

Ashmere Care Group

# West Hallam Care Home

## Inspection report

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Date of inspection visit:  
25 October 2016  
27 October 2016

Date of publication:  
12 January 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 25 and 27 October 2016. The service was last inspected on 30 October and 4 November 2015 when they were rated as Requires Improvement, and we found a breach of Regulation 12 and a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection, we found that improvements had been made in respect of the breach of Regulation 12. However, evidence demonstrated there was a continued breach of Regulation 17. The first day of our inspection visit was unannounced.

West Hallam Care Home is a 31 bed residential home. It has two parts: the main building provides residential care for 19 people, and the extra care unit (within the main building) provides specialist residential care for 12 people living with dementia. At the time of our inspection, there were 22 people living in the service. 10 people were living in the extra care unit and 12 people were in the residential area of the home.

The service had a registered manager at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems to monitor and review all aspects of the service, and these were undertaken regularly. However, the systems did not always identify where areas of care needed to be improved. This meant the provider was not always able to identify areas for improvement, and to make changes to improve the quality of the service for people.

People's care needs were assessed and recorded and risks identified. However, risk assessments and care plans did not consistently identify steps staff should take to reduce the risk of avoidable harm, and were not always up to date.

The systems for managing medicines was not consistently safe. The provider had not taken steps to ensure that people had medicines available when needed, or that medicines were given in accordance with prescribing instructions.

People were happy with staff who provided their personal care. They were cared for by sufficient numbers of staff who were suitably skilled, experienced and knowledgeable about people's needs.

The provider took steps to ensure checks were undertaken to ensure that potential staff were suitable to work with people needing care. Staff received supervision and had checks on their knowledge and skills. They also received an induction and training in a range of skills the provider felt necessary to meet the needs of people at the service.

Staff worked in cooperation with health and social care professionals to ensure people received appropriate healthcare and treatment in a timely manner.

Appropriate arrangements were in place to assess whether people were able to consent to their care. The provider met the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS).

People felt care for by staff who treated them with dignity and respect. People were supported to be involved in their care planning and delivery. The support people received was tailored to meet their individual needs, wishes and aspirations. People, their relatives, and staff felt able to raise concerns or suggestions in relation to the quality of care. The provider had a complaints procedure to ensure that issues with quality of care were addressed.

You can see what action we told the provider to take at the back of the full report.

## 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 consistently safe.

Risk assessments and care plans did not consistently identify steps staff should take to reduce the risk of avoidable harm, and were not always up to date. Medicines were not always managed safely. People felt they received care in ways that kept them safe. Staff were recruited safely.

### Is the service effective?

**Good** ●

The service was effective.

People received care from staff who were trained and experienced. Staff knew people's needs well and supported them to maintain their health. People were provided with a choice of food and drink. Staff were aware of their responsibilities under the Mental Capacity Act 2005, which ensure people's rights were respected.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff with kindness, good humour and compassion. People were involved in making decisions about their care. Staff cared for people in a way that upheld their dignity and respected their privacy.

### Is the service responsive?

**Good** ●

The service was responsive.

Individual care and support needs were assessed and monitored. People were supported to participate in activities that were meaningful to them. People and relatives felt confident to raise concerns about care, and the provider had systems in place to investigate complaints.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

The provider's quality management system did not always identify where improvements needed to be made. Staff felt valued and supported by the registered manager, and felt able to raise concerns or make suggestions to improve the quality of service.

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# West Hallam Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 25 and 27 October 2016. The first day of our inspection visit was unannounced. The inspection visit on the first day was carried out by one inspector, a specialist advisor in older person's nursing care, 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. The second day of the inspection visit was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. This was returned to us by the service.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We spoke with the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection we spoke with nine people who used the service, and four relatives. We also received feedback from four health and social care professionals. We spoke with three care staff, the activity coordinator, and the registered manager. We also spoke with the provider's area manager, dementia care manager, and one of the partners in the provider's business. We looked at a range of records related to how the service was managed. These included six people's care records (including their medicine administration records), three staff recruitment and training files, and the provider's quality auditing system.

# Is the service safe?

## Our findings

At our previous inspection, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care and treatment was not being provided in a safe way for people, and the provider was not doing all that was reasonably practicable to reduce risks. On this inspection, we found that although improvements had been made, there were still shortfalls in how risks and mitigating actions were documented. There were also concerns about how medicines were managed.

People were not consistently kept safe from risks associated with their health conditions and personal care needs. People's care records did not always include up to date information about risks to their safety and how to protect people from the risk of avoidable harm. One person's health care plan had been reviewed on 28 September 2016, and stated their health had deteriorated. Risk assessments associated with the care plan had not been updated to reflect their current health needs. The same person had a stoma, which staff supported them with. A stoma is an opening on the surface of the abdomen which has been surgically created to divert the flow of faeces or urine. There was no risk assessment or specific guidance for staff for this. Staff confirmed this was the case, and agreed the person should have an assessment to identify and reduce risks associated with stoma care.

Another person was receiving care at the end of their life. Whilst their relative spoke positively about the care, and staff were knowledgeable about the person's needs, the risk assessments associated with the person's care had not been updated to reflect their current needs. However, we also saw risk assessment in people's files which were up to date and associated with identified care needs. The registered manager confirmed the provider was in the process of updating the format for record-keeping, and assured us they would take action to ensure risks associated with people's care were identified, assessed and reviewed. The provider's approach to ensuring risks were assessed and reduced was not consistent. This meant at the time of our inspection, risks were not clearly identified for all people, and although staff were knowledgeable, they did not have consistent written guidance to minimise avoidable harm to people.

People's medicines were not consistently managed safely. The service had two rooms where medicines were stored securely. However, the temperature in both rooms was not being regularly monitored. The fridge temperature where medicines were stored was not being monitored consistently. This meant there was a risk that medicines were not being stored at the correct temperatures. Two people were taking a medicine which needed to be given before their other medicines. Staff and records confirmed these people were being given this medicine at the same time as their other prescribed medicines, and staff were not aware that the medicine needed to be given in a specific way. This meant people were at risk from not being given their medicines as prescribed. We discussed this with the registered manager, and by the second day of our inspection visit, clear guidance had been issued to staff to ensure this medicine was given as prescribed. One person's pain relief medicine had run out the day before the first day of our inspection. Staff confirmed they were liaising with the GP surgery to obtain more medicine and this arrived by the end of the first inspection day. However, we identified the person was indicating to staff that they were in, "Very severe pain." We spoke with staff and the registered manager about the need to ensure there were always

adequate stocks of the person's medicine available. However, on the first day of our inspection visit, the person did not have access to their prescribed medicine to relieve pain. People felt staff supported them to manage their medicines safely, and confirmed staff recorded this. One person said, "Staff give me my medicines." Staff told us and records showed they received training and had checks to ensure they managed medicines safely, but we found this did not consistently happen in practice. This demonstrated medicines were not always managed safely and in accordance with professional guidance.

People felt staff supported them in ways that kept them safe. One person said, "They come and put me to bed and once that door shuts at night I don't worry at all." Another person told us how staff were supporting them to practice walking whilst they recovered from surgery. The said, "I've got to practice with someone – if I don't I might fall." Staff were knowledgeable about people's individual risks, and what they should do to ensure people were cared for safely. We saw staff supporting people in a safe way. For example, one person was assisted to stand from their wheelchair and move to sit in a chair. Staff were patient, took time to give clear instructions, and used the correct techniques to support the person.

People were kept safe from the risk of potential abuse. They told us they felt safe, and were confident to tell staff if they were concerned about anything. Staff knew how to identify people at risk of abuse. Relatives also felt their family members were cared for safely. One relative said, "I can sleep at night knowing they're safe here. [Family member] feels secure here and will say 'It's home.' I can go on holiday without a qualm." Staff were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission with concerns if this was needed. The provider had a policy on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received training in safeguarding people from the risk of avoidable harm and this was recorded in training records we were shown.

There were enough staff to provide the care people needed. People told us they did not have to wait for staff to come and assist them. We saw staff responded quickly to people who ask for assistance or who used the staff call system to request support. We also saw staff were observant and proactively offered support before people asked. For example, one person appeared agitated and was shouting out. Staff went to sit with them quickly, and spent time talking with them. This reassured the person and they became calm. The provider used a dependency tool to help the registered manager establish how many staff were needed for each shift. The registered manager showed us this, and said they could bring in additional staff if needed. This meant there were enough staff available to provide care for people in a timely manner.

People's files contained emergency information and contact details for relatives and other key people in their lives. Staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place. For example, if there was a fire, arrangements were in place for people to be taken to the provider's other nearby services.

Staff told us, and records showed the provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to care for people receiving care. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. All staff had a probationary period before being employed permanently. This meant people and their relatives could be reassured staff were of good character and were fit to carry out their work.



# Is the service effective?

## Our findings

People were supported by staff who were trained and experienced to provide their personal care. One person said, "They [staff] know when I need assistance. They help me with sitting down, getting up – I'm not rushed." A relative commented, "The care plan's pretty accurate," and described how staff knew what their family member wanted and needed. Another relative said, "Staff are very proactive to manage [family member's] anxiety. They pre-empt situations and take steps to ensure their mood is well managed."

All staff had a probationary period before being employed permanently. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. The provider had an induction for new staff which included training, shadowing experienced colleagues, being introduced to the people they would be caring for, and skills checks. Staff told us they received an induction when they started work which they felt gave them the skills to be able to provide personal care for people.

Staff undertook training in a range of areas the provider considered essential, including dementia care, activities for people with dementia, safeguarding, and caring for people at the end of life. Staff told us and records showed they received refresher training areas of care the provider felt necessary to meet the needs of people at the service. Staff also confirmed they could ask for additional training. One member of staff described how the dementia training had helped them to create a better environment for people living with dementia. For example, people's bedroom doors in the extra care unit were decorated in a way that helped people recognise them better. This helped people to find their way around the unit, and maintained their independence. The provider had recently been successfully awarded for the local authority's Dementia Standard Award, which included additional training in dementia care to meet the needs of people living at the service.

The provider held meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the provider ensured that staff maintained the level of skills they felt staff should have to meet people's needs.

Staff told us and evidence showed they kept daily records of key events or issues relating to people's care. Information about people's daily personal care was recorded and staff shared key information with colleagues throughout the day and at shift handover. This meant staff could see what the daily issues were and take action to ensure that people received the care needed or requested.

The provider was working in accordance with the Mental Capacity Act 2005 (MCA). The 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

so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

People and their relatives confirmed staff sought permission before offering personal care. One person said, "Staff always say I make my own decisions about things. They ask me what I want, but I don't have to take their advice." Staff had a good understanding of the principles of the MCA, including how to support people to make their own decisions. Staff understood what the law required them to do if a person lacked the capacity to make a specific decision about their care. Where people had capacity to consent to their personal care, this was documented. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA to ensure best interest decisions were made lawfully. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to provide restrictive care that amounts to a deprivation of liberty. The provider had assessed people as being at risk of being deprived of their liberty and had made applications to the relevant Supervisory Bodies appropriately for a number of people. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

People said they were supported to access health services when they needed to. One person said, "If they [staff] thought you didn't seem good and they thought you needed the doctor, they'd call the doctor." Another person said, "Staff help if I'm not well – they get the doctor." A relative described how staff had dealt with their family member when they had a fall, stating, "They [staff] responded very quickly to get medical care." Visiting health professionals said staff were good at liaising with medical professionals in a timely manner. Staff told us, and records showed, that people were supported to access health services in a timely manner when needed. Records also demonstrated how staff recorded any concerns or action needed in relation to people's health. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

People told us they liked the food and they were offered choices. One person said, "The food is excellent," and another commented, "I can't chew very well, so they cut it up for me. I ask for small portions." People were offered regular drinks and snacks throughout the day. People were provided with adapted cutlery and equipment to enable them to eat and drink independently. People who needed assistance to eat were provided with support in a discreet way. Staff knew who needed additional support to eat or had special diets, for example, fortified diets or appropriately textured food and thickened drinks. People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals. We noted, for one person, staff were not consistently monitoring the quantities of food and drink in accordance with their care plan. We spoke with the registered manager about this, and they took steps to ensure this was done correctly. This meant people were supported to have sufficient food and drinks.

# Is the service caring?

## Our findings

People were supported by staff who provided care in a dignified and compassionate way. One person said, "A lot depends on the relationship between me and the staff. It's good, you see. They're very understanding." Another person said, "Staff are kind." Relatives also praised staff for being kind, caring and patient with people. One relative said, "Staff are so caring and warm. They use a lot of humour to support [my family member]. There's a very relaxed family feel here."

Throughout the two days of our inspection visit, staff supported people in a caring, friendly and respectful way. They ensured people were comfortable and took time to explain what was happening around them in a patient and reassuring manner. Staff spent time with people who appeared anxious or agitated. Staff explained they needed to take time to try to establish what people wanted to do and actively listen to what they were saying, or what their body language was communicating. One staff member said, "People can be challenging, but if you know how to talk with people, this is ok. You need to be calm and show patience." For example, we saw staff speak with a person who was anxious about being supported to walk from the dining room to the lounge area. Staff provided a lot of guidance and reassurance in an unhurried way, and maintained appropriate contact with the person. The person then knew staff were there to support them, which had a positive effect on them and their anxiety reduced.

We saw where people expressed their views about their care, staff listened, and where they were able, responded to meet people's needs. One person commented, "One of the staff explained that we – the residents – are the boss." People's care plans showed detailed preferences about how they were supported. For example, one person's care plan contained information about their preferred clothing choices, favourite foods, and information about what the person could do for themselves.

People and their relatives said they were involved in planning and reviewing their care and support. Staff told us, and records confirmed people were supported to express their views and wishes about their daily lives. The provider ensured people had their personal care needs reviewed, and relatives were involved with this where people consented.

People were supported with their medicines and care needs in a dignified way. Staff understood how to support people with dignity and maintain their privacy. For example, staff asked people about personal care in a discreet manner, and when people were supported to the toilet, staff did this in a way that maintained their privacy and dignity. Staff described the importance of closing bedroom and bathroom doors when supporting people with personal care. The service was taking part in the local authority's Dignity Award campaign. Derbyshire County Council states, "A key test is if you're treating people with the same dignity and respect as you would want for yourself or your family." During our inspection visit we saw staff demonstrated they provided care in ways that protected people's dignity and privacy. This demonstrated dignity and respect for people receiving personal care were central to the staff's values.

People felt staff ensured their personal information was treated in confidence. Staff understood how to keep information they had about people's care confidential, and knew why and when to share information

appropriately. Care staff had access to the relevant information they needed to support people on a day to day basis. This showed people's confidentiality was respected.

The provider had displayed information about local advocacy services, and staff understood how to support people to access these. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them and to have their views and wishes considered when decisions are being made about their lives.

People were supported to spend private time with their family members if they wished. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. The provider had arranged for relatives to have their own key card, which enabled them to access the service at any time without needing to wait for staff to let them in. This showed people's right to private and family lives were upheld and their human rights respected.

## Is the service responsive?

### Our findings

People who used the service felt listened to, and staff responded to their needs and wishes. One person said, "I have the choice of a bath or a shower," and then described how staff helped them in the way they wanted. Another person spoke positively about how staff supported them to get washed and dressed, saying, "They listen to what I want." Relatives felt people's care was person-centred. One relative said, "Staff are very good and promoting people to retain independent skills," and gave examples of how staff supported their family member to do this. They also said staff made sure their family member's hair and nails were done as this was important to them. Staff were knowledgeable about people's individual care needs and preferences.

People's care plans contained information about their likes and dislikes, hobbies and friendships, and key information about life events. Where it was not possible to obtain this information from people directly, staff asked family members to provide information they felt was important about people's lifestyle choices. Records also contained information about people's communication styles, and we saw staff understood and used this guidance.

The provider employed a full-time activity coordinator. People and their relatives spoke positively about the variety of activities available, and said the whole staff team supported people to take part. One person told us they liked watching films, and staff supported them to do this when they wanted. Another person described a range of activities they had taken part in recently, including exercise to music, quizzes, and a pub lunch. They said, "Next week there's a Halloween buffet, and games. It's very busy and fills my week up!" People also told us that while they were encouraged to take part in activities, they did not have to. People told us, and we saw they had individual support to do activities and hobbies. For example, we saw staff supporting one person to do a jigsaw, and another person had an animated discussion with staff about football. Staff organised a wide range of activities, and would speak with people and their relatives for ideas. Evidence showed there were regular trips out and activities within the service to suit people's preferences. For example, people told us and records showed they enjoyed a recent boat trip, which one relative described as, "So positive for [my family member]."

People and relatives told us they had opportunities to provide feedback on the quality of their care. This was done through surveys of people's views, reviews of people's care, by speaking with care staff, and talking with the registered manager. The provider also sent people and their relatives a newsletter. This contained information on what was happening in the service, any feedback they had received and what actions they planned to take to improve the service. This demonstrated the provider listened to people's views and suggestions to improve the quality of care and took action.

People and their relatives felt any issues or complaints would be handled appropriately by the provider. They felt able to raise concerns and knew how to make a complaint. One relative said, "I raised a one-off concern about staff and this was addressed promptly. I can raise any concerns and feel listened to and taken seriously." Staff knew how to support people to make a complaint. There was information around the service about how to make a complaint. The provider had a complaints policy and procedure in place,

which recorded the nature of the complaint, what action was taken and who had responsibility for this. Two formal complaints had been dealt with since our last inspection, and we could see where action had been taken as a result. The provider also looked at complaints on a regular basis to see whether there were any themes they needed to take action to improve. This meant the provider had a responsive system to resolve concerns and complaints.

## Is the service well-led?

### Our findings

At our previous inspection, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effectively operated systems or processes in place to assess, monitor and improve the quality and safety of the service. On this inspection, we found this had not been sufficiently been addressed.

The provider's system for auditing care records did not identify that some people's risk assessments and care records did not contain up to date information about their current needs, and what steps staff should take to mitigate the risk of avoidable harm. The provider's system for auditing medicines management had not identified storage temperatures were not being consistently monitored. The system had also not identified two people were being given medicine in a manner not in accordance with prescribing guidance. The system had not ensured staff ordered medicine in a timely manner, and this left one person without prescribed pain relief. There was a risk medicines would not be available to people when needed. The provider's system for auditing quality of care did not consistently identify areas for improvement so action could be taken, and the provider had not ensured the improvements they had made to the systems for auditing care were effective.

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

The provider had taken appropriate and timely action to ensure people received necessary personal care, and support to participate in activities that were meaningful to them. They also monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence.

Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's statement of purpose. A statement of purpose (SOP) is a legally required document that includes a standard set of information about a provider's service, including the provider's aims, objectives and values in providing the service. For example, Ashmere Care Group's SOP stated, "We will use a whole person/holistic approach to care for our residents..." People and relatives told us, and staff all demonstrated that the care provided was focussed on people's individual needs and preferences. During our inspection, staff were open and helpful, and demonstrated detailed knowledge of people's physical and emotional needs.

The provider had an "employee of the month" award, where people, relatives and staff could nominate a staff member who they felt demonstrated excellent care skills. One staff member had recently won this award for being, "Caring and compassionate with the residents." This showed the provider had a way of identifying good care and encouraging all staff to develop their skills to improve the service.

People and relatives felt the service was managed well. One person said, "I like it here – it's well run." A relative said the service was well managed, and described the registered manager as, "Accessible,

contactable and approachable." Staff spoke positively about their work and the support they received from the manager and from each other. They felt confident to raise concerns or suggest improvements.

People, relatives and staff felt able to make suggestions to improve the service, and raise concerns if necessary. The provider also regularly sought people and relatives' views about the service, responded to comments and complaints, and investigated where care had been below the standards expected. This assured us people, relatives and staff were able to make suggestions and raise concerns about care, and the provider listened and acted on them.

The provider appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required.

The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw they were up to date and reflected professional guidance and standards. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the manager would take appropriate action. This demonstrated an open and inclusive culture within the service, and gave staff clear guidance on the standards of care expected of them.



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>The provider did not have effectively operated systems or processes in place to assess, monitor and improve the quality and safety of the service. 17 (2) (a)</p>