible in their working hours to meet the changing needs of people.
- A relative told us, "One thing that has really improved is staffing. There is consistency in staff which had been good to build relationships with the residents and their families."

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 was inconsistent.

At the last inspection on 27 and 30 November 2017, we asked the provider to take action to ensure all four houses were maintained as there were areas of disrepair across all the houses. At this inspection this action has been completed. At this inspection we found an area of concern relating to the registered managers and staff understanding and working within the principles of the Mental Capacity Act (2005).

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The registered managers and staff lacked understanding of the MCA and DoLS and what this meant for people they supported as Mental capacity assessments were not fully completed to show if people had been given the opportunity to retain information before a capacity decision was made.
- Capacity assessments and best interest decision meetings were not consistently documented, this did not provide assurance that relevant people were involved in the decision-making process. For example, staff were supporting a person to manage their day to day finances. Their mental capacity assessment was not fully completed and a best interest decision meeting was not held. This did not provide assurance that relevant people were involved in making this decision to ensure this was in the persons best interest.
- DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way. However, there was an inconsistent approach to MCA and best interest decisions before DoLS were applied for. For example, one person was receiving their medicines covertly. This was being managed well and medical authorisation had been sought. However, a best interest decision had not been completed in line with the person's DoLS conditions, this did not provide assurance that the registered managers were consistently working within the principles of the mental capacity act. The registered managers told us they were not following this condition as they were unaware it formed part of the person's DoLS.
- Following the inspection the operations manager told us they would implement additional training for staff and the registered managers to improve their knowledge of MCA and DoLS.
- This is an area of practice in need of improvement to ensure staff are supporting people in line with the principles of the MCA.

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

- Following the last inspection, the provider completed an action plan to support the maintenance of people's accommodation. This had been followed and action taken to improve people's environment. The houses had been adapted and fixtures and fittings updated to meet people's needs.
- A large amount of work had been completed to improve people's living conditions. The operations manager confirmed that these works would be ongoing to further improve people's accommodations. Plans were in place to adapt one of the larger houses into two properties to better meet people's needs. In Melrose Cottage the provider had fitted a new kitchen and bathroom and bathrooms had been refitted in Russett Cottage.
- People's rooms were decorated as they wished and were reflective of their personality. For example, one person was keen to show us their bedroom and photographs of their favourite band.
- There was simple signage around the houses to help people navigate their way.

Staff support: induction, training, skills and experience

- Staff received a range of training opportunities to enable them to deliver effective care and support.
- Training was tailored to support staff to meet individual's needs such as positive behaviour and Makaton communication training. Some people were living with complex health and social needs, staff received specific training, such as epilepsy and diabetes training to ensure they had the skills needed to support people effectively.
- New staff received an induction which included training and shadowing senior members of staff.
- Staff told us they thought the training was useful to their roles.
- One member of staff said, "There are a variety of courses and we are encouraged to do them. The training supports our knowledge and refreshes us so we know about any changes to how we should be working."
- Staff were supported in their role and received regular supervision and appraisal. One member of staff told us, "I get supervision regularly. But I can approach the manager at any time with an issue. I'm never told that it will have to wait for supervision".

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

- People were supported to maintain a balanced diet. Staff were aware of people's individual dietary needs.
- People's care plans detailed their nutritional need and what foods they liked. One person told us, "I like the food here it is nice."
- A staff member told us that food provided was based on what people enjoyed and feedback from staff. We saw that people were involved in the shopping process and requested items they wanted to eat.
- We observed a staff member supporting someone to make their own lunch, they encouraged healthy options and promoted the person's independence. The person was engaged and enjoying the process.

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

- Staff worked well within their team and across organisations. Professionals provided positive feedback of their work with staff to improve people's social interactions.
- One professional said, "Staff act in a timely way and always contact us with appropriate concerns."

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

- People were supported to access healthcare services in a timely manner. One person was living with

diabetes. Staff supported them to attend a range of appointments such as, diabetic eye screening and the diabetes nurse regularly, to maintain their health.

- Staff were proactive in supporting people's health needs to improve their quality of life. When people were unwell staff contacted their GP quickly and people confirmed this happened.
- People had hospital passports in place which contained information about their needs, preferences and communication methods. This helped medical staff understand and communicate with them should they need an appointment.

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

- People's needs and choices were assessed prior to them moving into the home and regularly thereafter. The assessment process involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
 - Protected characteristics under the Equality Act (2010), such as disability, gender and sexual orientation were considered as part of people's initial assessment. ●
- People's wishes in relation to contact with people they love and access to the local community and activities were part of the assessment process. This demonstrated that people's diversity was included in the assessment process.

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 were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. All the people we spoke with thought the staff were kind to them.
- A relative told us, "The staff are very kind and caring, I have full admiration for them and the work they do in looking after her. She is very well cared for."
- We observed positive interactions between people and staff and it was evident people trusted the staff that were supporting them.
- Staff spoke respectfully about people and the challenges they faced due to their complex needs. ● We observed staff supporting a person who was anxious about reading a letter. The member of staff spent time explaining the letter and what the person needed to do, which lessened their anxiety.
- A relative told us their relative was, "looked after well and staff make sure his routines are respected, they know these well, and this makes him happy."
- People were supported to develop and maintain relationships that were important to them. For example, two people had made a close friendship. They participated in activities together and spent time writing and reading poetry. Staff promoted this friendship by supporting them to go on holiday together.
- Relatives told us they felt welcomed in the home and invited to special occasions. One relative told us, "We always are included and invited to events at the home which is lovely to be a part of. It helps us maintain a relationship and be involved in her life."
- People were supported to maintain their personal identity. People were encouraged and supported to dress how they wished and in a way, that reflected their personality. We observed staff support one person to wear jewellery and make up.
- People's cultural and religious needs were supported. One person was supported to attend church regularly as this was important to them.

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

- People had access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves. For example, service user agreements were in a pictorial format to aid people's understanding of the expectation of living at the service.
- One person's communication support plan directed staff to pay attention to the person's body language and to have calm and soft approach, we saw staff engage with the person in this manner.

- Staff supported people to make decisions and offered people choices. For example, we observed staff offering people choices of food and drink throughout the inspection and respecting their decisions. Staff encouraged people to make their own snacks to support their independence.
- Staff understood people's body language and knew how people expressed their wishes. For example, one person pointed to what they wanted or where they want to go and staff followed the persons guidance.
- Staff understood how people used different signs to express themselves. We saw one person signing that they wanted a drink and the member of staff supported them to get one.
- A relative told us, "Staff know her well and how she communicates, they are in tune with her needs."

Respecting and promoting people's privacy, dignity and independence

- Staff had a visible person-centred approach to supporting people to maintain their independence.
- Staff set up breakfast stations in people's dining areas so they could help themselves to cereal without being reliant on staff. We observed people access this freely.
- People's privacy and dignity was respected. We observed staff to respect people's wishes for privacy.
- Staff gave us examples of how they supported people's diverse needs including those related to disability, gender and sexuality. For example, people were offered time alone in the privacy of their room when they needed this.
- Staff did not enter people's rooms without first knocking to seek permission. Staff kept doors to people's bedrooms closed when supporting people with personal care to maintain their privacy and dignity.
- The registered managers and staff understood the importance of confidentiality. People's records were kept securely and only shared as required.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People were at the centre of care planning and involved in the process. Care plans were person centred and gave staff guidance to support people in line with their needs and preferences.
- One person, living with epilepsy, had a detailed care plan to guide staff to support them with their condition. Staff had access to relevant information relating to the safe management of seizures, including any potential triggers and what actions to take should seizures become prolonged.
- People were supported to be involved in decisions about their care. For example, one person was involved in a regular review of their care plan. Staff used a pictorial form to aid the person's understanding and enable them to express their views.
- A relative told us, "The staff always involve him in his care and reviews of his care. They seem really focussed on understanding what he wants. They involve us too and we feel listened to."
- People had access to their local community and activities that met their interests. For example, people were supported to attend and volunteer at local charity events of their interest, such as a fashion show and carol concert. Two people were supported to take part in a charity trek to Iceland, which they enjoyed. The operations manager told us, of supporting people to access the community, "As well as being involved in raising funds we feel it is important in increasing the profile of people with a learning disability within the wider community."
- People were involved in an annual music festival held in the grounds which members of the local community attended. People were involved in the set up and running of the event which supported their independence and self-esteem. The registered managers worked with the local fundraising team who spent time booking tribute acts which were idolised by people living at the service.
- We observed people engage in a range of activities such as household tasks, painting, cooking and puzzles. People enjoyed being together and doing their chosen activity.
- A relative told us that activity provision had improved and, "staff take her for walks which she enjoys and she likes doing tasks and activities within the home. She has been on short holidays with the staff."
- People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. One person required information presented in a pictorial format, we saw that information was consistently provided to them in this way.
- People had access to different technologies to meet their needs. For example, one member of staff supported a person to use the computer to research holiday locations for an upcoming trip. Some people were supported to use electronic tablets if they chose to.

Improving care quality in response to complaints or concerns

- There were systems in place to manage concerns and complaints. The registered managers and operations manager responded to complaints in a timely way.
- A relative raised a complaint about their loved one receiving the wrong brand of a medicine. The registered manager resolved this quickly by working with the pharmacist to ensure the person received the preferred brand. There have been no further issues with this medicine.
- Relatives told us that they were very comfortable around raising concerns and were aware of the policy.

End of life care and support

- There was no one receiving end of life care at the home at the time of the inspection.
- End of life care was considered by staff and a registered manager told us care plans were available and would be completed with people when they wanted to discuss this. One person had a detailed end of life care plan in place so their wishes could be supported.

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.

At the last inspection on 27 and 30 November 2017, we asked the provider to take action to ensure quality assurance processes were effective and monitored service quality, to drive improvements. At this inspection we found this was still an area that required improvement. The registered managers understanding of their regulatory responsibilities was also an area in need of improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were a range of quality assurance process in place with the aim of ensuring good governance. However, there continued to be shortfalls in the provider's and registered manager's oversight of the service.
- The provider's quality assurance systems and processes were not always robust. We identified areas which required improvement that the provider's systems had not identified. These included, ineffective management and oversight of mental capacity assessments and best interest decisions, conditions of people's Deprivation of Liberty Safeguards not being understood. This meant the provider and registered managers lacked sufficient oversight of the service.
- The registered managers lacked sufficient understanding of Deprivation of Liberty Safeguards (DoLS) and were unaware of what the conditions were. Therefore, these were not understood for two people with DoLS authorisations, the registered managers lack of knowledge increased the risk other people's conditions may not be met when their DoLS applications become authorised.
- There was an inconsistent approach to continuous learning to drive improvements to the care people received. For example, the provider undertook annual surveys to gain feedback from professionals. The operations manager collated this feedback in October 2018 and shared it with the registered managers but had not told them which house it related to. A registered manager told us they had not used the constructive feedback to drive improvements as they did not know if it was relevant to their house. This meant feedback was not always acted on in a timely manner to drive improvements to the quality of the service.
- The registered managers and provider did not have sufficient oversight of the service and feedback had not been consistently used to drive improvements to the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.
- The registered managers did not show they fully understood their responsibilities in relation to their registration with the Care Quality Commission (CQC).
- There were two registered managers who were both registered for the whole service. However, they did not consistently know what was happening across the whole service as they were individually responsible for different houses. This did not provide assurance that they had full oversight of the service provided under

their registration.

- The registered managers had failed to notify CQC of some notifiable incidents. The registered managers reviewed these during the inspection and notified CQC the day after the inspection. This is an area of practice in need of improvement to ensure all notifiable incidents are notified to CQC in a timely way.
- Some quality assurance processes were effective in driving improvements. For example, an environmental audit completed in November 2018 identified a broken plug socket outside a person's bedroom. The registered manager responded quickly and this was fixed the same day.
- People, their relatives, staff and healthcare professionals spoke positively about the management of the service. A relative told us, "I have seen positive changes since HFT (new provider) have been in place. Communication has really improved and there are a lot more things in place to meet the residents needs such as activities."

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

- The culture of the service was positive and enabled people to live how they wanted to. There was a lively and friendly atmosphere across the service. People received person-centred care which focussed on their individual needs.
- One person told us they had resident's meetings, "Once a month" and "The staff, they do listen."
- The registered managers promoted an open service and lead by example. They were accessible to people and staff throughout the inspection and there was an open-door policy for all.
- When things went wrong the registered managers worked openly with other professionals, people and relatives to learn from any mistakes and acted to improve the care people received.
- Following the last inspection, they worked with people and their relatives to implement necessary changes in line with people's preferences, such as improving people's accommodation.

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

- People, staff and relatives were engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff and through key worker meetings and care reviews. People were involved in regular house meetings to ensure their needs were heard and understood.
- People, their relatives and staff took part in yearly surveys. These had been adapted to a pictorial format for people living at the home to improve their understanding of the questions asked.
- One relative told us, "Communication is good, my emails are responded to quickly. I am involved in the care and feel listened to by the staff and manager."
- Staff felt supported and valued in their roles. A member of staff told us, "I've worked here a long time. I find the managers easy to talk to".
- One person was the service's representative at the provider's 'Voices to be heard' group. This allows people living at the provider's services to engage in the running of the organisation and how staff can support people who use services effectively.

Working in partnership with others

- Staff worked in partnership with other organisations to ensure people's needs were met.
- One person required scans at the hospital which they were anxious about. Staff worked well with the hospital learning disability staff and arranged times for them to meet the person and give them a tour of the ward and equipment. This approach to partnership working meant the person felt safe and meant their

health needs were met.

- A healthcare professional told us, "The managers are responsive and communicate well. I find the staff very helpful."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.</p> <p>The registered managers had not ensured that systems and processes were established and operated effectively to:</p> <p>Improve the quality of the services provided in the carrying on of the regulated activity.</p> <p>Act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of improving such services.</p>