

Sanctuary Care Limited

# Birchwood Residential Care Home

## Inspection report

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20 September 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Birchwood Residential Care Home is a residential care home providing personal care to 43 people aged 65 and over at the time of the inspection.

Birchwood Residential Care Home is purpose built to accommodate 44 people. The service is on two levels with five separate units. Each unit has separate adapted facilities. There are dining and common areas on each unit and adapted bathrooms.

### People's experience of using this service and what we found

People and staff did not always feel there were enough staff available and we observed incidents where staffing levels could impact on people's safety. Systems in place to monitor the quality of the service were not always effective and had not identified this shortcoming we found during the inspection.

People told us they felt safe. Systems were in place to protect people from abuse and the service had notified local safeguarding teams in a timely manner.

People told us they were happy with the care and support provided. When asked about the service one person said, "It's relaxing and the staff are kind to you."

Risk assessments were completed to identify and manage risks to keep people safe. Staff were trained to support people to take their medicines and measures were in place to protect people from the spread of infection.

Pre-employment checks were carried out to ensure staff were suitable to support people. There were procedures for responding to accidents and incidents.

The service carried out assessments of people's needs prior to admission to the service to ensure they could meet their needs. 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.

People were supported to eat and drink enough to meet their needs. Staff had completed required training to perform their roles effectively and felt supported in their role. The service worked with other agencies to promote people's health, safety and well-being.

People were included in decisions about their care, including their wishes and preferences at the end of their life. People received care and support from staff who were caring and compassionate. One person told us, "They [staff] are looking after me very well."

Staff treated people in a respectful manner maintaining their dignity and encouraging independence. Systems were in place to protect people's right to confidentiality. The service was respectful of people's equality diversity.

Care plans were person centred and included the individual needs of people. Care plans were reviewed monthly to reflect people's changing needs. Complaints procedures were in place and people told us they knew how to make a complaint.

People and staff told us they found the registered manager approachable and supportive. Staff were positive about the culture of the service.

#### Rating at last inspection

The last rating for this service was good (published 13 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider has taken action to mitigate the risks.

#### Enforcement

We have identified breaches in relation to staffing and leadership of the service at this inspection.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Birchwood Residential 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 carried out by one inspector and two Experts 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

Birchwood Residential Care Home is a 'care home'. 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 a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with 15 people who used the service and five relatives about their experience of the care provided. We spoke with 14 members of staff including, the registered manager, deputy manager, regional manager, team leaders, care assistants, administrator, activity co-ordinator, maintenance staff, and chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing rotas, training data and quality assurance records.

# 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 good. At this inspection this key question has now deteriorated to 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

- People using the service told us they felt there were sometimes not enough staff and they had to wait for staff to support them. One person told us, "Sometimes don't seem like enough and it all falls on one [staff member]." When asked about staffing levels another person responded, "Difficult one. They could do with more. Pretty difficult as everyone has to wait." People told us they had to wait if staff were busy helping colleagues on another unit. One person told us they always had to wait for staff to support them to the toilet. People using the service and staff told us when people needed two staff to support them staff sometimes had to come from other units to assist.
- Staff told us they had concerns about staffing levels and described their shifts as, "Busy all the time" and "Really short, we are like yoyos." One staff member said, "I get anxious I can't fulfil my role and meet people's needs because of staffing levels. It's a dilemma as we have people [using the service] in the lounge on their own." Another staff member told us, "We have to call colleagues to help but they are on their own also on another unit." Staff told us they sometimes worked without a break during their shift. Staff said they did not feel able to raise concerns about staffing with the registered manager because they felt they should be aware because they did the staffing rota.
- During the inspection we observed incidents on three occasions when people were in the lounge areas without a member of staff. This put people at risk of harm due to a risk of falls or behaviour that challenges the service. We discussed these concerns with the registered manager. They were concerned about the incidents we had observed and told us they would speak with staff and address this.

We found no evidence that people had been harmed. However, we were not satisfied that the staffing levels were sufficient to make sure they can meet people's care and treatment needs. These findings demonstrate a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Safe and effective recruitment practices were followed by the service. This meant the service could be assured that staff employed were suitable to provide safe care and support. Checks such as criminal record checks, employment history, references, proof of person's identity and eligibility to work in the UK had been carried out during the recruitment process.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to minimise the risk of incidents of abuse.
- People using the service and their relatives did not have any concerns about safety and told us they felt safe. One person said, "It's safe, everyone is kind, [people using the service] well looked after."

- The registered manager and staff demonstrated knowledge of the safeguarding process to keep people safe. Records showed safeguarding training had been completed by all staff. The service had policies and procedures in place to guide staff about safeguarding vulnerable adults and whistleblowing.
- Records of safeguarding concerns and alerts at the service since the last inspection, showed the service took appropriate action in a timely manner.

#### Assessing risk, safety monitoring and management

- Risk assessments for people using the service were comprehensive and detailed. Effective systems were in place to identify, manage and mitigate people's personal risks.
- People's risk assessments highlighted their individual risks and included guidance for staff on how to manage and mitigate such risks. For example, one person's risk assessment related to weight loss and included guidance for staff on how to support the person to maintain a healthy weight. Risk assessments were reviewed monthly or sooner if new risks to the person emerged.
- Risk assessments relating to fire safety were carried out by the service. People using the service had up to date personal emergency evacuation plans which detailed the support they needed in the event of fire.
- Risks relating to the service environment carried out by the maintenance team, were up to date. This ensured the safety of the premises was reviewed.

#### Using medicines safely

- Medicines were administered and managed safely. One person told us, "Get them [medicines] every day."
- Medicines records showed people received their prescribed medicines at the correct times. We observed staff administering medicines patiently and safely, explaining to people what their medicines were for. When asked about their medicines, one person said, "I know what it's for." They then went on to tell us about how the medicines helped their health condition. Individual care records and risk assessments included information about people's medicines and any associated risks with guidance for staff.
- Where people were prescribed 'as and when required' medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.
- Records confirmed staff had received medicines training and their competency to administer medicines was checked. Staff told us they were confident with supporting people with their medicines.
- During the inspection we looked at medicines storage and governance arrangements and found appropriate arrangements were in place.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff were aware of their role and responsibilities in this area.
- Staff had received training and told us how they minimised the risk of infection by using correct hand washing techniques and disposing of clinical waste.
- The service provided personal protective equipment (PPE) for staff to wear including gloves and aprons and we observed staff wearing these when carrying out personal care or serving meals.
- Cleaning schedules were in place to ensure and monitor the cleanliness of the service.
- Food hygiene certificates for the service were up to date and daily checks ensured food safety standards were maintained.

#### Learning lessons when things go wrong

- There were systems in place to learn lessons following incidents and accidents.
- Staff were aware of the reporting procedure. The registered manager reviewed lessons learnt from each incident with input from staff at the service and the provider's quality team.
- People's care plans and risk assessments were updated following any accidents or incidents to mitigate



the risk of reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were comprehensively assessed to achieve effective outcomes for their care and support.
- People told us staff knew them well and understood their needs. One person said, "Yes very understanding about my personal circumstances."
- People had a key member of staff, a keyworker, who liaised with them and their relatives to ensure their care and support preferences were met.
- Pre-admission assessments were carried out by the management team before people were admitted to the service. This included their background and family history, support needs, health conditions and physical and mental needs. This assessment was completed to determine the persons level of dependency and if the service could provide the support they required.

Staff support: induction, training, skills and experience

- People told us they felt the staff were well trained to carry out their roles. When asked if they thought staff were well trained, one person responded, "Yes oh yes. They help me." Another person explained that they thought the staff carried out their role well.
- Staff were supported to carry out their roles effectively and to develop. Staff had opportunities to attend training courses. One staff member said, "I get all the training. I enjoy all the training." Another staff member said, "They [line manager] ask if I want to do anything [training] to develop."
- Staff were positive about the induction process. Staff completed an induction course when they began working at the service. This included the completion of specific training and working alongside experienced members of staff.
- Records showed staff completed a programme of mandatory training and refresher courses to effectively perform their role. Staff told us they found the training informative.
- Staff told us they felt supported in their role. Staff were positive about one-to-one supervisions and appraisals. These meetings enabled staff to discuss any issues they may have and to set goals for their development.

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

- People were supported to eat a balanced diet that met their individual preferences. People and their relatives were positive about the meals at the service. One person told us, "The food varies. I like it." Another person said, "I couldn't eat more." People who required a softer diet had their menu choice prepared in a way that was appetising.

- People who required support with their meals were supported with patience and their dignity was maintained. However, we observed some people who preferred to eat at small tables away from the main dining tables did not always have their meal positioned in reach to enable them to reach their food easily. Staff repositioned these once it was noted.
- Meals were culturally appropriate where needed and ensured people's preferences were met. People were able to change their meal selection if they wanted to. One person told us, "I had vegetarian as didn't fancy bacon today."
- Snacks and refreshments including fresh fruit and fortified drinks were offered to maintain people's nutritional needs. Fluid, food and weight charts were maintained and updated to ensure people received enough to eat and drink. Referrals were made to dieticians where necessary.

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

- People told us they had access to healthcare from the GP, optician and chiropody services. One person said, "If they don't get the doctor in they have a nurse who comes from the surgery quite regularly."
- People had access to services to maintain their oral health. The service ensured people's toothbrushes were checked daily before use and renewed as necessary. Staff ensured people had toiletries to meet their oral hygiene needs. Appointments were made for people to attend the dentist and records showed oral health had been discussed at a recent residents meeting.
- The service worked closely with health professionals to ensure people had access to healthcare services. Records showed health care appointments were attended and referrals made for people using the service. This showed people were supported to live healthy lives and to access healthcare when they needed it.

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

- The service was designed and decorated in a way that met people's needs.
- The service had recently made improvements to the adaptations for example bathrooms had been refurbished. The management team told us of plans to improve the décor to make it more appropriate for people living with dementia. Following the inspection, the registered manager sent information of plans to improve to the environment. This included scheduled works to improve the lounge areas. For example, an indoor garden had been added to the service.
- Bedrooms were personalised with items of people's choice

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.

- The service was working within the principles of the MCA. Conditions on authorisations to deprive people

of their liberty were being met.

- Staff had attended relevant training, were able to explain the principles of the MCA and were aware of current DoLS in place for people using the service.
- People told us staff sought consent before supporting people and, we observed staff sought consent before carrying out care and support.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were caring. They described staff as, "lovely "and "kind." A relative told us, "There is a nice feel to this place and the staff give pretty good care." Another relative said, "Really, really happy with my [relative's] care here. wouldn't place her anywhere else." Records showed compliments received from people's relatives about the kindness and compassion shown by staff.
- Staff supported people in a caring, compassionate manner and had positive relationships with people using the service.
- Staff knew and respected the people they were caring for and supporting, including their preferences, personal histories, backgrounds and potential. Staff told us how they built and maintained positive relationships with people and their relatives. This was done through care planning, conversation and key working. One staff member told us, "I am a key worker for [person using the service]. I make sure they have everything they need, inform the family of anything and make sure the care plan is what they want it to be."
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff understood discrimination was a form of abuse. Staff told us people were not discriminated against because of their religious beliefs, race, gender, age or sexual status. One staff member said, "No one is treated differently." Staff meetings included discussions about equality and diversity.
- The service sought ways to remove and reduce barriers relating to equality. Events were arranged to celebrate equality and diversity. For example, religious festivals were celebrated within the service.
- Staff had facilitated a group session for people using the service about rights and sexuality in adult social care. Staff told us this had been well received and they ensured people felt comfortable to have discussions about their sexuality if they wished.

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

- People and their relatives were supported to be involved in their care and to express their views. One person told us they knew about their care plan but never wanted to read it. Other people told us they had a care plan but their relative met with the service on their behalf to complete reviews. One relative told us they had been invited and had attended care planning meetings for their loved one.
- People were supported to make changes to their care and support. Individual care plans showed changes to people's care were specified by the person or with input from their family members, where appropriate. For example, one person's care plan had been updated to include phrases they would use which would indicate to staff they were wanted to spend quiet time away from other people using the service.
- Staff supported people to make decisions about their care. One staff member said, "We review the care plans monthly and have conversations with them [people using the service] regularly about their care."

## Respecting and promoting people's privacy, dignity and independence

- People were respected and their dignity and privacy maintained. When asked if staff respected their dignity and privacy one person said, "Yes, [staff] call me by my Christian name and knock on door before they come in."
- Staff gave examples of how they maintained people's privacy and dignity. One member of staff said, "I treat people how I would like to be treated." Another staff member said, "I respect them [people using the service], I don't ignore anyone. If someone asks for the same thing ten times I make sure they have it. That's part of respecting them." Staff described their approach when carrying out personal care. They told us they ensure people were not unnecessarily exposed and closed doors, windows and curtains.
- We observed staff knocking doors before entering and seeking consent to enter people's rooms. Staff supported people respectfully and discretely away from communal areas when they required personal care.
- Staff promoted people's independence and this was included in people care plans. People told us staff encouraged them to do as much for themselves as possible when supporting them with personal care. One person told us staff encouraged and reminded them to walk around the service daily to maintain their mobility.

# 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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- The service was in the process of reviewing care plans and moving to a new care planning system. Care plans were detailed and contained information about people's needs, their likes and dislikes. There was guidance for staff on how to meet people's needs. For example, one person's care plan had detailed guidance for staff regarding the person's mood. Their care plan guided staff to have discussions with the person using reminiscence prompts in their care plan which would improve their mood.
- People and their relatives were involved in the planning of their care and support. People were positive about their involvement and told us staff knew their preferences. Staff were able to describe people's preferences and knew them well.
- People had choice and control to meet their needs and preferences. For example, people told us they made decisions about when they got up in the morning and how they wanted their personal care routine carried out.
- Staff were involved in reviewing care plans and understood the importance of planning and delivering personalised care. One staff member told us, "Care plans are very important, they [people using the service] have to be involved."

Meeting people's communication needs

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

- The service sought people's communication preferences and put processes in place to meet their needs. Pre-assessments and care plans included people's communication needs.
- Information was available in different print formats with appropriate use of colour and fonts to make reading easier for those who required this.

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

- People using the service and their families were supported to maintain relationships and participate in social activities. The service did not have restrictions on visiting hours and people told us their relatives visited often. People's care plans included information about the hobbies they enjoyed and places they liked to visit. People were supported to maintain relationships with friends and relatives abroad via video calls.

- We observed people had formed friendships and there were friendly exchanges between people as they moved around the service.
- People told us they did not take part in activities. However, on further exploration we found the events were embedded in the daily life of the service and people did not see them as activities but daily events.
- We looked at records of activities people had participated in and found there was a variety of events. For example, exercise sessions, events in the local community and hobby groups. The service had an activities co-ordinator and volunteers supported people with activities during the weekend. Some people we spoke with told us it was their choice not to take part in planned activities but preferred to spend their time quietly reading.

#### Improving care quality in response to complaints or concerns

- People told us when they raised concerns staff addressed issues compassionately. When asked about resolving complaints, one person said, "[Registered manager] doesn't let things hang around. If anybody has a concern [registered manager] sorts it out."
- People were supported to raise complaints and concerns and the service responded in a timely manner. Another person told us staff had supported them to complain and it had been resolved to their satisfaction.
- Since the last inspection, the service received two complaints. There was a clear policy and procedure for handling complaints to guide staff. Records showed complaints were dealt with in a timely manner in accordance with the providers policy and procedure.

#### End of life care and support

- Care plans included end of life care and detailed people's wishes at the end of their life. Records included preferences relating to protected equality characteristics, culture and spiritual needs.
- At the end of their life people were supported sensitively and with compassion by designated staff involved in the person's care.
- Care and support for people was carried out in partnership with health professionals such as the local palliative care team.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Quality assurance systems were not always effective.
- The service had quality assurance systems in place to monitor the quality of the service and to improve delivery of care and support. Audits were completed monthly to identify improvements necessary. For example, regarding the safe care and treatment of people using the service and governance. However, the systems in place did not always identify the concerns we found regarding staffing.
- The service used a dependency tool to calculate the number of staff hours required to meet people's needs depending on their level of dependency. However, the management team had not identified the challenges staff told us they faced regarding staffing levels at the service. Staff rotas did not clearly demonstrate staff allocation and deployment. This meant it was unclear to which unit staff were allocated on each shift. These findings were discussed with the management team during the inspection. The management team responded during and after the inspection.
- Following the inspection, we requested an update regarding staffing levels at the service. The registered manager confirmed a team leader had been deployed on each floor of the service. The team leaders were available to support staff when carrying out personal care and to ensure people are not on their own in the lounge areas. The registered manager told us they would continue to review and monitor the staffing levels and how staff were deployment.

Systems were in place to monitor the quality of the service delivered. However, we were not satisfied that the systems were used effectively to assess, monitor and improve the quality and safety of the service provided in relation to deployment of staff. These findings demonstrate a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the culture of the service and told us they felt included. People and their relatives told us they attended meetings at the service and we saw records of these meetings.
- People knew the management team and spoke positively about the management team and staff. They told us they saw and spoke with the registered manager every day. One relative told us, "[Registered manager] is excellent she understands all the policy and is good at implementing them which makes a difference."
- The management team spoke positively about the staff team and told us they strived to have an open and

caring culture where staff could discuss their concerns. They did this through staff meetings and one to one supervision.

- Staff spoke positively about the culture within the service and the staff team. Staff told us the registered manager was supportive and approachable on a one to one level. However, staff told us they did not feel able to discuss their concerns about staffing levels.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their regulatory responsibility and of their duty to notify the Care Quality Commission (CQC) of significant events and had notified CQC when events occurred.

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

- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns.
- The management team were supported by members of the senior leadership team and told us they felt supported in their role.

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

- Systems were in place to gather feedback from staff and people using the service
- We saw records of meetings for people using the service and their relatives.
- The management team corresponded with people's relatives to ensure they were updated promptly regarding any changes to people's needs or health.
- Staff team meetings took place at the service. Team meetings included updates for staff, training and policy updates, and discussion about the needs of people using the service.
- People's equality characteristics were covered in their pre-assessments and care plans. Staff were trained in equality and diversity. The service sought to meet the equality and diversity needs of people using the service and staff.

Working in partnership with others

- The service worked in partnership with other agencies such as health and social care professionals.
- The registered manager told us they worked with other agencies to develop and share practice. The service joined community initiatives to enhance people's lived experience.
- Health professionals we spoke with were complimentary about the service and partnership working. This showed the service worked in partnership with organisations to follow current practice.

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  The systems and processes for assessing, monitoring and improving the quality of the service provided had not been operated effectively. 17 (1) (2) (a) (b) Good governance
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider did not deploy sufficient numbers of staff to make sure that they can meet peoples care and treatment needs and therefore the requirements of this regulation. 18 (1) Staffing