

Bondcare (London) Limited

The Grange Care Centre

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

About the service

The Grange Care Centre is a nursing home for up to 160 adults. The home is divided into eight units. Two units specialise in the support of adults (under 65 years) with physical disabilities. The other units offered care to older people, some of whom were living with the experience of dementia. At the time of our inspection, 148 people were living at the service. The service was operated by Bondcare (London) Limited, a private organisation.

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

People did not always receive their medicines as prescribed. Some people who required medicines to be administered at a specific time were not receiving them at these times. This meant the medicines may not have the desired effect.

Care plans designed to describe people's needs were not always personalised and sometimes included conflicting information.

The provider had systems for monitoring and improving the quality of the service, although these were not always implemented effectively enough. For example, the systems had not identified when medicines were given at the wrong times and when care plans lacked personalised details.

People felt there were not enough staff and they sometimes had to wait for care. However, they felt the care was generally good, they liked the staff and had good relationships with them.

The provider had systems for learning when things went wrong and improving the service following safeguarding alerts, accidents, incidents and complaints.

There were appropriate systems for recruiting, training and supporting staff. The staff felt supported and told us they had enough information about their roles. Staff knew the people they were caring for and treated them respectfully.

The registered manager was supported by a senior management team who were working with an in-house trainer to help make improvements at the service.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 April 2021). The service remains rated requires improvement following this inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements, but the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person-centred care, safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Grange Care Centre

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection visit was conducted by one inspector, a nurse specialist advisor, a member of the CQC medicines team 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.

Another inspector conducted some of the work remotely, viewing records the provider sent and holding virtual meetings with the registered manager.

Service and service type

The Grange Care Centre 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 Grange Care Centre is a care home with nursing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider. This included information they sent to us each month about the service, such as audits. We also looked at other information we had received from the commissioning authority, through complaints and safeguarding alerts and notifications from the provider about accidents, safeguarding alerts and deaths.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 17 people who used the service and five visiting relatives. We also spoke with two visiting healthcare professionals.

We observed how people were cared for and supported. Our observations included 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 looked at records the provider used for managing the service. These included the care records for nine people, records of care provided and medicines administered, audits, checks, records of meeting minutes and a summary of how complaints, accidents, incidents and safeguarding alerts were investigated and responded to.

We conducted a partial tour of the premises, also looking at equipment and medicines storage.

We spoke with staff on duty, who included kitchen staff, housekeepers, activity coordinators, care workers, nurses and the management team.

Following our visit to the service, we spoke with the relatives of six people on the telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. rating for this key question has remained 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.

Using medicines safely

At our last inspection, we found medicines were not always safely managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider remained in breach in Regulation 12.

- Medicines were not always administered as prescribed. For example, from the medicines records we viewed, we saw the staff did not adhere to the prescriber's instructions for three people who were prescribed medicines which were to be given at specific times with set intervals between doses. This meant these medicines may not be effective or have the desired effect.
- The provider had introduced an electronic Medicine Administration Records (eMAR) system at the home. The staff did not always record all the required information on the eMAR. For one person their allergy status was not recorded.
- Oxygen cylinders were not stored securely, this put the staff at risk of harm. When this was highlighted by a member of the inspection team, the staff at the home secured the oxygen cylinders to avoid the risk of harm from them.
- The process to receive and act on medicine alerts was not robust.

We found no evidence people had been harmed, however failure to safely manage medicines is a repeated breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were prescribed medicines such as pain killers and inhalers to be taken on when required (PRN) basis. Guidance in the form of PRN protocols was now in place to help staff give these medicines consistently.
- With the exception of the Oxygen cylinders, medicines, including controlled drugs, were stored securely and at appropriate temperature range. The provider secured the Oxygen cylinders during our inspection.
- Some people were prescribed medicines to be given via percutaneous endoscopic gastrostomy tube (PEG). These medicines were appropriately prescribed on the eMAR to be given via PEG. PEG allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth.
- Medicine care plans were in place for people who were prescribed high risk medicines such as insulin and anticoagulants. This helped staff to monitor and manage their side effects effectively.
- We observed staff give medicines to people. The staff were polite, gained permission and recorded this on

electronic MAR for each medicine after giving it.

- There was a medicine policy in place. There was a process in place to report and investigate medicine incidents. Staff received training and were competency assessed regularly to ensure they could handle medicines safely.

Staffing and recruitment

- Most people using the service and their relatives told us they felt there was not always enough staff. The provider used a dependency tool to calculate staffing levels and the management team told us they recruited more staff than they had calculated they needed.
- People using the service and their relatives told us there were times when they waited for care. Some of their comments included, "There are not enough staff, you have to wait half an hour especially at night time and the weekend", "In the day they are quick enough, but at night it is a different story", "They are very busy", "I sometimes feel they are understaffed in the day and they appeared rushed", "They work very hard but there are not enough staff" and "Sometimes I have to wait 10 minutes for them to answer the call bell."
- Two relatives gave us examples about when care had not been given to people and they felt this was the result of staffing problems. One relative explained, they had tried to locate staff when a problem arose but could not find any.
- Staff told us they did not always have time to provide quality care and interactions. They explained it was difficult to spend enough time with people who were resistant to care interventions and they did not always have the time to offer the right support to help people feel comfortable with care.
- We discussed this feedback with the management team who were aware of concerns people and staff had raised about this. They were reviewing staffing deployment to help make sure they were able to deliver better quality care and they were continuing to do this. Staffing absences were generally covered by supernumerary staff, managers or temporary staff. Whilst the provider demonstrated they were meeting their own assessed staffing levels, the overall feedback demonstrated people felt needs were not always met due to staffing deployment.
- There were suitable systems for recruiting staff to make sure they were suitable. These included checks as part of the recruitment process and assessments of their skills, knowledge and competencies when they started working at the service.

We recommend the provider seeks and follows best practice guidance on assessing and reviewing staffing levels.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures and training for staff. The staff had a good understanding of these systems.
- The provider ensured staff were supplied with suitable personal protective equipment (PPE) and carried out checks to make sure they were wearing and disposing of this correctly.
- The provider had reviewed their procedures to make sure they included the latest guidance and information relating to COVID-19.
- The environment and equipment used to support people were kept clean and there were regular checks and audits to make sure a good standard of cleanliness was maintained.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from abuse. The staff received training to understand how to recognise and report abuse.
- The provider had worked with other agencies, such as the local safeguarding authority to investigate allegations of abuse and help protect people from harm.

- People using the service and their relatives told us they felt safe there.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed and planned for. These included risks relating to their healthcare needs, mobility, nutrition and skin care. The assessments and plans were reviewed regularly. Staff demonstrated a good understanding about how to support people to minimise risks.
- Relatives told us they thought the staff supported people well with safety. One relative explained the staff had taken positive measures to help prevent falls.
- The provider assessed risks within the environment and equipment being used. They undertook regular checks and audits. When problems were identified they took remedial action. They undertook checks on fire safety and had plans to evacuate people or to move them to safety in the event of an emergency.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They recorded information about all accidents, incidents and other adverse events, such as hospital admissions, infections and skin damage. They investigated these and had plans to address any problems and learn from these.
- The management team discussed learning from these events with staff to help them understand when they needed to make improvements. They undertook reflective practice sessions to help understand what went wrong and how to make improvements.
- We noted that the provider had made improvements to prevent the reoccurrence of similar incidents following recent safeguarding alerts and concerns.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to have enough to eat and drink. However, feedback we received about the food was varied and some people commented on what they felt was poor quality. Others told us food was not always well prepared. People told us they had opportunities to speak with the staff about their experiences of meals. We saw the provider had listened to feedback about food and had introduced changes as a result of this feedback. We told the management team about the comments we had received so they could continue to review meal choices and the quality of food.
- People's nutritional and hydration needs were assessed and planned for. When people had been assessed as at risk, appropriate referrals for additional support had been made, and guidance from dietitians (and other professionals) had been included in care plans. The staff were aware of these and followed the guidance. People's weight was monitored, and the provider took suitable action following unexpected weight loss or gain.
- The chef had a good understanding about people's dietary needs and preferences. They catered for different diets and offered choices for each meal.

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

- People's healthcare needs were met, and they had access to external healthcare services. People told us they were able to see their doctor, dentist and other professionals when needed.
- People's healthcare needs were recorded in care plans. The provider employed nurses who monitored changes in people's health and liaised with other professionals when needed to make sure they received the right support.
- The staff kept records of healthcare appointments and any recommendations made by external professionals.

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

- The environment was suitably designed. The service was divided into different units, each with communal dining rooms and lounges. People had their own bedrooms with en-suite facilities. People were able to personalise their own rooms if they wanted.
- The equipment used in the home was suitable and met people's needs. This included hoists, adjustable beds and specialist mattresses. The staff carried out regular checks on this equipment to make sure it was safe and in good working order.
- The home was light, suitably heated and well ventilated. There was a garden which people enjoyed

accessing.

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

- The staff assessed people's needs before they moved to the service. These assessments included information about their health and personal care needs, as well as background information about the person and their preferences.

Staff support: induction, training, skills and experience

- People were cared for by staff who were appropriately trained, experienced and skilled. All staff completed an induction and a range of training which helped them to understand about care and the organisation.
- The provider employed an in-house trainer who worked at the service alongside staff, observing practice, assessing their skills and providing training based on these assessments.
- The staff had regular team and individual meetings with the management team to discuss their work, good practice and the service. There were handovers of information when the staff changed at the end of each shift. This helped the staff to understand about people's needs and any changes. The management team had regular meetings to review people's health and care needs, as well as changes in their condition.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People consented to their care and treatment. They told us the staff offered them choices and asked for their consent. There were monthly reviews of people's care which involved staff discussing this with each person.
- The provider had assessed people's capacity to make decisions about their care. They had applied for DoLS when needed. They consulted people's representatives to make sure decisions were made in their best interests.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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 were well treated by staff. The staff knew them well and spoke with kindness and respect. They offered people choices and listened to their opinions.
- People confirmed this. Their comments included, "The staff are very good and are kind, respectful and obliging", "There are some nice staff who treat me well. [Named staff member] is excellent. I feel so relaxed with [them], overall, the staff are brilliant", "The carers are very good" and "The carers are great."
- We observed staff providing gentle reassurance and care. They encouraged people to eat and offered alternatives for people who did not like their meals. The staff did not rush people. They used their preferred names and had friendly exchanges. They were helpful and polite.
- People's cultural and religious needs were respected. These were recorded in care plans. Staff who spoke a range of languages supported people by communicating in their first language. One relative explained that this was a positive aspect of a person's care because the staff understood their language and culture.

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

- People were supported to express their views and be involved in making decisions about their care. They told us the staff offered them choices when providing care. They said these were respected.
- Some people told us they could not remember being involved in planning or reviewing their care, but they were happy staff offered them choices daily. One person we spoke with told us that they remembered having regular care reviews and felt their opinion had been sought and listened to. Relatives told us they were consulted and involved in making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. People told us the staff provided care in private. They could request same gender carers if they wanted and were asked about their preferences. Some of the comments from people included, "[Intimate personal care] is done with great sensitivity and I never feel embarrassed" and "They are gentle and know what to do."
- People using the service told us they were supported to be independent when they wanted. Their comments included, "I don't need much support, I am very independent. The staff are there if you need them" and "The carers encourage me to do a little for myself."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support ; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care was not always planned in a personalised way. For some people, care plans contained generic standard sentences without explanation of their personalised needs and how these should be met. For example, care plans about oral healthcare and support people needed to clean their teeth were basic and the information did not always reflect their needs. Some care plans referred to the wrong gender of the person, indicating the information was not personalised.
- Needs identified in assessments had not always been planned for. For example, one person's assessment identified they had fears and a habit of "putting [themselves] on the floor." There were no plans regarding these identified needs. Another person's assessment recorded they became upset and agitated. The care plan included some reactive strategies but no information on how to support the person proactively.
- Care plans did not always provide consistent information for all people's care needs. For example, for one person who was diabetic, there was no reference about how this might affect other aspects of their care needs, such as skin and foot care. Another care plan described different continence needs for the same person. This meant it was not clear what their needs were or how these should be met
- The care plans created by the staff to record people's wishes and needs at the end of their lives were basic and not always complete. Some included contradictory information. This meant the staff did not always have personalised information to help make sure they understood people's needs and choices.
- People's communication needs were not always well planned for. For example, one person's assessment recorded they could not communicate their needs verbally. The care plan did not include any strategies to enable good communication so that the person could understand staff and be understood.
- There were notice boards and information around the home designed to help orientate and inform people. Some of these included inaccurate information about the time and date. Other information was sometimes presented in a way which made it difficult to understand. For example, information about menus and activities was recorded on noticeboards which were full of other information, some of which was meant for staff.

We found no evidence people had been harmed. However, failure to plan personalised care which reflected people's needs and preferences was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us the staff knew them and provided good care.
- People's health, weight and skin integrity had been maintained. People were clean and well presented in clean clothes. Relatives told us they thought people were well cared for most of the time. Some of their comments included, "[They] always look nice and clean" and "[They] have been very well looked after. And the staff look after me [relative] too."
- External palliative care nurses were visiting the home to help improve end of life care planning.
- The staff had received training to help them understand how to provide sensitive care at the end of people's lives. They worked closely with palliative care teams to help make sure people were comfortable and pain free at this time.
- The staff team could communicate in a range of languages and helped support people who did not speak English as a first language. The provider stated information about the service was available in different formats on request.

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 were supported through some social and leisure activities. However, not everyone wanted to participate in the planned activities.
- The provider employed a team of activity coordinators who planned and delivered a range of different social events. There were organised group activities which were advertised through newsletters and notice boards. The activity coordinators told us they also spent time providing individual support for people.
- Some people told us they did not like to join in group activities, and others told us they did not always know what was happening and would like clearer information. A few people also explained there were not always the staff available to facilitate the activities they wanted to participate in. Some of the people who spent time in their rooms, either through choice or because of their needs, did not engage in any activities throughout the day of our inspection and told us this was often the case. A number of the younger adults we spoke with who told us they did not always feel the planned activities were appropriate for their age group and they wanted more opportunities for arts and crafts, playing board games, going into the community and learning independent life skills.
- Some relatives told us they did not feel people had enough stimulation. One relative told us the person being cared for remained in bed all of the time. They said, "There is a lack of stimulation, the staff come in to [give them meals] and say hello as they walk past but I have never seen anyone spend time with [them] for activities."
- We discussed this feedback with the management team who were looking at ways to make leisure activities more inclusive for everyone.
- Some people spoke positively about the planned activities. One person said, "There are lots of activities, manicures, painting, knitting and music. A vast array of things."

Improving care quality in response to complaints or concerns

- The provider had systems for responding to complaints and concerns. We saw that these had been followed. Complaints had been investigated and learnt from to make improvements. However, a small number of people told us they felt their concerns were not listened to. Their comments included, "[The provider] does not listen to concerns. The situation just goes back to square one after I speak up" and "When I raised a concern I did not feel they listened, I was told not to tell [them] how to run a care home." We discussed this with the management team so they can address how they feedback to complainants to

make sure they feel heard.

- Most people told us they felt happy speaking with a nurse or the management team if they had concerns.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- The provider's systems and processes for monitoring and mitigating risk had not always been operated effectively. At the last inspection we identified medicines were not always managed safely. Whilst some improvements had been made, these were not enough, and the provider was still failing to ensure the safe and proper management of medicines.
- The systems for monitoring and improving care plans included care plan audits. However, these had failed to effectively ensure care plans were always personalised, accurate and reflected people's needs. They also failed to pick up when inappropriate terminology was used to describe people's needs. For example, one care plan stated, "[Person] is assisted by one staff [at] feeding time."
- Either systems to ensure contemporaneous and accurate records were completed were not operated effectively or people were not receiving care as planned. For example, one person's care plan stated they required repositioning every four hours. Records for 14 – 17 May 2022 indicated the care plan had not been followed. The nurse reported that repositioning had taken place but that this had not been recorded. Similarly records of oral care for another person stated they required four hourly mouthcare because they were nil by mouth. Records for the same period indicated only one intervention on two of the days and two on the other days. Therefore, systems to monitor quality care was provided and recorded as planned were not been followed.

We found no evidence people had been harmed. However, failure to effectively implement systems and processes to monitor and improve quality, and mitigate risk was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made improvements at the service and had reflected on things that went wrong. They had systems for investigating and learning from accidents, incidents, safeguarding alerts and complaints. They had also reflected on feedback from stakeholders. For example, people had expressed concerns about staffing levels, food and communication. The provider had responded by improving staff training around communication, reviewed staffing levels and updated the menu and options for mealtimes.
- There were regular audits of different aspects of the service. These included daily checks by the management team, observations of staff and clinical meetings to discuss people's needs.

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

outcomes for people

- Feedback we received about the culture at the service was mixed, with some of the younger adults feeling unhappy with the service and that their views were not considered. The management team was aware of these concerns and was looking at ways to improve people's experience. Feedback from others was generally positive. Whilst people expressed concerns about staffing levels, they also told us they liked the staff and felt well cared for by them.
- People told us care was sometimes rushed, and we found care plans were not always personalised to help ensure unfamiliar staff knew how to care for them. However, people told us the familiar staff knew them well. One healthcare professional also commented on the knowledge the clinical lead and nurses had about the individual people they cared for.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 suitably qualified and experienced. They were supported by the provider's senior managers and had a good overview of the service.
- The provider had a range of policies and procedures which reflected good practice and legal requirements. They shared information with staff through training and regular meetings.
- The provider understood their responsibilities under the duty of candour. They had investigated concerns and given feedback to those concerned, apologising when something had gone wrong.

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

- People using the service and other stakeholders were consulted and informed about the service. Minutes of meetings showed people had the opportunity to express their views. They were also told about things that had gone wrong and improvements the provider was making.
- Relatives told us they were informed about the person being cared for and any changes in their needs. They said their opinions were asked and they had been involved in making decisions. One relative explained, "They all took time with me and they let me know what is happening."
- The provider asked stakeholders to complete surveys about their experiences. They collated the responses and reported back about changes they made as a result of these.

Working in partnership with others

- The provider worked in partnership with others. The management team participated in forums with other care providers to share ideas and good practice. They also attended meetings organised by the commissioners to discuss the service.
- The staff made referrals to other healthcare professionals when needed and followed their guidance to make sure people received the right care and support.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered persons did not always design care or treatment with a view to achieving service users' preferences and ensuring their needs are met. Regulation 9
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons did not ensure care and treatment was always provided in a safe way for service users because they did not always ensure the proper and safe management of medicines. Regulation 12
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons did not always effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17

