

National Schizophrenia Fellowship Cavendish Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 13 July 2018. The inspection was unannounced.

Cavendish Lodge 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.

Cavendish Lodge is a mental health nursing home registered to provide personal care, nursing and accommodation for up to eight people. The service is delivered from a large detached house in a residential area and has access to local shops and amenities. Six people lived at the home on the day of our inspection visit.

There was a registered manager in post at the service. 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.

At our last inspection in October 2015 the service was rated as Good. At this inspection we found improvements were required to ensure people received a level of care that was consistently safe and responsive to their individual needs and continued to enable them to meet their identified goals for recovery. The service is now rated as 'Requires Improvement'.

The provider was heavily reliant on agency and their own bank staff to maintain safe staffing levels in the home. This meant people could not be assured of receiving continuity of care from a consistent staff team who knew them well and the goals they hoped to achieve. The provider's systems were not supportive of staff when staffing issues occurred at night or at weekends.

Information in care plans and risk assessments was not always detailed enough to ensure staff had the information they required to deliver care that kept people safe at times of anxiety or crisis or to respond to their emotional needs.

Staff received training and support and understood their responsibilities to report any concerns about people's health or wellbeing. However, some incidents that occurred in the home had not been recorded in line with the provider's policy and procedures so they could maintain accurate oversight to identify any patterns or trends over the service as a whole.

Staff worked within the principles of the Mental Capacity Act 2005 and supported people to make their own informed decisions and choices.

People were encouraged to make healthy lifestyle choices and maintain a balanced diet. Staff monitored

people's health and referred them to other healthcare professionals for advice and support when a need was identified. Overall, people received their medicines as prescribed.

The environment was homely and the atmosphere was calm and relaxed. People were comfortable with staff and told us staff were approachable and they felt able to speak openly with them. Staff treated people with dignity and respect and encouraged their independence. People were involved in activities when they wanted to be and were able to follow any interests and hobbies they might have.

People and relatives were encouraged to express their views about the service and people felt comfortable sharing any concerns with staff or the management team.

People and staff were positive about the service provided. However, a lack of permanent staff meant it was a challenge for the provider to ensure people continued to receive high standards of care that met their visions and values for the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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.

Staff did not always have detailed information to provide safe care. As the provider was heavily reliant on agency and bank staff to maintain staffing levels, this could lead to an inconsistent approach to risk management. Accidents and incidents were not always recorded in line with the provider's policy and procedures. People felt safe with staff who understood their responsibilities to report any concerns about people's wellbeing.

Is the service effective?

Good ●

The service was effective.

Staff worked within the principles of the Mental Capacity Act 2005 to ensure people had freedom of choice and could make their own decisions. People were supported to eat a healthy diet and attend healthcare appointments when a need was identified. Staff received training and support to enable them to be effective in their role.

Is the service caring?

Good ●

The service was caring.

The atmosphere within the home was calm and relaxed and people were comfortable in the company of staff. Staff respected people as individuals, maintained their privacy and dignity and supported their independence.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans did not contain all the information required to ensure staff could respond consistently to people's needs and help them achieve the goals they wanted to within their recovery programme. People were involved in activities when they wanted to be and were able to follow any interests and hobbies they might have. People were encouraged to share any concerns or complaints.

Is the service well-led?

The service was not consistently well-led.

The provider's systems did not support staff when there were staffing issues at weekends or at night and there was a lack of clarity in the delegation of roles and responsibilities. People and staff spoke positively about the registered manager who they described as open and approachable. People and their relatives were encouraged to express their views about the service.

Requires Improvement 

Cavendish Lodge

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 checked 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.

The inspection visit took place on 13 July 2018 and was conducted by one inspector and an assistant inspector. It was a comprehensive, unannounced inspection.

As part of our inspection we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They did not share any concerns about the service.

We reviewed information the provider sent us in the 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. The PIR was very detailed but was not always reflective of the service at the time of our inspection visit.

During the inspection visit we spoke with four people who lived at Cavendish Lodge. We also observed how staff interacted with people in the communal areas.

We reviewed two people's care plans and records to see how their care and treatment was planned and delivered. We also spoke with the registered manager, the home manager, a nurse, one member of care staff and an agency member of staff who had been contracted to work in the home for 12 weeks.

We looked at other records related to people's care and how the service operated, including medicine records and the provider's quality assurance system.

Is the service safe?

Our findings

At our last inspection in October 2015 we rated the safety of the service as 'Good'. At this inspection we found a lack of supportive information could lead to an inconsistent approach to risk management, particularly as the provider was heavily reliant on agency and bank staff to cover shifts. The safety of the service is now rated as 'Requires Improvement'.

The registered manager told us identified staffing levels were two members of care staff during the day. Care staff were supported by a mental health nurse who worked Monday to Friday, although there was some flexibility in their shifts. Nursing staff were contactable out of hours through the services on-call system. The nurse could be contacted by care staff when they had a clinical concern or query about someone in their care. There was also a home manager who split their time between Cavendish Lodge and another home within the provider group. The home manager told us the provider reviewed staffing levels if a need was identified. For example, the provider had changed the 'sleep in' shift at nights to 'waking nights' to meet the changing needs of one person who lived at the home.

However, whilst there were enough staff on duty to meet people's needs, we found that staffing levels were only maintained because of a high use of agency staff and the provider's own bank staff. At the time of our inspection, the provider only had one permanent member of staff to work during the day, and they were leaving the week following our visit. This meant the provider would have none of their own permanent staff to cover shifts during the day. Staff told us, "Staffing is a massive problem" and, "It is difficult working with agency workers who need a lot of direction."

We discussed our concerns about continuity of care with the registered manager. They told us some consistency was provided by using the same agency staff and bank staff who knew people well. However, they acknowledged that it was a challenging time for the provider who was actively recruiting new staff.

Despite these assurances, we were also concerned that bank and agency staff did not always have the information they needed to provide consistently safe care. For example, in February 2018 one person had been identified as being particularly vulnerable when outside the home. Whilst we were confident staff had agreed a risk management plan with the person to ensure their safety, this had not been put into writing at the time of our inspection.

Another person could become anxious and agitated which could sometimes escalate into behaviours that could become challenging to themselves or others in the home. There was no information in the person's care plan informing staff how they could support this person at times of agitation. We discussed this with the registered manager who confirmed there should be a 'safety management plan' advising staff of any triggers for the behaviours, any distraction techniques and how the behaviours should be supported if they escalated.

Some people were on 'as required' medicines (PRN) to support their mental health at times of anxiety or distress. The provider's guidelines for giving these medicines lacked detail and did not give staff proactive or

preventative guidance on how to support the person to reduce their anxieties before resorting to the use of PRN medicines. For example, for one person the guidelines read 'to be offered to [person] if levels of anxiety increase to the extent that [person] is agitated'. In the absence of a 'safety management plan' for these behaviours or detailed PRN guidelines, we were concerned staff could have an inconsistent approach as to when they would offer the person their medicine. Likewise, there was no advice as to the next steps staff should follow if the person refused to take their PRN medicine and their health declined further.

This meant that without the support of regular permanent staff, agency and bank staff did not have the information necessary to manage risks to people's health or know in what circumstances to offer PRN medicines to support people's mental wellbeing.

We found that accidents and incidents were not always recorded by staff. For example, we were told of a serious incident that had occurred in the local community. Whilst we were confident appropriate action had been taken, this had not been put on an incident report. We also identified two further incidents that occurred in the home between people living there. Again, whilst we were assured no harm had been caused to either person, neither incident had been recorded on an incident report. We discussed this with the registered manager who told us this had already been identified as an area that needed improving. They told us staff had received some training in reporting incidents, and more was planned so staff understood their responsibilities to act in accordance with the provider's policies and procedures.

Where accidents and incidents had been recorded, these were forwarded to the provider who ensured appropriate action had been taken to mitigate any individual risks. However, because the records were not complete, the provider was unable to maintain accurate oversight to identify any patterns or trends over the service as a whole.

Overall, we found that medicines were managed and administered safely, and were given in accordance with people's prescriptions. However, we found that the temperatures of the medicines cabinet and medication fridge were not always within safe ranges to ensure the effectiveness of medicines was maintained. For example, most medicines should not be kept above 25 degrees centigrade, but the temperature of the medicines cabinet was recorded as being consistently higher than that. Whilst this had been identified, it was not clear what actions had been taken in response.

Most medicines were delivered in blister packs which were supported by medicines administration records (MAR) which detailed when people were required to take their medicines. Staff recorded when medicines were given on the MAR sheets.

There was a system of daily and monthly checks of medicines but these were not completed consistently. For example, we identified a discrepancy in the amount of stock left of one person's tablets to what there should have been. We were told one person never required their PRN medicine for anxiety, but this was still on the MAR chart as prescribed. This medicine was not stored with the other medicines and when the nurse checked they told us the medicine had expired and as such could not be administered. The nurse told us they would request a medicines review for this person with a view to discontinuing the medicine as the person no longer needed it. Monthly stock checks had not identified these discrepancies.

Where known medicines errors had occurred, there was evidence to demonstrate these had been investigated.

The provider had a system of health and safety checks. However, we could not be sure that when issues were identified within the environment, action was taken in a timely way to address them. For example, on 1

April 2018 the window restrictor in one bedroom had been identified as not being effective. The window restrictor had not been repaired at the time of our visit. Staff tested water temperatures each month to ensure they did not exceed safe limits. Records showed on four consecutive months the temperature of the hot water tap in the kitchen hand basin exceeded safe limits, but there was no evidence that action had been taken to make this safe.

People told us they felt safe at Cavendish Lodge. One person told us, "It is really pleasant here." Another explained why they felt safe and said, "I feel safe here because I have my own key for the front door, bedroom and my cupboards."

Staff had received training in safeguarding and understood their safeguarding responsibilities. A member of agency staff told us how important it was to ensure people were safe and how they would report any concerns to the nurse or manager on duty.

The Provider Information Return stated there were 'robust recruitment procedures in place' to ensure staff were safe to work with people. The registered manager confirmed new staff were unable to start working in the home until their references and Disclosure and Barring checks had been completed.

The home was clean and tidy although we identified some areas of the home were 'tired' and required improvement. We were told there was a programme of planned refurbishment, and the kitchen was due to be refitted in the next few months.

The provider had processes in place to mitigate risks in the event of an emergency. For example, people had personal evacuation plans should the home need to be evacuated in the event of a fire. Some people who lived at the home smoked and there were risk assessments in place to support them to smoke safely. However, during our visit we found a large pile of cigarette ends on the floor of the wooden hut in the garden where people smoked. The registered manager told us they were aware of the risks posed by this and that the floor of the hut was kept wet to reduce the risk of fire. However, we saw no record to evidence that this was being done or that the hut was being regularly checked or cleaned. The registered manager assured us this would be addressed.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in October 2015. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be 'Good'.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who lived at Cavendish Lodge had the capacity to make most of their own day to day decisions, including the decision to live there. Nobody had any restrictions on their liberty which required the registered manager to make an application to the authorising authority. The home manager explained, "This is an open door service, everybody is free to come and go as they please."

The home manager told us that three of the people who lived at the home lacked capacity to manage their finances and therefore their money was managed by an independent financial appointee. We looked at the records for one of those people and saw their capacity to manage their own finances had been fully assessed. The person, a relative and a healthcare professional had all been involved in ensuring any financial decisions were made in the person's best interests.

Staff worked in line with the principles of the MCA and sought people's consent. For example, one member of staff said, "Can I sit with you?" before sitting with a person outside. We spoke with staff and asked them how they promoted choice and supported people to make their own decisions. An agency member of staff told us, "You have to give them their choice. If they say no, then it is their choice. We might try and ask them in a different way like 'do you mind if I do this'. We do not force. I wouldn't like to be forced to do something so why should I force them." This was supported by the people who lived at the home. One person told us, "The staff are fantastic. They don't intrude, but are here when you need a helping hand." Another person told us, "It is alright here, it is better than my previous place. I have more freedom. Freedom is important."

People were encouraged to eat a healthy diet. People organised their own breakfast and dinner, however staff cooked people their lunch. The home manager explained this was because some people would choose not to eat much and staff wanted to promote a healthy lifestyle within the home. Each week people were consulted about what they would like on the lunch menu and if a person changed their mind, they could have something else. One person told us they enjoyed the meals and said, "The food is really nice. I like the food."

People's needs and choices were assessed before they moved to Cavendish Lodge and their care and support were delivered in line with their choices and preferences. Staff shared information about people's health and when a need was identified, they were referred to other healthcare professionals for further

advice and support.

We spoke with a visiting healthcare professional who told us staff were good at identifying when people needed their support. They told us, "The staff have been amazing. They realised something needed doing and they sorted it. Their idea is to make sure people's physical health is comfortable to improve their mental health." This healthcare professional also told us staff were good at sharing information about people to help them build a relationship with them. They explained, "The staff are lovely, they bend over backwards. They give you an idea of what a person likes so you can build a rapport with them. Once you have built a rapport with someone, you can make a difference."

Staff received training and support to enable them to meet people's needs effectively. Staff attended the provider's mandatory training as well as training in subjects that reflected the specific needs of people who lived in the home, such as training in supporting people with behaviours that can challenge. The registered manager told us the provider's bank staff received exactly the same training as permanent staff to ensure people received care from staff with the right skills and attitudes to support them. The nurse worked alongside care staff (including bank and agency staff) so they were able to monitor their practice.

The nurse told us they were supported to maintain their skills and received clinical supervision every three months. This involved meeting with other nurses within the provider group to discuss any issues that could impact on the standard of support people received.

The environment in the home was supportive of people. It was homely and gave people space to spend time alone or socialise with others in communal areas. There was a large garden which people used throughout our inspection visit.

Is the service caring?

Our findings

At our last inspection visit we found staff were caring and rated the service as 'Good'. At this inspection we found staff continued to focus on respecting people as individuals and supporting their independence. The rating continues to be 'Good'.

All the people we spoke with were positive about the staff and the care they received. They told us staff were approachable and they felt able to speak openly with them. One person said, "I am very happy here." Another person told us, "The staff are kind to me. They help me and talk to me to make sure I am okay." A visiting healthcare professional told us, "The staff are fantastic, very gentle and very kind."

The atmosphere within the home was calm and relaxed. People were comfortable in the company of staff and relationships had been formed. Both people and staff told us they enjoyed being with each other. One person told us, "I have a walk and talk with staff. I enjoy that. It helps." A contracted agency member of staff told us they enjoyed working at Cavendish Lodge and explained, "We are one big family. Everyone is very welcoming." They went on to tell us, "You should have been here on Tuesday for the England (football) game. We were all going 'Come on England', it was so good. We were all supporting the team."

Staff understood that the aim of the provider was 'a better life for everyone affected by mental illness'. An agency member of staff told us, "The outcome of this place is to encourage people to live independently." They explained how people were at different stages of independence with different tasks and staff encouraged people's engagement by leading by example. This demonstrated that staff recognised individual differences and the varying stages in people's recovery programme.

One person explained how much their independence meant to them and told us, "I am very independent. I do my own cleaning, washing and shopping. Staff support that." Another person told us that staff had recently supported them to an interview at a university to complete a degree course. They told us, "I feel able to do this with the support from the staff here."

Staff treated people with dignity and respect. They had developed an understanding of people and their backgrounds and how this affected the support they needed. Staff respected people's privacy and understood when people needed to be alone. People could personalise their bedrooms and we saw they had done this. They could also lock their own door so their privacy was maintained. A visiting healthcare professional told us their visits were always carried out in the privacy of people's bedrooms. One person told us, "It is very gentle and relaxed here. We come and go as we please." They went on to say "I love my room. I've got a double bed."

People were supported to maintain relationships with those who were important to them. Families and friends were able to visit people at Cavendish Lodge. On the day of our inspection a visiting relative told us, "[Person] is well looked after here. I can visit whenever I want". Others told us they were encouraged to visit their family and one person told us, "I go and visit my mother, go to the library and shopping. I can do whatever I want."

Is the service responsive?

Our findings

At our last inspection visit we rated the responsiveness of the service as 'Good'. At this inspection we found improvements were required because of gaps in care plans and a lack of consistent staff.

Care plans were not detailed enough to ensure staff could respond consistently to people's needs. For example, we identified that one person could become anxious and distressed if they could not join another person in a social activity. We were told that a member of staff had established a way of distracting the person by taking them out to a neighbouring town, but this member of staff had now left the service and the information had not been captured in a written care plan. This meant vital information that could support this person's wellbeing was in danger of being lost, especially as the provider was reliant on agency staff.

Where care plans were in place, we saw there were 'evaluation sheets' which staff completed on a regular basis. However, staff were inconsistent in where they recorded information and their entries did not always demonstrate how a person's needs were being met. The registered manager acknowledged this was an area that needed to be improved. They told us, "When we review notes we do find potential gaps and inconsistencies. The files are jumbled and information is difficult to find."

The provider operated a keyworker system where each person was allocated a named member of staff whose role it was to form a trusted relationship with that person and develop a good understanding of their needs so they could support them better. The registered manager acknowledged that due to a lack of permanent staff, the keyworker role was not effective. They told us, "It's not working as we haven't got the staff to do it." The nurse on duty told us, "It is going to be difficult but we are going to have to manage it."

The provider worked to a recovery model and staff were committed to working with people in a focussed way to help people achieve their goals and promote independence. Records contained some information about people's individual goals, but there was sometimes a lack of direction to staff on how to support people to achieve them. Also, the registered manager acknowledged that the high use of agency and bank staff meant people might not receive continuity of support in achieving the goals they wanted to within their recovery programme.

Some people were in relationships with others. The provider had not explored issues of education around this to actively promote a healthy relationship. There were no guidelines to staff about what support, if any, was required.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider recognised people's different levels of communication and had processes in place to provide people with information in different formats to aid their understanding.

People were involved in activities when they wanted to be and were able to follow any interests and hobbies they might have. Some people chose to engage in their interests independently and others with the support

of staff. One person had joined a slimming group with a member of staff and had seen an improvement not only in their physical health, but also their mental wellbeing. Another person who had previously been reluctant to leave the home was now enjoying attending shows with staff and had begun to talk about a holiday because their confidence outside the home had increased. Three other people had recently been on holiday together to a location of their choice.

The provider's complaints procedure was displayed in the hall and was accessible to the people who lived there. People were also asked if they had any concerns or 'grumbles' in the 'house meetings' that took place monthly. The provider had not received any complaints in the twelve months prior to our inspection visit. The registered manager assured us that if any were received, they would be dealt with in accordance with the provider's policies and procedures.

Is the service well-led?

Our findings

At our last inspection in October 2015 we found the leadership of the service was 'Good'. At this inspection we found some of the provider's systems to support staff to carry out their role effectively needed to be improved and quality assurance processes were not consistently effective. The rating is now 'Requires Improvement'.

The provider's on call system was not supportive of staff so they could continue to provide care which met the vision of the service. For example, in a staff meeting on 12 June 2018 staff were told the on-call service was "not for staffing issues". Staff were told that if a member of staff did not turn up for their shift at the weekend, it was the responsibility of the other member of care staff to ensure the shift was covered by calling bank staff and, as a last resort, agency staff. This meant if a member of staff did not turn up for their shift, the one remaining member of staff had to provide one to one support for one person when they needed it, support the other five people in the home, do the medication, cleaning and cooking as well as try and arrange cover. We were told by staff this had happened in the past and they had been told by managers to "make sure the important things are done such as food and meds." This meant staff did not have time to support people in accordance with their 'recovery programme' which was a core provider value. A staff member told us, "We never see management at the weekend. We are told not to ring them when they are not on-call."

At another staff meeting on the 10 July 2018 a member of staff raised a concern that they were left to do a 'waking night' shift straight after their own daytime shift because a member of bank staff had not turned up. This meant the staff member had worked at least an 18 hour shift without a break. Staff had been told that the "Two on calls (manager and nurse) are for advice only; neither will come into the service". The Registered Manager confirmed there was not an expectation for on-call managers to attend the service due to staffing levels. The provider did not have any other system to support staff in this situation.

We discussed this with the registered manager who agreed that staffing issues was a managerial responsibility and there should be a more effective process within the on-call system to support staff in those situations.

There was a lack of clarity in the delegation of roles and responsibilities. For example, the registered manager told us they and the nurse were responsible for developing care plans. However, the nurse told us that although they were involved in discussing plans of care, the actual preparation of the care plans was a task they delegated to the care staff. When we looked at care plans, risk assessments and guidelines for the administration of 'as required' medicines, we found there was a lack of detail and consistency. Care plan reviews by managers and clinical staff had not identified these gaps which meant staff did not always have the information they needed to keep people safe and provide individualised care.

The provider conducted quality assurance visits every six months. Where issues had been identified, an action plan was put in place to ensure they were addressed. However, we found the checks and audits had not identified the issues we found. For example they had not identified that staff were not always recording

accidents and incidents or that timely action was not always taken in response to health and safety issues in the home. This meant the provider could not be assured they were maintaining standards and ensure that the service continually improved.

The registered manager acknowledged that the biggest challenge at Cavendish Lodge was the recruitment and retention of staff. At the time of our visit the provider only had one permanent member of day staff and they were leaving the following week. We were concerned that the provider had not taken action to ensure the care people received continued to support their recovery until more permanent staff had been recruited and inducted into the home. We shared our concerns with the registered manager who immediately arranged for a permanent member of staff from one of the provider's other homes to transfer to Cavendish Lodge.

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

The registered manager had been registered since June 2018. They were also the registered manager for another home in the provider group and provided support to two other homes. The registered manager was supported by a home manager who split their time between Cavendish Lodge and another home.

People told us that they knew who the registered manager was. One person told us, "[Name] is the manager and she is here every day." The management team promoted an open culture within the home and people said that they felt comfortable talking to the manager about any concerns they might have. One person told us, "I can talk to [name] if I have a problem". A visiting healthcare professional described the registered manager as 'amazing' and went on to say, "You can tell the residents really like her as well. She sees what the problem is and she will fix it."

Staff spoke positively of the management and said, "They are not the type of managers to dictate do this and do that, they lead by example, they help us." An agency member of staff told us, 'It is brilliant here. It is the best home I have been to.'

People spoke very positively of the provider. One person told us "Re-Think is a very helpful and supportive organisation. It gets you back in the community. It bridges life from hospital to the community."

The registered manager told us the provider had recognised the urgency of having a permanent staff team and was working innovatively to recruit and retain staff. They had reviewed their remuneration package and introduced an extra day off for staff on their birthdays. They were also adding more flexibility into staffing rotas by offering shorter shifts.

People and relatives were encouraged to express their views about the service. People were asked their views through informal discussions on a day to day basis, monthly one to one meetings and 'house meetings' for people who chose to participate. The formal meetings were a time when people could share their views about the service and discuss what they would like on the menus or any activities they would like to be involved in. We saw that discussions during one meeting had led to the development of an art group. Meetings were also used as an opportunity to discuss issues such as personal safety both inside and outside the home.

There were regular staff meetings where all elements of the service were discussed. This included sharing learning from incidents that had occurred in other homes within the provider group.

The registered manager met with other managers within the provider group to share information and discuss good practice. The registered manager also worked in partnership with other agencies such as the local clinical commissioning group (CCG). They liaised with commissioners and other healthcare professionals to ensure they shared important information in order to better support people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors, and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a noticeboard in the entrance hall of the home. The ratings were also displayed on the provider's website.

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
Diagnostic and screening procedures	The provider did not always demonstrate effective governance, assurance and auditing systems and processes.
Treatment of disease, disorder or injury	