

Anchor Hanover Group

The Beeches

Inspection report

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Date of inspection visit:
30 April 2019

Date of publication:
14 June 2019

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 Beeches is a residential care home that provides personal and nursing care for up to 54 older people, some of whom are living with dementia. At the time of the inspection, 47 people were living at the home. The Beeches is divided into four separate units in one building: Squirrels, Foxes, Dormouse and Woodpecker.

People's experience of using this service:

People were not protected from the risk of infection. Paper containing faecal matter had been left on top of the cistern in one toilet and a bedsheet was stained with faecal matter. Continence pads were not stored safely.

People's care needs were recorded, as were their preferences, likes and dislikes in most cases. However, activities were not planned based on people's interests, although there was a programme of activities every day. Information was not presented in an accessible format in line with people's communication needs. Care plans lacked detail in some cases on how staff should support people's specific needs.

People did not always feel there were enough staff to support them promptly when they needed help. One person said, "There are not enough staff and it puts me off calling them. I don't want to overwork them, they do so much". We have made a recommendation in relation to the deployment of staff.

On the day of inspection it was not clear who had overall management of the home. People had mixed views about the management. One person said, "We have two or three [managers], but they are mostly in their offices. You can go and see them, but they should be out here seeing us".

People were positive about the care they received and staff were friendly, kind and caring. People were treated with dignity and respect and encouraged to make decisions about their care. A relative said, "We are always made welcome. They know we travel a distance and there's always a drink and we can eat if we want to. We couldn't be happier".

People told us they felt safe living at the home. Their risks had been identified and assessed appropriately with guidance for staff on how to mitigate risk. Medicines were managed safely.

People were happy with the food on offer and said they had a choice of menu. Special diets were catered for. People had access to a range of healthcare professionals and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives were asked for their feedback through questionnaires and results were overall positive. Residents' meetings took place and suggestions were listened to and acted upon. Staff felt supported in their roles and completed a range of training to carry out their responsibilities. They had the

skills, knowledge and experience to deliver effective care.

Rating at last inspection: At the last inspection, this service was rated as Good (published in April 2018).

Why we inspected: We were required to inspect this service within 12 months of the last inspection because of a breach of regulation. The provider sent us a plan after the last inspection which outlined the actions they proposed to take to address the issues of concern. This inspection took place to check on the improvements made and in line with CQC scheduling guidelines for adult social care services.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will review the service in line with our methodology for 'Requires Improvement' services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was 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 Beeches

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an expert 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. The expert by experience's area of expertise was in older people and dementia care.

Service and service type:

The Beeches 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 Beeches can accommodate up to 54 people across four units over two floors.

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

Notice of inspection:

This was an unannounced, comprehensive inspection.

What we did:

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. The provider completed a Provider Information Return. This is key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with 11 people who used the service and spent time observing the care and support people received. 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 spoke with one relative of a person living at the home. We also spoke with the regional support manager, the registered manager, the administrator, a team leader, four care staff, a housekeeper and the activity lead. We reviewed a range of records. These included eight care plans and associated risk assessments, a staff file and records relating to the management of the service.

After the inspection:

The registered manager sent some additional evidence in response to feedback provided at the end of the inspection.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Preventing and controlling infection

- People were not adequately protected by the prevention and control of infection.
- A paper towel soiled with faeces was on the cistern of a toilet in Squirrels unit. This was noted by the expert by experience earlier in the day and was still there at 5pm when we checked. This issue was shared at feedback at the end of the inspection.
- A plastic bath mat had black mould growing on the underside. Parts of the home could not be thoroughly cleaned, for example, the top of the sluice machine which was rusty. A worktop in a shower room in Dormouse unit was worn out with paint flaking off the surface so could not be cleaned effectively. The registered manager told us there were plans to make improvements in some parts of the home.
- In four en-suite bathrooms, we saw that continence pads had been taken out of their vacuum packaging and had been left on top of the toilet cisterns. Pads should not be removed from their packaging until ready to use, otherwise the pads could become damaged. There is also a risk of contamination from dust particles and bacteria in the air. This could pose a risk to people's skin in intimate areas of their body if continence pads are left out in the open. Pads should not be stored in a damp environment such as a bathroom, since they could absorb moisture from the atmosphere. This reduces their effectiveness when used.
- Parts of the home were clean, but other areas required attention from housekeeping staff. We saw a bed sheet stained with faeces during the morning of our inspection. When we checked later that day, the sheet had not been changed.

Care and treatment was not provided in a safe way for people. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing levels were enough to keep people safe. However, staff and people commented on the number of staff on duty. We heard people apologising to staff when they needed assistance. One person mentioned they tried to avoid using their call bell, "Because staff always have so much to do". Another person told us, "They are especially short staffed now because staff are using up their annual leave. They deserve their break, but it leaves us with a lot of agency staff".
- A staff member told us, "At least twice a week we only have two staff on the unit because one person needs two staff, we have to get another staff member from another unit". Another staff member said, "There are not enough staff and we need more. They give us so much to do. I know people and they know me, so I can get things done, but it's too much".
- We observed that in one unit during the afternoon, it was hectic and that there were only two members of staff on duty at certain times.
- The regional support manager told us they relied on agency staff to cover any gaps in staff rotas and that

there were several care staff vacancies currently. We were also told that staffing levels were assessed based on people's dependency levels. However, from our observations, staff were not used flexibly across the home to ensure people's needs were met in a timely manner.

- After the inspection, the registered manager stated that, according to a survey, 100 per cent of people felt there were staff available when needed. However, on the family and friends survey we were given a copy of, 43 per cent of people disagreed there were enough staff to meet residents' needs.

We recommend that the provider reviews staffing at the home and how staff are deployed.

- New staff were recruited safely. We looked at one staff file and this showed that all appropriate checks had been made to ensure they were safe to provide care, including references and checks with the Disclosure and Barring Service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At the last inspection, the provider had not always sent notifications in relation to incidents or allegations of potential abuse. Following the inspection, the provider and registered manager had reviewed their systems for reporting to ensure notifications were completed and sent to CQC as required.

- The home provided a safe environment for people. People told us they felt safe and referred to the security at the front door, staff they knew caring for them and that there was always someone to share any concerns with. One person said, "It's the lovely staff who know me well that make me feel safe".

- Staff had completed training on safeguarding vulnerable adults and children. They had a good understanding of action to take if they suspected abuse was taking place. One staff member explained, "I would inform the team leader if I saw bruises or skin tears on someone". They added that they knew any concerns would be acted upon.

Assessing risk, safety monitoring and management

- Risks to people were safely managed.

- We looked at a range of risk assessments such as falls, smoking, behaviour and skin integrity. People's risks had been identified and assessed to mitigate the risks. One person was identified as being at high risk of falls and information was provided to staff on how to support the person with a walking frame for short distances and a wheelchair for longer distances. The person was also at risk of skin breakdown and had a profiling bed and pressure relieving mattress to maintain their skin integrity.

- Accidents and incidents were logged and analysed. One person had sustained three falls over a short time period, so a referral was made to the falls team for advice on how to prevent these from occurring. The advice was recorded on the person's care plan for staff to follow.

- Personal emergency evacuation plans provided guidance for staff on how to support people in the event of an emergency should the building need to be evacuated.

Using medicines safely

- Medicines were managed safely.

- Medicines were organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- People confirmed they received their medicines as needed. One person said, "I know about the tablets I take, staff are always on time and reliable". Another person told us, "You can always ask for something if you have a pain and staff will provide pain relief, that's important".

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

People's outcomes were consistently good and people's feedback confirmed this.

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

- The service had been adapted to meet people's needs, although we found examples where there was a lack of attention to detail. We fed this back to the provider at the end of the inspection. The provider took immediate action on these areas which we will follow up at our next inspection
- The provider had given thought on how to make the environment 'dementia-friendly'. In the reception area, a large mural encouraged people to talk about what they saw and to reminisce about past times. There was a pram and a doll which people could engage with. The registered manager said, "It's about 'customer wellness journeys'; we can see how far people have progressed and the impact. One lady fiddles with her hands and the doll distracts her and she can interact with her. The pram can be a talking point and the doll can be a 'doll' or a 'baby'".

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

- People's care needs were met to achieve effective outcomes.
- Before people came to live at the home, their care needs were assessed. The local funding authority, where appropriate, also provided assessments which formed the basis of people's care plans.
- A relative told us, "They came to the hospital to see if [named person] could come back here. There were so many questions, I was really worried that they would say, 'no', but they accepted her back knowing that she would need more care. We were so grateful. She has improved with their help and is able to do a lot more for herself now".
- People's needs were continually reviewed and monitored.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively. They demonstrated their understanding of the training they received and we observed this in practice.
- Staff said the training was good and was specific to their role. One staff member said, "The senior staff are checking the training all the time. The team leaders teach me and help me know what to do". One person commented, "I didn't understand much about dementia and the staff have helped me to understand how the different times of day can mean different behaviour".
- In addition to training considered to be essential to the role, such as moving and handling, fire safety, safeguarding, infection control and mental capacity, staff completed additional training. The registered manager explained, "We have the Clinical Commissioning Group and they have been in a number of times this year to provide additional training, for example, the food and hydration project and falls training". Staff had also completed a stress behaviour workshop which enabled them to understand and be aware of the different approaches needed to support one person, to minimise the risk to the person and to others.
- New staff completed an induction programme and the Care Certificate, a universally recognised, work-

based qualification. Staff were encouraged to study for additional qualifications in health and social care when they had successfully completed their probationary period.

- Staff had regular supervisions with their line managers and said these were an opportunity to discuss any issues and receive support. The registered manager said, "Care staff usually have a monthly supervision and we're in the process of doing annual appraisals right now. We also have group supervisions through staff meetings".

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We observed people eating their lunchtime meal in three parts of the home. People had mixed comments about the food on offer. One person said, "The food isn't brilliant, but if I don't like the choice, I can have a jacket potato or they'll make an omelette". Another person told us, "The food is acceptable. You do get a choice and we do have some input to the menu. The chef does ask if we've liked things or not".
- In addition to formal meals, people could help themselves from 'snack stations' around the home. In Dormouse unit for example, there were crisps, chocolates and fruit. We saw one person help themselves to a small pot of grapes after lunch.
- Special diets were catered for and these were in line with healthcare professionals' advice and support and according to people's care plans. For example, one person was having a pureed diet because they had been assessed by a speech and language therapist as being at risk of choking.

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

- Staff worked with a range of healthcare professionals and other agencies to ensure people received the care they needed.
- Care records showed that people received support from their GP, district nurse and podiatrist.
- One person said, "You can ask staff if you want someone to come in; I had an optician". Another person said, "I saw the physio here and then the staff helped me with the exercises". A relative commented, "The hospital advised that [named person] needed a special bed and that has arrived today".

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Consent to care was gained lawfully. Where people lacked capacity to make decisions, decisions were made in their best interests and recorded. The registered manager told us that there were several applications for DoLS which had been submitted to the local authority, but which had not yet been processed.
- Staff had completed training on mental capacity and had a good understanding of this. One staff member explained, "Everyone has capacity. We have to try and understand them. We have to know their capacity and help them to decide".

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

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 treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally. For example, one person had a sight impairment, so enjoyed literature through 'talking books'.
- People's spiritual needs were catered for and clergy visited to conduct services twice a month. One person was very active in their local church and attended there when they were able to. The registered manager said that Remembrance Day, Easter and Christmas were popular events for people at the home.
- We observed care being provided to people throughout the day. During the afternoon in Squirrels unit we heard a staff member introduce people in the lounge area to one lady who had asked who they were. The staff member introduced each person by name.
- We saw a staff member supporting one person to get out of their wheelchair. After a couple of attempts, the staff member realised the person had their lap belt on. The two of them burst out laughing and the staff member gave the person a hug; they shared a sense of humour.
- People were full of praise for permanent staff and staff knew people and their relatives very well. When people became anxious or upset, staff were quick to offer comfort and reassurance.
- One person said, "They know me so well and I know that they will do me a cake for my birthday". Another person told us, "Nobody's rough here; our staff are the best. They will help with anything and if they see me struggling, they are straight on it; I don't have to ask".

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

- People were encouraged to express their views and to be involved in decisions about their care.
- After the quiz in the morning, a staff member asked people if they would like to listen to music. The staff member then encouraged them to make a decision on what they wished to listen to.
- One person said, "We can have our own way here. They staff let us decide what we want to do. Nobody is forced to do things they don't want to".
- A relative told us, "If I am taking [named family member] out, the staff will fit around what we are doing. They make sure that she's ready and save her a meal. They are really adaptable".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and were encouraged by staff to be as independent as possible.
- One person said, "I favour one staff member when I have my bath, although they all treat you with great dignity. This staff member is so gentle and it's more of a pleasure. I won't have a man help me and they know that".

- Another person told us, "I didn't expect to settle as I hadn't wanted to leave my home, but everyone is so lovely. My daughter pops in and out just as she did at home, for me it's home with some help".
- According to their care plan, one person, 'makes her own tea'. We saw this lady walking around independently and fetching things to take back to her room such as snacks from the snack station.
- People, where able, went to the toilet independently and then returned to their rooms. One staff member commented, "We have to have patience and not push people. We need to respect them".

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans provided information and guidance to staff about people's needs and how they wished to be supported. However, in some cases, there was a lack of detail on specific areas. For example, in one person's care plan it stated they were prone to urinary tract infections and were affected by seasonal affective disorder (SAD). There was no further detail for staff on how they should address these issues and how to meet the person's individual needs.
- In another person's care plan, it stated they last had their hair washed on 30 March 2019. After the inspection, the provider informed us that the person had capacity to make this decision. However, although they had received baths and showers regularly, there was no record to show they had refused to have their hair washed and that this was their choice.
- People's communication needs were not always identified, recorded and highlighted in care plans or shared appropriately with others. We did not see sufficient evidence of how the Accessible Information Standard (AIS) had been applied through identifying, recording and highlighting people's individual information and communication needs in their care plans. Information was not supplied in an accessible format. For example, the activities timetable showed in writing the activities available throughout a particular week, but there were no photos or symbols to aid understanding which is especially important for people living with dementia. We discussed the AIS with the regional support manager who agreed that this was not always complied with in relation to people's specific needs.
- Activities were organised with the help of an activities co-ordinator. According to the programme for 29 April – 5 May, there were quizzes, games, an external entertainer visiting and visits from the rabbits who lived at the home. On the morning of our inspection, a quiz was taking place. The same quiz was organised for each unit. This worked for some people, but not for people living with dementia who had difficulty in understanding or engaging with the activity.
- We asked people about the activities in offer. One person said, "Occasionally someone has taken me for a walk and that's been lovely – to the local park, but there usually aren't enough staff for that. That is something I would like to do more often". Another person told us, "Staff asked me to go into the lounge, but they didn't tell me I would have to do exercises. That's not my thing and I made them bring me out again".
- It was not clear how activities had been organised based on people's hobbies or interests and no documentation on this.
- Outings into the community were not available at the time we inspected, unless people went out with their relatives. Occasionally staff would accompany people on walks out locally or into the garden. The registered manager told us they were in the process of trying to source a minibus so that people could go out more.

Care and treatment of people did not always reflect their preferences and meet their needs. This is a breach

of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some care plans were detailed about people's care and support needs. We looked at eight care plans which included information on people's personal care needs, likes, dislikes and preferences. Some people chose not to share personal information about themselves, so the section on their life history was left blank.
- We asked people if they were involved in reviewing their care and very few people we spoke with had knowledge of a care plan. However, where people were aware, the response was reasonably positive. One person said, "I know they have written a lot about me, but I don't know the details". Another person told us, "I am aware of a plan, but I'm not fussed about it. They know that I like a routine to my life".
- When people had engaged with activities, these were recorded separately. There had been two activities co-ordinators at the home, but only one was present at the time of inspection. The other activities co-ordinator was due to return in late summer. The role of the activities co-ordinator was to support staff with ideas and materials to undertake a range of activities with people.
- According to the registered manager, activities were discussed at residents and relatives' meetings. At a meeting in March 2019, records showed that ballroom dancing and yoga had been introduced and people enjoyed these activities. In the provider's survey, 64 per cent of family and friends questioned felt the home offered a range of activities that suited their relative or friends' needs. However, 21 per cent disagreed with this statement.
- On the day of inspection, a group of children from a local special needs school had come to visit and were supported by school staff. People enjoyed interacting with the children through music. One person said, "I like fingering the guitar. I look after it for the teacher when she's not playing it. I always thought that I might play". A second person told us, "The children make me smile".

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- One formal complaint had been made within the last year.
- People told us they would be comfortable speaking with staff if they had any concerns and these would be dealt with. The majority of people said their relative would raise any concerns they had.
- According to a survey sent out to people by the provider, 97 per cent of people were happy with the way staff dealt with any complaints.

End of life care and support

- People could spend the rest of their lives at the home, providing their needs could be met.
- People's end of life care wishes were recorded in their care plans, when people had been ready to discuss these with staff.
- The registered manager said, "People can stay here if they wish. It would depend on what their needs were at the time. We get a lot of support from the district nurses and also from the hospice. We do have a support system in place if that's people's choice".
- One person said, "This has been discussed here, with staff, my family and I. I found it an easier topic than they did, but at least they have my views noted now". A second person told us, "If someone has died, they always tell us gently. We're all part of a sort of family and it's always very sad. I have lost friends here and even though it's inevitable, it's right that they tell us".

Is the service well-led?

Our findings

We inspected this key question to follow up the concerns found during our previous inspection in March 2018 when we rated this key question as Requires Improvement. Three separate incidents of potential abuse had not been reported. We found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Following the inspection, the provider sent us an action plan describing the steps to be taken to address the issues. Sufficient improvements have been made and the breach of Regulation has been met.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Arrangements for the management of the home in the absence of the registered manager were inconsistent.
- When we arrived at inspection, staff told us that the registered manager was on leave and the deputy manager was unwell.
- The registered manager came off annual leave and into the home when she learned of the inspection, as did the provider's regional support manager. We explained that it was not clear who was in charge and the registered manager said that, in her absence, it was the deputy manager or, failing that, the team leaders.
- After the inspection, the registered manager told us that the team leaders led the shifts within the units and organised the day-to-day support for people. The team leaders could also contact the regional support manager if needed.
- A system of audits monitored and measured all aspects of the home. However, these were not always effective and had not identified the issues we found at this inspection, for example, in relation to infection control. We have written about this in the Safe section of this report. After the inspection, the registered manager sent us a copy of their infection control audits. In the audit for April 2019, the audit showed that there were no issues or concerns. It noted that, 'housekeeping had greatly improved'. This was not what we found.

We recommend that the provider seeks advice on their auditing systems.

- Other audits we looked at were effective, for example, in relation to accidents and incidents and the analysis of falls. This showed that referrals were made to appropriate healthcare professionals when people sustained a number of falls. Care plans were reviewed monthly and risk assessments were updated as required.
- Notifications which were required to send to us by law had been completed. The rating awarded at the last inspection was on display as required and on the provider's website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People received a reasonable standard of care from staff who understood how they wished to be supported. We have written in more detail about the care people received in the Responsive section of this report.
- Staff had completed the training they needed to carry out their roles and responsibilities.
- The registered manager had a good understanding of safeguarding and their responsibilities under Duty of Candour. She said, "If anything happened and we were responsible, we would send an apology letter and report it to yourself. We have an internal reporting system so things like that are flagged".

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

- Staff and people were involved in developing the service.
- Residents' meetings were organised and people's views were listened to. Referring to the meetings, one person said, "That's our chance to have a moan!" Another person told us, "We usually talk about food. We did say that meals weren't hot enough and they listened as it's not a problem now". A relative told us, "I can't often make the meeting and they aren't often for relatives, but I would like it if they sent some minutes or just an email about what was said".
- Relatives told us they had the opportunity to feedback about the service through annual questionnaires. People were asked for their views through a 'Your Say' survey. The registered manager stated the overall results were positive.
- Staff meetings took place and one staff member felt these were opportunities to make suggestions and be listened to.
- Staff had mixed views about the support they received. One staff member said, "I feel supported by the manager, but not by the team leaders. All they do is go out for cigarettes". We did observe several occasions during the day when team leaders were outside smoking. The registered manager explained that staff were allowed to take breaks and that there were sufficient staff to support people in their absence. Another member of staff told us, "I love this place and the manager is a very good person".
- People had differing views about the management of the home. One person said, "I only saw the manager when they were seeing if I could come here. I'm not sure the manager works from here; I don't know". Another person told us, "The manager doesn't come around to us. They should come around regularly and get to know us and the lovely staff who look after us". However, a relative said, "I have always found the manager very approachable and I think she has a soft spot for [named family member]".

Working in partnership with others

- The service worked in partnership with others.
- The registered manager told us, "We've worked really hard on our community links. This is the first home to interact with children with special educational needs. People with a diagnosis of dementia interact with school children and engage in music therapy. The project is going really well. It will last for another 12 weeks, but hopefully will continue".
- Students on the Employability scheme came over with their support workers to gain work experience. The students were aged 18 – 19 years and were still at school.

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 9 HSCA RA Regulations 2014 Person-centred care Care and support was not always designed to meet people's needs and preferences. Regulation 9 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risk of infection. Regulation 12 (1) (2)(h)