

SAS Care Group Ltd

Lake View Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lake View Nursing Home is a nursing care home providing personal and nursing care to up to 46 people. The service provides support to younger and older adults with physical disabilities, mental health conditions, dementia and sensory impairments. At the time of our inspection there were 22 people living in the care home in 1 adapted building which was over 2 floors.

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

Some fire safety checks had not been undertaken although this was due to take place imminently. Some building and equipment safety risks had not been identified; however, this was resolved immediately by management following our feedback. Quality audits were in place and completed however, these were not always effective in identifying all issues. However, when issues were identified we saw actions to address concerns. Some risk assessments had not been put in place for specific health conditions.

People were safe from abuse. There were enough safely recruited and suitably trained staff and recruitment was on-going. Medicines were well managed, and audits were effective in identifying medicine errors which were addressed. Staff wore personal protective equipment (PPE) to prevent and control the spread of infections.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Improvements were needed to ensure consistency in quality of the Mental Capacity Act assessments. Some improvements were needed to care plans. Staff received an induction and training. The home was clean and well maintained. People were supported to have a balanced diet. Staff worked well with other professionals.

Staff were kind and caring, and respected people's privacy and dignity. People felt valued and listened to by staff. Relatives generally felt well-informed about their family member and their care needs. People had person-centred care plans and staff knew people's preferences. Activities took place in the home and staff supported people to engage in these or supported people individually. The registered manager wanted people to have access to more activities in the community and told us they planned to achieve this in the future. The provider dealt with complaints in line with their own procedures.

The registered manager was generally felt to be approachable to people, relatives and staff. Staff felt supported and listened to. The registered manager understood their duty of candour. Staff worked in partnership with other professionals and organisations to achieve the best outcomes for the person.

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

Rating at last inspection

This service was registered with us on 17 August 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff training, infection prevention and control as well as the service not having been rated due to its recent registration. A decision was made for us to inspect and examine those risks.

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.

You can see what action we have asked the provider to take at the end of this full report. The management were responsive to feedback and risks were reduced while we were on-site.

Enforcement

We have identified breaches in relation to the overall governance of the service 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lake View Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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 was carried out by 2 inspectors who visited the care home and an Expert by Experience who made telephone calls to relatives following the site visit. 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

Lake View Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lake View Nursing Home is a care home with 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 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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with 3 people who used the service, to ask about their experience of the care provided and 11 family members. We spoke with 6 members of staff, which included the operations manager, registered manager, nurses, care staff, senior care staff and chef.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- People were not always protected from risks. Environmental risks to people had not been fully identified. Several storage cupboards as well as the nursing station and hairdressing room were found to be unlocked. Some of the storage cupboards and rooms contained items that people could have ingested and made them ill. The registered manager was responsive to our feedback and ensured the doors were locked. These were locked while we were on-site and when we visited again.
- Fire safety checks had not been completed because the designated person was unavailable to complete this. The provider did not have a contingency plan to allocate these tasks in the event of staff absence. This meant these safety checks were not completed for a short period of time.
- One hoist in a bathroom had not had an up-to-date service. Equipment needs to be serviced regularly to make sure it is safe for people to use. Although no one had come to harm, people were at risk of harm. The registered manager was responsive to our feedback and told us the hoist was removed from the care home.
- Some risk assessments were in place, however, there was a lack of risk assessments for more specific health conditions, for example diabetes and epilepsy risk assessments. Staff were familiar with people; staff were able to tell us about people's needs and how to respond in an emergency, which meant they knew people well and understood their needs. However, there was a risk of signs or symptoms not being identified swiftly if agency, new or unfamiliar staff were to provide support.
- Care plans were detailed and person centred. Although some care plans were difficult to read as they were handwritten which meant unfamiliar care staff may not have been able to have a full understanding of people's care needs. The registered manager told us they had identified this and addressing the issue by having care plans typed on the computer, but this is still on-going.
- People had Personal Emergency Evacuation Plans (PEEP) in place so staff knew how to support people in the event of an emergency, such as a fire. Fire safety training was completed by staff and regular fire drills took place with staff.
- Staff were aware of any concerns or changes in people's needs through handovers. Staff told us they had daily handovers. One staff member told us, "We have a handover every morning before starting our shift." The registered manager told us, "Handovers should cover everything but be brief, and will have information about any new clients, including; mobility, level of assistance, dietary requirements and so on."

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Staff did not always communicate to visitors about COVID-19 being in the home.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- 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.
- 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

Visitors were able to visit people without restrictions and in line with current guidelines.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse.
- People told us they felt safe, and most relatives told us this too. One relative said, "Yes [person] is safe, it's one of the principal things we looked for [person]." Another relative told us, "The whole family feel a sense of relief that [person] is safe there."
- Staff understood the signs of abuse and how to report their concerns. Staff had training and knew where to access safeguarding policies. Appropriate referrals were being sent to the safeguarding authority.
- The management investigated safeguarding concerns in line with their policies. We were aware of 1 on-going safeguarding concern where the management team had completed their investigation report as required and had submitted this to the local authority safeguarding team as part of the enquiry which was on-going.
- Systems were in place to keep people safe from harm. There were regular handovers and staff meetings. These were used to pass over any important information or updates.

Staffing and recruitment

- People were supported by enough staff who were suitably trained.
- A relative told us, "There always seems to be staff around." Another relative told us, "Staffing levels are good."
- The registered manager completed a dependency tool to calculate how many staff would be needed to meet the needs of the people in the service. Staff told us the registered manager would increase staff numbers when this was needed.
- Staff were recruited safely. Recruitment files showed pre-employment checks had been made to ensure only staff who were suitable to work with people were employed, this included a Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us their staff recruitment was on-going and they were successfully recruiting new staff which meant their agency usage had reduced.

Using medicines safely

- People received medicines safely by suitably trained staff.
- Relatives felt people were receiving their medicines safely. One relative told us, "The nurse gives [person] their medication, which is important to us." Another relative told us, "I was worried at first about [person's] medication, but they [the registered manager] sorted everything for me."
- Medicines were administered in line with people's prescriptions and recorded appropriately on a Medication Administration Record (MAR). This matched the correct quantities of medicines. Medicines were

stored safely in line with manufacturer guidance.

- Systems were in place to ensure people who had medicines through patches had this applied to the right place of the body. This was recorded on a body map.
- 'As and when' medicine protocols were in place where needed and had enough detail.
- Medication quality audits were robust and carried out regularly by the registered manager. Where errors were identified these were rectified swiftly and audits demonstrated learning had taken place from the improvements and reduction in errors.

Learning lessons when things go wrong

- There was a culture of learning lessons when things went wrong.
- The care home was visited by the local authority quality assurance team who identified areas for improvement. When we visited the home, the registered manager had started to address areas highlighted by the quality assurance team. However, the registered manager was still working towards completing all remaining areas for improvement.
- Learning was shared with staff in staff meetings. Staff meeting minutes reflected this.
- The registered manager explained they had created a lessons learned folder and in addition to discussing the lessons learned with staff, the registered manager planned to display the lesson learned in the nurses station for all staff to see.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- People's capacity was being assessed. However, there was inconsistency in the quality of the MCA assessments. The registered manager was aware and told us they were addressing this.
- People had DoLS applications submitted when any restrictions were in place.

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

- The home had recently opened and was decorated throughout, although it required some further decorating to meet the needs of the people who lived there as this was not a purpose-built care home. However, the care home was clean and well maintained.
- Relatives views were mixed. One relative told us, "[Person's] bedding is change regularly and the room is clean. It's basic but it meets [person's] needs." Another relative told us, "There doesn't seem much for them to do. In other homes we have seen stuff on the walls for them to interact with. The corridors are bare there." While another relative told us, "The home feels depressing when I have visited. I'm not sure how they can improve that."
- People were generally happy with the care home and their rooms. One person told us, "On the whole the décor is pretty good. My room is lovely."
- The registered manager told us their plans to decorate the home to make it more dementia-friendly, "We

want to put 3D images [on the walls in corridors] so it looks like a lane, like where a post office is or a corner shop. This is in the pipeline."

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

- Staff completed detailed assessments of people's physical and mental health prior to admission or soon thereafter. Care plans were personalised, contained people's preferences and were reviewed regularly.
- Relatives feedback was mixed about their input in care planning and reviews. One relative told us, "We haven't been involved in [person's] care plan." Another relative told us, "Care reviews take place and I am involved in those meetings."
- The registered manager told us people were supported to have input into their care planning and explained a recent review where a person was involved, "We called [person] in and they did not understand everything but they know their care needs." The registered manager went on to say, "Even if [a person] does not have capacity, any input in that is encouraged."

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

- People were supported to eat a balanced diet and to have enough to drink
- Feedback about food was generally positive from people but mixed from relatives.
- One person told us, "The food is exceptional! Brilliant! If I ask for something, they try their best to accommodate. They're a wonderful chef." Another person told us, "The food is alright. I [have a special diet] and they have catered for me."
- A relative told us, "I've observed the food. At teatime recently [person] had toast with jam and it wasn't very appetising and [person] didn't eat it and they weren't offered anything else." Another relative told us, "I had the food at the Christmas party and it was good. [Person] doesn't eat a lot but from what I've seen the food looks good." Another relative confirmed to us their relative's dietary needs were catered for.
- Staff knew about people's dietary needs, and where this information was kept and accessed. A kitchen staff member told us, "People's dietary information is in folders in the kitchen. It's there for kitchen staff. It is imperative people have the right meal with the right texture."

Staff support: induction, training, skills and experience

- Staff received appropriate training and support from management.
- People and relatives felt positive about staff training. A relative told us, "From what I've seen, I have observed other residents being moved and they use the correct equipment." While a further relative said, "They [Staff] seem trained in what they are doing. They always have two staff to help with transfers. They talk [person] through what they are going to do. They involve [person] in decisions where they can." A further relative told us, "Everything I have seen suggests they [staff] are trained. They [Staff] deal with things with lots of patience."
- All staff received an induction and training, including agency staff. One staff member told us, "I had an induction and shadow shifts." Another staff member told us, "I have had more than enough training - I have gone through a lot of care homes and not been inducted. It is the basic things we expect."
- Staff completed online and face to face training and were supported to improve. One staff member told us, "[Management] support me well to improve. I can enhance my skills in the training. They [management] encourage me a lot."

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

- People had input from health professionals and staff worked with other professionals in line with their recommendations.
- Multi- disciplinary team professionals were involved in/ made aware of support plans to improve a

person's care.

- Some professionals, who had visited the home, provided us with feedback. One professional told us, "Managers worked with me to ensure the service users received the correct support and were responsive to my advice." Another professional told us, "Multi-disciplinary team meetings are held twice weekly over Microsoft Teams and the information to support the [person's] journey is always available and correct to establish the best outcomes for the person and their family."
- The registered manager told us they had built good links with external professionals and told us, "We've made that relationship with external professionals who are coming in daily. We have no issues at all and if we need to ask them something, they are ready to help."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- We saw people were treated with patience and kindness by the staff who supported them.
- One person told us, "The staff all appear friendly and kind." Another person told us, "The staff are very nice, very professional. I can't thank them enough. I know who I can laugh and joke with."
- Feedback from relatives was mostly positive. A relative told us, "Staff are very patient with the residents." Another relative told us, "The staff are wonderful and [person] adores them. They are young, energetic and caring."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and made sure people's dignity and privacy was respected.
- Staff knocked on people's doors before entering.
- A relative told us, "They [staff] encourage my relative's independence and try and get them to do activities." Another relative told us, "Staff were so kind to [person]; staff explained to [person] and were so gentle. Staff explained what they were doing and why. The staff did not know I was there at the time."

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

- People and relatives felt staff listened to and valued their opinions.
- A relative told us, "[Person's] needs were listened to and they took action." Another relative told us how they had been supported by the registered manager to take part in a health review for their relative.
- Staff supported people to maintain links with those important to them.
- Feedback from relatives was generally positive. A relative told us, "I know the manager; if I can't visit, I phone and they fill me in." While a further relative told us, "The manager is very helpful and always returned calls."
- The registered manager told us how they supported communication and contact with people and their families. "We send emails and make telephone calls to family. One person rings their family member often and staff support them." The registered manager told us they were in the process of ordering a tablet, but no one had requested this yet, as they were happy making telephone calls. They went on to explain, "We supported people with video calls during COVID."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's care plans were person-centred and included people's likes and dislikes.
- The service supported people to maintain their relationships with family and to access the community. One person told us, "I went out yesterday with [relative]."
- We saw people enjoyed the activities in the home. Staff supported people to engage in activities and they encouraged people to participate appropriately. One person told us, "We do activities to keep us occupied." Another person told us, "[Staff name] who does the activities is amazing." The majority of feedback from relatives was positive. One relative told us, "I've seen residents play bingo, Play Your Cards Right, and Connect Four. They make decorations at Christmas. The activities co-ordinator tries to engage the residents." Another relative told us, "The residents all seem happy during activities and they get involved." A further relative told us, "The activity [person] is brilliant. They do craft work and everything."
- A staff member told us, "The activity person always tries to involve the residents. We attempt to get the residents to come into the lounge. If people do not want to come, we try to spend time in their rooms and try and interact." Another staff member told us, "All Christmas decorations have done been done with [activities coordinator]. All the residents have [activity coordinator's] support with activities."
- The registered manager told us they wanted to create a sensory room in the home for people to access who were not able to engage in the home's activities and also wanted to do more activities outside of the care home in the community. The registered manager told us, "We want to support people to go out for a walk and to visit places." The registered manager explained they wanted to support people to access the community more.
- The registered manager also told us the activities co-ordinator had started to complete life history booklets with all people which was on-going.

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.

- The service actively encouraged people and their relatives to communicate.
- People's communication needs were assessed and recorded in their care plan. No one had any specific communication aids at the time of the inspection visit. The registered manager told us, "We usually refer to

the speech and language therapy team if there are communication plans to be put in place."

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously and investigated these following their complaints policy. Management shared lessons learned with staff in meetings to improve people's care.
- Additional audits had been put in place where concerns had been identified. For example, an extra check had been put in place to support nurses with daily medicines checks and for nurses to take more responsibility for this.
- People and relatives knew the management and felt able to report concerns. One relative told us, "If I needed to complain it would depend on the issue, I would call the home or I would speak to the [Health] Trust [person] is under or CQC."

End of life care and support

- No one was receiving end of life care when we visited the care home. However, people needing this support had been cared for in the care home.
- People who were nearing the end of their life, received compassionate and supportive care. One relative told us, "End of life care was brilliant. Staff checked on me and [person] every hour. They made sure we were all ok." Another relative told us, "Staff still got [person] up in the morning and giving [person] bed rest in the afternoon. [Person] was still getting food and drink and they kept trying with different foods. It felt like that hadn't given up on [person]."
- People's care plans contained end of life wishes and choices. We saw how the home used ReSPECT forms to gather people's wishes for end of life treatments. ReSPECT forms record a summary of a patient's wishes for emergency care and treatment.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Checks and audits were being carried out to monitor quality and safety, however, these were not always effective in identifying issues and contingency plans were not always in place. For example, the un-serviced piece of lifting equipment had failed to be identified.
- Provider systems failed to identify risk assessments which were not in place. For example, diabetes and epilepsy risk assessments.
- There was no contingency plan for weekly fire safety checks to be completed in the absence of the person allocated to complete them. This meant people were at risk of harm should there have been a fire.
- MCA assessments were inconsistent for people. This meant some people's MCA assessments did not follow the guidelines. For example, some MCA assessments were not decision specific. This meant the provider could not be assured people's decision-making was being assessed in line with the legal framework nor if decisions were being made for people in their best interest.

Effective quality assurance systems were not in place to mitigate risk of harm to people in the care home. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their role and responsibilities and made safeguarding referrals where needed as well as notifying CQC, which is a legal requirement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager worked hard to instil a positive open culture of care.
- Management were approachable and visible in the care home. They took an interest in what people, staff, relatives, and other professionals had to say. Although, feedback from relatives had yet to be obtained, which may drive improvements. The registered manager told us they had planned to gain this feedback through surveys in the near future.
- Staff felt supported and valued by management. Staff felt able to make suggestions and felt listened to. One staff member told us, "Twice we have had [staff] meetings while I was on shift and they asked us to come and if we have concerns or suggestions we can tell them or email them and they will take an action."
- The registered manager told us, "There should be no discrimination. I speak to the staff, instil this in them."

It's the way we behave and I lead by example."

- People's equality characteristics (these include age, disability, religion or belief) had been considered as part of their care planning.

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 clear about their duty of candour.
- Staff told us how incidents and learning was shared through discussions in team meetings and handovers.

Continuous learning and improving care

- The provider had invested in the service; refurbishing the care home before people moved in and continued to replace items when needed. The management had plans to further improve the care home for the people who lived there.
- Staff felt able to suggest improvements to the care practices, and staff told us suggestions were acted on. For example, a staff member told us they raised, with management, a person's need for further assessment around a hoist, which was addressed.
- The registered manager was working towards completing actions from the local authority quality visit and was receptive to our feedback from the inspection. The registered manager took immediate actions where necessary to keep people safe.
- The registered manager told us they were exploring electronic systems which they felt would be beneficial for the service and the people living in it, with information being easier to read and edit.

Working in partnership with others

- Records showed collaboration with numerous health and social care professionals.
- A visiting healthcare professional told us, "All staff and managers were approachable and happy to help me."
- The registered manager told us, "If in doubt I ask the relevant professional. I have learned just to ask."

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
Treatment of disease, disorder or injury	Systems in place were not effective in assessing and monitoring the quality and safety of the service.