

Bupa Care Homes (ANS) Limited

Canning Court Care Home

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

Canning Court is a purpose built home which is registered to provide residential and nursing care for up to 64 older people living with dementia. The home has two floors, a ground floor unit called Hamlet, and the first floor unit called Gower. Most people who lived at Canning Court had limited mobility and/or a diagnosis of dementia. At the time of our inspection there were 38 people living at Canning Court.

People's experience of using this service

The provider had systems and processes to audit and check on the safety and quality of the service. However, the provider's quality assurance systems had not been implemented effectively. Audits had been completed, but actions identified had not been followed up. There had been significant changes in the management of the home in the last 12 months which had impacted on the quality of care provided.

There were not always enough staff with the knowledge of people's individual needs to provide effective and responsive care. Agency staff did not always have the support of experienced permanent staff who knew people well. Risks to people's health and wellbeing were identified but risks were not always reviewed following significant events. The provider's policy for reviewing accidents and incidents to identify trends or patterns had not been followed. People received their medicines in accordance with good practice.

A high turnover of staff meant the provider was constantly training new staff who needed time to gain the skills to provide effective care. The provider had recently introduced a more comprehensive induction to support new staff in their role. People's nutrition and hydration needs were met and they had access to other healthcare professionals to support their healthcare needs.

Overall, 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 used different methods to support people to make choices.

People told us staff were caring and kind and worked hard to meet their needs. Staff were thoughtful when they knew what was important to people. However, a lack of familiar faces meant people regularly received care from staff who did not know them well. Improvements were planned to ensure people did not become socially isolated and everybody had the opportunity to engage in meaningful activities.

A new manager had very recently been appointed and people, relatives and staff had already identified some improvements. The new manager had a rigorous approach to quality assurance and risk management. In the short time they had been in post they had reviewed the standards of care within the home and developed a detailed improvement plan. Some actions within the plan had already been achieved. People and relatives had opportunities to feedback their views on the service they received and overall people and relatives were satisfied with the service provided.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 29 November 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve.

At this inspection not enough improvement had been made to meet the regulations and the provider was still in breach.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was:

Regulation 17 Regulated Activities Regulations 2014 - Good governance

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

Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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 ●

Canning Court Care Home

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.

Inspection team

The inspection was undertaken by two inspectors, an inspection manager, a specialist nurse advisor 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

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

The service did not have a manager registered with the CQC. A new manager had been appointed and was preparing their application to become registered with us. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection was unannounced. We told the provider we would be returning the following day to complete our inspection visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authorities who work with the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

The provider had not been asked to complete a provider information return. 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

During the inspection

To gain people's views and experiences of the service, we spoke with two people who lived at the home and five relatives. We observed the care and support provided and the interaction between people and staff. We spoke with the manager, the regional support manager, the resident experience manager, the area training manager, three nurses, two senior care staff, five care staff, one activities supervisor, two hostesses and a member of domestic staff.

We reviewed a range of records. This included, five people's care records, including care plans and risk assessments, 18 medicine records, two staff personnel files, including recruitment records and the provider's quality audits and checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data and quality assurance information.

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

Staffing and recruitment

At our last inspection there were insufficient staff with the skills, experience and knowledge of people's individual needs to provide safe care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Staffing)

At this inspection, some improvements had been made and the provider was no longer in breach of the regulation. However, further improvements were still required.

- On the first day of our inspection there were two nurses, a senior care assistant and six care staff on duty. One nurse and all the care staff were agency and the other nurse was a bank member of staff. This meant there was only one permanent member of staff and two bank members of staff who had been fully inducted and trained in accordance with the provider's policies and procedures.
- Although staff numbers had been maintained, people raised concern about a lack of consistency because agency staff did not always know them well. This particularly impacted on those people living with dementia. A relative explained, "Sometimes I worry about staffing levels. Yesterday evening there were four agency staff which worries me because they don't know what they are doing. There's no consistency or continuity."
- At night on the ground floor units, there was one nurse and three care staff to support 27 people, 25 of whom required two staff to support them to mobilise and with their personal care needs. Relatives told us the level of staffing was insufficient to meet people's needs. One relative said, "Four staff downstairs doesn't seem enough for a place of this size." Another said, "Staff do their best, but it is not quite right for the number of people with high needs."
- Staff shared similar concerns. One staff member told us how a lack of staff impacted on people's care saying, "As there are only three staff, and we work in doubles, only one person can be supported at a time." Another staff member told us staffing levels at night meant there was no oversight of corridors at a time when people were tired and more at risk of falls.
- The new manager could not be confident staffing levels were sufficient to meet people's needs until they had reassessed people's risks and dependency levels. They assured us this would be done as a matter of urgency to ensure there were enough staff to meet people's needs.
- People were protected against the employment of unsuitable staff. The provider followed safe recruitment practices. Records confirmed Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure potential employees are suitable to be

working in care.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care and support were identified and risk management plans written to instruct staff on how people should be supported safely and minimise the risks to their health and wellbeing. Staff followed people's care plans to minimise identified risks.
- However, risks were not always reviewed following significant events. For example, one person had fallen in August 2019. Their falls risk assessment had not been reviewed to ensure all necessary actions had been taken to minimise the risk of a reoccurrence.
- Accidents and incidents were recorded. However, the provider's policy for reviewing accidents and incidents to identify trends or patterns had not been followed. This meant we could not be assured adequate action had always been taken to reduce risk and improve safety in the home.
- The new manager had identified this as an issue. Work was being completed to review accidents and incidents to ensure appropriate action had always been taken at individual and service level.
- Regular safety checks were carried out on equipment used in caring and protecting people. For example, some people had special equipment, such as airflow mattresses on their beds to reduce risks of developing sore skin. There was a system in place to ensure airflow pump settings were set correctly for people's body weights. This meant people always received the desired pressure relief from equipment.

Using medicines safely

- Overall, people received their medicines in accordance with good practice. People's medicines records evidenced that staff managed most medicines consistently and safely.
- People at risk of developing sore skin were prescribed topical creams as a barrier to damage. However, records did not evidence that these medicines were always applied as prescribed and there was no explanation given about why this was.
- Medicines that require stricter controls because of the risk of abuse, were managed in accordance with legislative requirements.
- There were processes in place to ensure those people on 'time specific' medicines received them in accordance with the prescriber's instructions. Guidelines for medicines to be given on an 'as required' basis ensured they were given consistently and only when needed.
- Medicines given through a transdermal patch applied directly to the skin were well-managed and documented.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns that people might be at risk of harm or abuse.
- The new manager knew the actions to take to report safeguarding concerns.

Preventing and controlling infection

- In September 2019, an infection control audit had identified improvements were required to ensure people were protected from the risks of infection. Action had been taken and on the day of our inspection we did not identify any infection control issues.

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 available evidence.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At our last inspection, a high turnover of staff meant the provider was constantly training new staff who needed time to gain the skills to provide effective care. At this inspection we found there continued to be a high turnover of staff.
- The provider had identified the induction and support for new staff was not robust enough and had very recently introduced a more comprehensive induction. This included two weeks 'shadowing shifts' where new staff were buddied up with a trained and experienced staff member and had regular meetings with their manager.
- However, staff who had been employed before the implementation of the new induction programme had not received the same level of support. One member of staff who had worked at the home for two months told us they had not had any meetings to discuss their work or development. The new manager assured us they would address this.
- Agency staff had an induction into the home, but there was a lack of information about their training and experience. The new manager had requested up to date profiles of all agency staff, so they could be assured they had the necessary knowledge and skills.
- Permanent staff felt the refresher training they received gave them the competencies and confidence to meet the individual needs of people who lived in the home.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- Mental capacity assessments had been completed to identify what decisions people could make for themselves and what decisions they needed support with.
- However, one person was receiving their medicines covertly (hidden in food or drinks). There was no evidence in the person's medication care plan to show an assessment of the person's capacity for this

specific decision had been completed or a meeting held to ensure it was in their best interests.

- Where it had been assessed that people had restrictions within their care plans which they did not have the capacity to consent to, an application had been made for the legal authority to deprive them of their liberty.
- Care staff understood the importance of gaining people's consent when performing care tasks and explaining what was happening. For example, before supporting people with personal care.

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

- People's nutritional and hydration needs were met.
- People enjoyed their lunchtime meal and staff showed patience and kindness when assisting people with their meal. Some people also had adapted tools to assist them to eat independently which promoted their dignity and independence.
- Where people were at risk of losing weight, their meals were fortified with extra calories.

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

- People were supported to access healthcare professionals such as GPs, dieticians and speech and language therapists for healthcare support when needed.
- People had an assessment of their oral health care needs. However, relatives consistently stated there was limited access to a dentist. Comments included: "Her healthcare is quite good, they seem to cover most things, but I don't know about a dentist" and, "They said a dentist is available, but it is up to me to arrange it." The new manager had identified this as an area for improvement and planned to ensure every person was registered with a dentist.

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

- People had a pre-assessment before moving to live at Canning Court. These assessments were used to formulate care plans for staff to follow.

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

- The premises were purpose built to support people's physical and emotional needs. The corridors were wide enough to use equipment safely and there were directional signs.
- There were different areas within the home for people to use for their preferred activities, to spend private time with their families or visitors or to enjoy socialising with others.
- Equipment was available to meet people's care needs and support their independence, such as shower chairs, bath chairs and hoists.
- Some areas of the home were in need of redecoration. A redecoration programme was underway.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- During our inspection we heard a person asking for assistance to go to the toilet. Two members of staff failed to respond to the person's requests. After 20 minutes of asking, a third member of staff supported the person to the toilet. Another person told us, "I've never raised any concerns except about going to the toilet. I have to wait sometimes which makes me feel uncomfortable." This meant people's dignity was compromised due to the length of time they sometimes had to wait for assistance with personal care.
- Despite the issues we identified, people and their relatives told us staff respected their privacy and dignity. One relative said, "They always ask me to leave when she needs the toilet and I have seen them close the curtains when giving her personal care."
- Staff told us they tried to promote people's independence even if they could only do small things for themselves. One staff member explained how they encouraged a person to help them prepare the tables at lunch time and said, "It makes her feel she is helping and not just watching."

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

- People told us individual staff members were caring and kind. One relative told us, "The staff are very good, quite caring and respectful." Another said, "It's very friendly and caring. As far as I am concerned, the staff do a good job."
- During our inspection visit we observed many interactions where staff were very thoughtful and compassionate in their approach to people. One member of staff took a person a drink in their bedroom. They checked how the person was, got their newspaper for them and turned it to the sports page because they knew that was what the person preferred. The staff member ensured the person was comfortable and had everything they wanted before leaving them.
- Staff were thoughtful when they knew what was important to people. One person used to play in a brass band. A member of staff regularly brought their trumpet in, so they could play for the person.
- Another staff member explained how important it was to know about people and their backgrounds, especially when they were living with dementia. They told us, "This is their home. When I come in the morning they are not a stranger to me, but I am a stranger to them. But if I know a little about them, then it helps them feel more settled."
- However, a recurring concern was about inconsistency in Canning Court staff and the high use of agency staff. People and relatives felt care staff worked hard to meet their needs, but a lack of familiar faces meant people regularly received care from staff who did not know them well. One person told us, "The staff seem to change all the time, I don't know them." A relative confirmed, "The only criticism is that there is no consistency of staff. I'm not on the same wavelength as agency staff and they don't know my wife."

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

- People and relatives felt involved in making care decisions.
- Staff encouraged people to make some day to day decisions. However, we saw this did not always happen. We saw an occasion when a person was given a hot drink without being asked what drink they wanted. The staff member then said, "Here's your biscuit" and handed the person a biscuit, despite there being a choice of biscuits in the box.
- The new manager had set up meetings for people and their families to introduce themselves and gather their views and ideas for improvements.

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 as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Staff followed people's care plans to deliver the care and support they needed. However, improvements were needed in the standard of information in care plans because changes in people's needs had not always been captured in reviews of their care.
- The new clinical support manager had started to review care plans to ensure they were truly reflective of people's preferences based on their current care needs. The manager told us this was a work in progress and explained, "We are asking staff to provide a good standard of care to residents and that information should be coming from the care plans. The care plans appear quite basic and a bit generic and there is not enough person-centred information."
- People felt they did not always receive individualised care because the high turnover of staff meant they did not always understand people's preferences and routines. One person commented, "I don't think they know what I like. The staff change too frequently for that."

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

- We received mixed feedback about people having opportunities to pursue their hobbies and interests. One person told us, "There are some activities but not a lot. I would like to do more." A relative commented, "There hasn't been many activities recently."
- The manager had plans to improve people's social interactions. A new activities co-ordinator was developing personal profiles based on each person's past occupation and interests, so they could accommodate people's individual choices and hobbies.
- The activities co-ordinator explained most people interacted better on a one to one basis and preferred to do individual, rather than group activities. They told us they planned to develop resource boxes so care staff could offer activities when designated activities staff were not working.
- The new manager was recruiting for a second activities co-ordinator to ensure people cared for in bed did not become socially isolated and everybody had the opportunity to engage in meaningful activities.

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.

- Each person had a communication profile in their care plan which gave staff an indication of how people

communicated.

- Staff used different methods to support people to make choices. For example, at mealtimes some people were shown sample meals which enabled them to see and smell the food before they made a choice.
- The regional support manager told us information could be made available to people in a format that met their needs, such as bigger print or another language.

Improving care quality in response to complaints or concerns

- The provider's complaints policy and process were available in the entrance to the home.
- People told us they would feel happy to raise any concerns. Comments included, "There is complaints information around. I would talk to [name of staff member] or the manager" and, "I have no concerns but if I did, I would speak to the manager." However, some relatives had escalated their concerns to external organisations because they were not confident action would be taken by the provider.
- The provider's records showed complaints they had received had been investigated and the complainant either met with or responded to in writing with any areas for improvement identified.

End of life care and support

- People were supported to remain at Canning Court at the end of their life if that was their wish.
- The provider liaised with other healthcare professionals to support people to make decisions about the treatment they would like to receive if they became very poorly. This information was recorded in people's care plans, together with their wishes regarding resuscitation.
- However, there was a lack of information about people's spiritual and cultural preferences for their end of life care and how they would like to spend their final days.

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 our last inspection this key question was rated as Requires Improvement. At this inspection the rating 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not implemented effective governance systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider remains in breach of regulation 17.

- At our last inspection in October 2018, the service was rated requires improvement. Following that inspection, we met with the provider who assured us improvements would be made. However, at this inspection we found the provider had failed to ensure action was taken to address all the concerns we identified at the last inspection, to ensure people received high quality, safe care.
- The provider had systems and processes to audit and check on the safety and quality of the service. This included regular manager audits, visits from regional managers and internal quality assurance teams. However, the provider's quality assurance systems had not been implemented effectively. For example, no analysis of accidents and incidents had been undertaken to identify trends and review actions required to help reduce risk.
- Audits had been completed but actions identified had not been followed up. The new manager told us, "I was a little bit shocked that no audits had been signed off by the home manager when actions had been identified." For example, infection control audits had been completed, but action to address shortfalls in infection control practice was only taken after an infection control audit by the local clinical commissioning group.
- A central list of authorised DoLS had not been maintained so new applications had not been submitted when authorised DoLS had expired. The new manager had also identified that we, CQC, had not been notified when DoLS had been authorised in accordance with our regulatory requirements. Although the new manager had immediately taken action, the provider's own systems had not been effective in identifying these issues earlier.
- The provider had failed to effectively assess staffing rotas to ensure staff had the knowledge, skills and experience to meet people's needs. The new manager assured us this would be done as a matter of urgency and shifts would be more balanced with experienced permanent staff supporting agency staff.

- There had been significant changes in the management of the home in the last 12 months which had impacted on the quality of care provided. One relative said, "There have been three different managers which is not ideal." Another told us, "There have been too many manager changes. Too many changes brings problems and three managers in 12 months is not good."
- Staff shared similar concerns. One told us, "We have had quite a big turnaround of staff. I think it has been down to the management, people wanted a bit more structure."
- People, relatives and staff said they wanted to believe the commitment from the provider that improvements this time would be for the better. One relative said, "New managers come in with brilliant ideas and then not much happens." A staff member commented, "They always say they are going to do this and the other, but nothing ever seems to materialise. You get disheartened and because of all the changes we have lost a lot of good staff who have been dedicated to the home for years." Another staff member told us, "Morale is low, sometimes I come in and you can cut the atmosphere with a knife. The home has failed them (staff)."

These shortfalls represent a breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014. (Good governance).

- At the time of our inspection visit there was a new manager who had been in post for six weeks who was supported by a new clinical services manager and a resident experience manager. Although two of the managers were very new, people and staff had already identified some improvements. One staff member told us, "Since [manager] started I have felt a bit more confident about management again." Another said, "On Friday the manager was on the floor when we were short staffed and she was asking us 'what do you need me to do'. That was very uplifting for me and the rest of the staff." A third staff member commented, "I think the home needs a steady management system. If you have a management structure in place it breeds confidence in what we are doing."
- People and relatives had also noted a positive change. One relative told us, "The atmosphere has improved in the last few weeks. Morale has improved due to the new manager. I'm seeing the new manager being evident on the floor and talking with people."
- The new manager had a rigorous approach to quality assurance and risk management. In the short time they had been in post they had reviewed the standards of care within the home and developed a detailed improvement plan. The plan had identified over 200 actions that needed to be taken to ensure people received safe, effective and responsive care that met their individual needs. Some actions had already been achieved.
- The provider was taking a more robust approach to the recruitment and retention of staff. Remuneration packages were being reviewed, induction of staff was being improved and better support systems implemented.

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

- Staff had not always felt listened to because they had not had formal opportunities to discuss their work and development with managers. The new manager was keen to ensure all staff had regular meetings as they recognised it was vital for staff to be able to raise concerns and feel listened to. One staff member told us, "[New manager] said we are going to start doing regular supervisions especially with the new staff who have just come, to find out how they are finding it."
- Feedback from people and relatives was encouraged through meetings and questionnaires. One relative explained, "I get an email about relative's meetings. There was one with [new manager] last Wednesday, it was reassuring. We received a copy of the minutes this morning."
- One relative spoke positively about the 24 hour on call system which enabled people to raise concerns with

a manager at any time.

- Overall, relatives were satisfied that staff and managers would inform them if anything untoward happened in the service. One relative explained their family member had sustained a couple of falls and said staff, "Rang me straightaway."

Working in partnership with others

- Overall, despite our findings, people and relatives were satisfied with the service provided. Comments included: "They need more staff, more experienced staff, but I am quite happy to leave [name] here", "It needs more attention to detail because it varies. It is little things, nothing major" and, "I'm happy enough here."
- The provider and staff worked in partnership with health and social care professionals to promote people's physical health and well-being.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's systems and processes to assess, monitor and improve the quality and safety of the service were not operated effectively.