

South West Care Homes Limited

Ashley House - Langport

Inspection report

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Date of inspection visit:

22 February 2023

23 February 2023

Date of publication:

11 April 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashley House- Langport is a residential care home providing personal care to up to 25 people. The service provides support to people aged 65 and over. At the time of our inspection there were 19 people using the service.

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

Since the last inspection there had been changes in the management team and the service had a new registered manager, operations manager and nominated individual. New systems and processes had been introduced to monitor the service; however the new processes were still not fully effective in identifying and addressing shortfalls in a timely way. These new systems also required embedding into practice and sustained to continue to drive improvements.

Some individual risks to people were not always thoroughly assessed and mitigated, and records relating to people's care were not always complete. Although staff in general knew how to support people safely, they did not always have appropriate training and detailed guidance to ensure people received safe care at all times. The registered manager was responsive to our feedback and took action to address the issues identified.

People were supported by a sufficient number of staff who were recruited safely. Staff told us the atmosphere and communication in the home had improved. Staff felt supported by the registered manager and told us they were approachable and felt 'things had improved' at Ashley House.

Throughout the inspection we observed staff interacting with people in a caring and considerate way. People we spoke with were complimentary about the care and support they received. Relatives spoke positively about the current management of the home and changes that are being made.

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 told us they felt safe. Staff spoken with understood how to protect people from poor care and abuse. Action to rectify the concerns identified at the last inspection in relation to the safety of the environment were being addressed.

Medicines were stored and administered safely, and protocols were in place for the administration of 'as required' medicines.

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 5 October 2022) with breaches of regulations identified. At this inspection we found the provider remained in breach of regulations and the service remains rated requires improvement. We took into consideration the limited length of time and changes in management team since the last inspection and the provider's response.

Why we inspected

We carried out an unannounced focused inspection of this service on 11 and 12 August 2022 which was prompted in part by a specific incident. This incident is still subject to an ongoing police investigation and further investigation by CQC as to whether any regulatory action should be taken.

The inspection on 11 and 12 August 2022 identified breaches of legal requirements. The provider completed an action plan after the last inspection to show what they would do and by when to improve consent, safety, staffing and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remained requires improvement. This is based on the findings at this 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.

Enforcement

We have identified continued breaches in relation to staffing 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 not always effective.

Details are in our effective 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 ●

Ashley House - Langport

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.

Inspection team

An inspector undertook the inspection. They were supported by An Expert by Experience who spoke to relatives by telephone. 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

Ashley House - Langport is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Ashley House - Langport is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the beginning of our inspection there was not a registered manager. A new manager was in post and had submitted an application to register. During the inspection the manager's application was assessed and they had been registered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people, to help us better understand their experiences of the care they receive. We spoke with 4 people who lived at the home and 8 members of staff including the registered manager, operations manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 1 relative about their experience of the care provided, and a visiting professional.

We reviewed a range of records relating to people's individual care and records relating to the running of the home. This included 5 people's care records and a variety of records relating to the management of the service, including policies and procedures. We checked 5 people's medicines records and looked at arrangements for administering, storing and managing medicines.

An Expert by Experience spoke with 6 relatives by telephone about their experience of the care provided.

The registered manager, operations manager and nominated individual sent us additional documentation following the inspection including training documents, audit checks and recruitment documents. We reviewed these documents, and sought clarification from the registered manager to validate information.

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. At this inspection the 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.

At our last inspection in August 2022 the provider had failed to assess, monitor and manage risks to service users' health and safety and provide safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

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

- At our last inspection in August 2022 we were not assured risks relating to people and the environment were being managed sufficiently to ensure people received safe care and treatment.
- At this inspection, systems to assess and monitor risk to people had been improved. The provider was taking action to rectify the concerns identified at the last inspection in relation to the safety of the environment.
- Since the last inspection the provider had a fire risk assessment completed by an external company. Safety concerns identified by this risk assessment had been addressed. A recent fire safety visit by Devon and Somerset fire service had identified areas which required improvement. The service was working with the fire service to rectify these concerns.
- Most risks to people had been assessed and recorded. People had individual risk assessments. Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained guidance for staff to follow to keep people safe.
- The provider had identified and recorded in their service improvement plan (SIP) that care plans and risk assessments needed to be reviewed. We found the care plans and risk assessments in use were not always robust and did not provide sufficient information. For example, one person told us staff supported them with their catheter. Whilst there was some guidance in place, this lacked detail. Another person who could become anxious did not have a detailed plan in place to guide staff on how to support this person at these times. Staff however knew people well which reduced the risk.
- At our last inspection in August 2022 we were not assured there was a system in place to look at accidents and incidents to identify trends and any learning, and therefore reduce the risk of incidents happening again. Since the last inspection a new system and process had been introduced to report accidents and incidents. This new process required embedding into practice to ensure incident forms are fully completed, the registered manager completes an individual review of all concerns, and any actions identified to reduce the risk are actioned within a timely way.
- Learning from safeguarding concerns and safety issues had been shared across the providers homes.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection in August 2022 we were not assured all incidents which could constitute a safeguarding alert or concern were being identified. We recommended the provider researches current best practice guidance and liaise with the local authority to ensure they are identifying, investigating and referring safeguarding concerns appropriately.
- At this inspection improvements had been made. Safeguarding concerns were reported to the local authority when required.
- Staff we spoke with were aware of their safeguarding responsibilities to ensure people were protected from potential harm.
- None of the relatives spoken with raised any concerns over the safe care of their relative within the home. People also told us they felt safe and were happy with the care provided. Comments included, "[Staff member] is wonderful to me, [staff member] is fantastic", "I took the decision to come here initially for 3 months but chose to stay here as perfectly happy. It is a good care home." One person also told us they knew how to raise any concerns if they had any and would go to the registered manager or nominated individual.

Staffing and recruitment

- There were enough staff to support people safely. We reviewed the dependency tool in place which was used to inform staffing levels. The registered manager monitored and reviewed the dependency tool appropriately to ensure the staffing levels continued to reflect the needs of the people using the service.
- Staff were visible around the home and readily available to support people when needed. We observed staff supporting people with essential care tasks as well as spending time in conversation with people.
- The registered manager had ensured safe staffing levels by using agency staff when needed. Comments from relatives included, "Staff are really good, all very helpful, it's nice to see the same staff, they stay here" and "They have some long serving staff who she knows and there seem to be enough staff around when she needs them."
- Staff had been recruited safely. All required pre-employment checks had been carried out including disclosure and barring service (DBS) checks and obtaining references from previous employers.

Using medicines safely

- Medicines were stored and administered safely.
- We observed staff give medicines to people. Staff were polite, gained people's consent and signed for each medicine after giving it on the medicine administration record.
- Stock levels of medicines mostly corresponded with the records in place, although we found the stock level on the MAR and medicines requiring extra security for one medicine was inconsistently recorded in different places. The registered manager addressed this during the inspection.
- Protocols were available to guide staff when to administer 'as required' medicines.
- People told us they received their medication as prescribed. One person told us they felt their medicines were given to them properly and another person told us, "Staff help me with that, they are very good."

Preventing and controlling infection

- We were partially assured that the provider was supporting people living at the service to minimise the spread of infection. This is because 11 staff including 7 auxiliary staff had not received mandatory or refresher training in infection control. Following the inspection, the registered manager arranged for all staff to complete this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Comments from people and relatives included, "Cleanliness is extremely good, toilets are cleaned every morning and my room is vacuumed daily" and "Everything's calm, it's clean and there's a nice freshness about the place; no horrible smells."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People's relatives or those acting on their behalf were able to visit their family member when they wished to. A visiting relative told us they had been informed that they can visit when they liked.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection in August 2022 staff did not receive effective and sufficient supervision and training to enable them to carry out their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff told us they now received effective supervision, not enough improvement had been made at this inspection to ensure staff were trained and the provider was still in breach of regulation 18.

Staff support: induction, training, skills and experience

- At our last inspection in August 2022 not all staff had received relevant training. The provider completed an action plan and told us they would be compliant by November 2022. At this inspection the provider was not able provide evidence that staff had completed all the provider's required training. We were told this was because the provider was in the process of implementing a new training needs assessment and training matrix. The current online training provider had also not been available for 4 weeks which had affected staff's ability to complete the training.
- The training matrix provided showed all staff had not received mandatory or refresher in the timescales as per the providers policy. For example the training matrix provided shows 7 care staff had not received 'emergency first aid at work', 5 care staff had not received 'mental capacity act/liberty safeguards' training and 11 staff including 2 auxiliary staff had not received 'assisting and moving people and objects' training. Two staff members had not received an up to date medication competency assessment but were administering medication at the time of the inspection.

The provider had failed to ensure staff received sufficient training to enable them to carry out their roles. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager arranged for all staff to complete mandatory training and competency assessments. Face to face manual handling and emergency first aid at work training was also booked for staff to attend.
- The registered manager told us staff were now completing the care certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- At our last inspection in August 2022 staff were not always supported to access training that was specific

to peoples' support and health care needs. At this inspection we found staff had attended training sessions in dementia, and dysphagia training (people with swallowing difficulties) was booked for staff to attend.

- People's relatives were confident in the staffs understanding of dementia. Comments included, "The staff seem very good with people with dementia; they understand her, communicate with her" and "The permanent staff know how to manage people with dementia, and they do it well."
- At our last inspection in August 2022 we found gaps in supervision arrangements. During this inspection staff told us this had improved, and supervisions and team meetings were now taking place regularly. Staff told us they felt supported and able to access advice and guidance where this was needed.

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, and whether any conditions relating to those authorisations were being met.

At our last inspection in August 2022 systems to ensure people received care in line with the MCA and DoLS were inconsistent. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 11.

- At our last inspection in August 2022 further work was needed to ensure people's rights under the MCA were protected.
- At this inspection improvements had been made. There was now an effective system to monitor DoLS applications, authorisations, conditions and expiry dates. DoLS had been applied for in line with legislation and local practice. Where people were subject to a DoLS authorisation, this was clearly recorded, and the registered manager maintained oversight of all application, status and re-application processes
- However, although we were not concerned people's rights were being restricted unnecessarily, not all restrictions were assessed under the MCA and the approach was still inconsistent. For example, 1 person who received their medicines covertly and 3 people who had a sensor mat or door alarm in place, had not had their capacity formally assessed and there was no evidence of how the decision had been made in their best interest. The registered manager had action plans in place to address this.

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

- At our last inspection in August 2022 staff told us that prior to the pandemic, people attended and enjoyed community activities but due to the restrictions associated with the pandemic, people were not currently accessing the community. At this inspection, relatives spoken with mentioned the lack of an activities coordinator and more activities as being an area where they would like to see improvement. The home was currently recruiting an activities co-ordinator.

- People's needs were assessed before they were supported at the service. Information included identifying what people's needs, preferences, likes and dislikes were to ensure their needs could be met. One relative told us they were involved in this process, with another telling us they were involved in agreeing their loved ones care plan.
- Each person had a care plan which gave staff information about how best to support people. However, we found care plans were not always detailed as highlighted in the safe section of this report.

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

- At our last inspection in August 2022 staff were recording people's fluid intake, although no target was set to ensure staff were aware of the amount people were required to drink to maintain good health. At this inspection people's fluid intake was still being recorded, although no target was set to ensure staff were aware of the amount people were required to drink to maintain good health. The registered manager put plans in place to address this.
- At our last inspection in August 2022 we observed mealtimes were close together. At this inspection we found improvements had been made to mealtimes, and people told us they were overall satisfied with the food provided. Comments included, "The food is very nice and tasty", "[Chef] always offers me something different if I don't like it", and "[Chef] comes to see me every day to let me know what dinner is, if I don't like he says let's see what he can find me, yesterday he went through lots with me and then made me scrambled eggs which is what I wanted." One relative told us, "It's good food and there is lots of it. I have witnessed [chef] going around to everyone in the morning to ask what they would like for lunch."
- Staff told us there is food available if a person felt hungry outside of the normal mealtimes.

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

- At our last inspection in August 2022 we observed the main communal area did not provide a stimulating environment due to lack of decoration and pictures.
- At this inspection we found improvements had been made. The accommodation was homely and suitable for people's needs. Pictures have been put up within the communal areas.
- There was dementia friendly signage around the building which helped support people who lived with dementia identify their rooms and other parts of the building. For example, there was adequate signage for people to access toilets independently.

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

- At our last inspection in August 2022 we were not assured people always received healthcare support in a timely manner.
- At this inspection we noted improvements had been made. We reviewed people's care records which demonstrated the service sought timely and appropriate advice and guidance from health professionals to meet people's health care needs. This included contact with people's GPs and working alongside the community district nursing team.
- People spoken with confirmed this. One person told us a doctor had visited them on the first day of the inspection, and another person told us the district nurse visits them regularly. One relative told us when their loved one was recently unwell they called an ambulance straight away, and the home has a weekly ward round which provides them with assurances that there is always someone coming in.
- We also received positive feedback from a visiting professional. They told us the home was, "Not backwards in coming forwards if any concerns or support was needed."

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. At this inspection the rating 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection in August 2022 systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection the provider had failed to recognise and act on shortfalls which posed risks to people, such as risk management, staff training and the quality of people's care records. Following the last inspection, the provider completed an action plan and told us they would be compliant by November 2022. At this inspection, although some improvements had been made, not all of these areas had improved.
- People's care records were still not robust enough as detailed within the safe and effective sections of this report.
- A new system and process had been introduced to report accidents and incidents. This new process required improvement and embedding into practice to ensure they were fully completed by staff, the registered manager completed an individual review of all concerns and appropriate actions were taken in a timely manner in response to this review to ensure safety following an incident. For example, at the time of the inspection actions identified following an incident in November 2022 to reduce the risk had not been completed.
- At our last inspection in August 2022 there was a call bell system in place which alerted staff if people required support, or if a person who was at high risk of falls had moved and required prompt responses from staff to minimise the risk of falling. At the time of the inspection call bell times were not being monitored to see if there was any correlation between the length of time staff take to respond to a call bell and people falling. At this inspection the registered manager told us call bell times were being monitored, although there were no records available detailing this.
- Some generic areas for improvement had been identified and a service improvement plan (SIP) was in place to make these improvements. However, the SIP did not always identify where essential documentation was not in place for each individual and did not include clear timescales for the issues to be

addressed to ensure effective monitoring of progress. For example, a full overview of all risk assessments and a review of all care plans was identified as being required on 19 December 2022. These had not been completed and the SIP contained no details on when these tasks would be completed by.

Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection there had been changes in the management team and the service had a new registered manager, operations manager and nominated individual. The registered manager told us they received enough support from the provider.
- There were clear signs of improvement at the service, which was reflected in feedback from people, relatives and staff.
- Staff told us team meetings took place and they received regular one to one supervision with their line manager to provide them with an opportunity to receive feedback and discuss any concerns.
- The system for seeking feedback about the quality of the service from staff, people who used the service or their relatives and other stakeholders had improved. Since the last inspection a survey had been sent to people and families and the registered manager was holding regular coffee mornings/afternoons. This happens on various days throughout the week including weekends to give people and their families a chance to attend. One relative told us they found the coffee mornings/afternoons extremely helpful.
- Relatives spoken with felt involved and listened too. Comments included "[Registered manager] has come in with good ideas and keeps in touch" and "I feel listened too so much more now, a definite improvement."
- Improvements were being made to the governance of the home following concerns identified at the last inspection. New systems and processes had just been introduced to monitor the service, however new processes required embedding into practice and sustained to continue to drive improvements.
- Systems in place to check the quality and safety of the environment had been improved.
- Internal governance systems to monitor Deprivation of Liberty Safeguards (DoLS) were now in place.
- The provider and registered manager were motivated to learn and improve care at the home. The registered manager engaged positively in the inspection process and where concerns were identified, they accepted, acknowledged them and by the end of the inspection had taken some steps to make improvements.

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; Continuous learning and improving care

- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately. One relative told us their loved one had recently been unwell, and the home had immediately called an ambulance, as well as her.

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

- At our last inspection in August 2022 there was not a positive culture at the home. Staff told us they did not feel listened to or supported by the registered manager in post at the time.
- At this inspection a new registered manager was in post and improvements had been made. The registered manager was creating a culture that was more open and supportive. Everyone we spoke with knew the registered manager, felt they managed the service well and were driving improvements at Ashley House - Langport. One person told us they were happy with the way the registered manager ran the home. Another person told us the registered manager was, "Very nice, if I have any concerns I go to her, if not here I

would go to the [team leader]" and "My family are so impressed with the attention I get. It is a big relief for my family to know I am being so well looked after."

- Relatives told us, "I have no concerns. A year ago last August it was different, but it's now under new management, the care team are brilliant and there's a lovely feel about the place. Now I've no worries", "[Registered manager] is very approachable, she's a super person. She mingles with everybody, talks to residents and helps with the work. She's just right for Ashley House. I've got every confidence in [Registered manager] and her team", "I get on very well with [Registered manager]. She's encouraging families to say what they would like to have done and I know she would like to make improvements to activities there" and "[Registered manager] is very approachable and I'm certainly able to raise anything with her; she's held a couple of residents/ relatives coffee mornings since she started to try and improve communications with families."

- The registered manager and staff were committed to providing responsive person centred care. Throughout our inspection, we observed staff and management were very pleasant and accommodating. There was a very warm relaxed atmosphere throughout the home. Relatives told us, "It is a home here, I couldn't believe what I found for [relative], residential homes can be institutionalised but it's so homely here" and "I'm happy to see the alterations and the new signage and I'm quite impressed with the way it's being run now. It seems well organised and it's a homely, intimate home and there's always someone about; you're never alone there."

Working in partnership with others

- The service worked in partnership with other professionals such as GPs and district nurses to support people to access healthcare.
- The relatives we spoke with told us they were kept updated with their relative's health and wellbeing. One relative told us, "I know if there are any problems night or day they will call me, I have a relationship with staff, we know one another, I can communicate with staff, [Registered Manager] is also always here."
- Links had been made with the local community to enhance people's lives and support people to keep connected with their local area. The home is involved in the local dementia action alliance group and are currently participating in the iWHELD programme (Improving wellbeing and health for people with dementia).
- We received positive feedback from a professional that the service worked well in partnership with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.</p> <p>This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff received sufficient training to enable them to carry out their roles.</p> <p>This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>