Finecare Homes (Stevenage) Limited

Roebuck 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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Roebuck Nursing Home is a care home providing nursing care and accommodation for up to 63 older people, including people living with dementia. At the time of the inspection there were 34 people living at the home.

People's experience of using this service and what we found
People felt they were safe and well supported by the service. Individual risks were assessed in some cases, and staff were aware of these. However more detail was needed to ensure staff could work safely. Some practices in the home placed people at risk of harm from choking or moving and handling practice. Action was taken by the new manager at the time of our visit.

There were monitoring processes in place to help promote a good standard of service and the quality assurance systems identified some areas that needed further development. However, these systems had not identified all areas that needed to be addressed. This included risks, staffing deployments and preventing the risk of social isolation.

The manager was new to the service as had only started the day before our inspection visit, the home had recently been managed by the provider after undergoing significant changes to the management team. The provider had needed to carry out many roles to support the home until such time as the new manager started. People, relatives and staff were positive about the recent management changes and how the provider had managed to keep the service running.

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 in most cases. The policies and systems in the service did not always support this practice as mental capacity and best interest records needed to be more personalised.

People and relatives told us staff were kind, caring and praised the home for the attention they received. Staff enjoyed working for the service and told us the culture was to ensure care was person centred. Staff told us they would be happy to have a relative of theirs living at the service. Care plans included information to help support people safely in most cases. However, some of these plans needed more work to ensure they were reflective of all aspects of the person's needs. Further checks were needed to monitor the dining experience, to ensure people did not become socially isolated and to ensure people's dignity was promoted consistently.

Reviews of events and accidents were carried out and any actions needed were completed. Medicines were managed well, and staff knew how to report any concerns about a person's safety or welfare. People told us staff were kind and helpful, but often busy.

Staff received training for their role and people and their relatives felt they had good knowledge and skills. Staff felt supported by the provider and management team. People told us they felt their needs were met. Relatives also felt care was to a good standard.

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

Rating at last inspection
The last rating for this service was Good. (Published 28 April 2021) This was a focused inspection only reviewing safe and well led.

Why we inspected
The inspection was prompted in part due to concerns received about people's welfare due to the changes of management and staff in the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

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.

Follow up
We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well led findings below.

Roebuck 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 Care Act 2014.

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 undertaken 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 made calls to relatives following the site visit.

Service and service type
Roebuck Nursing Home 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 service had a manager who was applying to be 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. The provider was providing management oversight in the home since July 2021. This was because the registered manager and deputy manager had left the business and had been absent from the home for periods of time prior to their leaving.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 2 November 2021 and ended on 19 November 2021.

What we did before inspection
We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection-
We spoke with five people who used the service and 20 relatives about their experience of the care provided. We spoke with the manager, provider and seven staff members. We reviewed feedback professionals had shared with the service. We reviewed a range of records. This included six people's care records and medication records. We looked at three staff file checklists in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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's individual risks were assessed and reviewed in some cases. However, this was not consistent. Some people were identified at risk of choking and had specialist diets and thickened fluids to mitigate the risk as much as possible, however there were no choking risk assessments in place only a care plan with basic information for staff. For example, a person's choking care plan said, to be sat upright when assisting them to eat and stop if they started coughing and for staff to monitor for signs of aspiration pneumonia. There was no guidance for staff to know what these signs were, or on what to do in case the person was choking.

● Some people who were at risk of choking were not sat up sufficiently in their beds when they were eating. One staff member told us that one person, who they stated was at risk of choking, slips down the bed. The person's door was left open so staff could monitor as they went about their work but, there was no supervision or plan in place to minimise this risk. We had to ask staff to ensure the person was sat upright.

● For one person assessed as being at high risk of falls, the risk assessment and plan for supporting them with this need was not clear and did not offer specific information to help keep them safe. Staff were not clear on how they supported them, with some staff describing an unsafe technique. We raised this with the manager who immediately arranged a review of the person's needs.

● We had to intervene as an agency staff member was assisting a person to eat without enough breaks to allow swallowing in between large spoonful's and observed an instance of the spoon being pushed firmly against the person's lips. We stopped this immediately and asked for a member of the management team to take over. The new manager in post stated that training on how to safely support a person to eat would be arranged. This incident was reported to the local authority safeguarding team and was in the process of being investigated by them.

Although no harm had come to people, due to the risk of harm to people, this was a breach of Regulation 12 of the (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People and relatives told us they felt staff worked safely. One relative said, "I have no worries, I have never had an issue about calling for a member of staff to help, there is always someone around." Another relative said, "I think [person] is safe, I rarely visit, they look like they are doing O.K ."

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe receiving support from the service.

● Safeguarding incidents were reported to us and to the local authority safeguarding team. Unexplained

injuries were reviewed, investigated and a judgement was made about whether it needed to be reported. However, we found some injuries were not always recorded as an incident and therefore had not been investigated or reported. We shared this with the manager who took immediate action to address this with staff. The manager told us they had added the importance of recording and reporting to their lessons learned and staff meetings.
● Staff had received training on what signs of abuse to look out for and knew how to report any concerns they had within the service or externally. Staff felt they could raise any concerns with the management team.

Staffing and recruitment
● People and their relatives told us there were mostly enough staff available to meet their needs. Some people said at times they needed to wait. One person said, "At times I can wait an hour for the toilet, it's not their fault, they are busy." Relatives told us they felt there were enough staff. One relative said, "I have never had an issue about calling for a member of staff to help, there is always someone around."
● Staff told us there were enough staff to meet people's needs. They said some days were busier than others.
● On the day of the visit we found that people appeared to have their personal care needs met and records showed care was delivered. However, on the ground floor we noted that one person spent the whole morning in their wheelchair at the dining table. Staff told us this was because they had a busy morning, and it was not usual for this to happen.
● On the upstairs unit staff were busy and hardly visible in corridors as they responded to call bells or checked on people in bedrooms. We observed people eating their meals in their rooms upstairs and staff could only support two people, however more people would have benefited from staff support either in prompting or to make sure they were sat upright and safe whilst they were eating independently. For example, we observed two people sleeping whilst their meal was getting cold on their side table.

We recommend that a review of staffing levels and deployment is carried out to ensure people receive the care and support needed within an acceptable timeframe.

● The service had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people.

Using medicines safely
● Staff were trained to support people with their medicines safely. The management team ensured staff completed competency assessments and additional training if needed.
● The management team carried out spot checks and audits to help ensure medicines were managed safely.
● We checked a random sample of medicines and their medicines records and found that in all but one reviewed, they were accurate. The manager was informed of the one discrepancy found.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were somewhat assured that the provider was using PPE effectively and safely. However, we noted one staff member did not always wear their mask when in the nurse's station and the door was open to the corridor.
● We were assured that the provider was accessing testing for people using the service and staff.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, a bathroom we were told by staff was used by people, was used for storage of PPE, which was laying out on trolleys, and mobility equipment. We were also told high touch areas were only cleaned once a day at usual cleaning times and there was no record of this. National guidance states that high touch areas should be cleaned frequently throughout the day, but at least twice a day, to reduce the risk of COVID -19 being spread. A record of this helps to ensure this is happening regularly.

● 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.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong
● The provider had systems to help promote learning from events, incidents of accidents.
● The learning from these events was shared with staff during training, meetings and newsletters.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and their relatives said staff supported them well with eating and drinking. One person said, "The food is ok, you never go hungry. There is a choice."
- People's dietary needs and preferences were documented in their care plans. People's weight records showed that if people were losing weight, a plan was in place on how to support them to maintain a healthy intake. However, one person told us they didn't like their meal and would like something else, however by the time a staff member finished supporting another person and went to ask them what alternative they wanted, the person refused the meal.
- However, the mealtime experience could be improved. The dining tables were bare and nothing to help prompt people to understand it was a mealtime. This was particularly important as some people living at the home were living with dementia. Meals were placed in front of people without an explanation, with cutlery and a drink added afterwards. One person told us, "I don't know what's for lunch, a surprise, if I don't like it I can have something else, no choice really with meal, wouldn't expect it in an establishment like this."
- We also found that when staff were putting spoons to people's mouths, they did not explain what it was, or what was happening, but said either their name, or did not speak. This did not encourage an engaging dining experience.
- We spoke with the provider and manager about the lack of mealtime preparation at the tables. The provider told us that this normally was not the case and mealtimes were a positive experience. We noted that some items may not routinely be on the tables due to the pandemic. The provider and manager assured us that monitoring of mealtimes would increase and additional guidance to staff would be provided.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

● People and relatives told us that staff always asked for consent when supporting them. There was a record of consent within people's care plans in relation to photos being taken.
● People had mental capacity assessments completed in most cases. However, while staff appeared to act in the best interests of people, this was not always clearly captured through capacity assessments, best interest decisions and there was not always a record of the involvement of others in the process. Care plans did in some cases reflect contacting a relative for involvement where needed. One relative told us, "They call me if she is injured, or has to go into hospital. [Family member] has zero capacity. I have Power of Attorney; all decisions are made through me."
● Staff received training in the Mental Capacity Act and knew how to put this into practice. However, on reviewing completed capacity assessments, they were more or less the same which indicated they had been completed generically. More work was needed to help ensure they were personalised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they moved into the home. Assessments included people's individual needs, risks and preferences.
● People and their relatives told us they felt the service was well prepared to meet their needs. One relative said, "They have been doing a great job with [family member]. Since being back from hospital, they have been giving her very good care." Another relative said, "[Family member] can be very [unsettled], they seem to understand this and cope with her."
● There were monthly reviews of people's needs to help ensure these were being met. These were discussed at regular meetings.

Staff support: induction, training, skills and experience
● People and their relatives told us they felt staff were well trained and knowledgeable for their role. One relative said, "The training is incredible, and efficient." Another relative said, "They appear to know what they are doing."
● Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid.
● Staff received regular supervision to help ensure they had a clear understanding of their role and they worked in the required way. Staff told us they felt supported by the provider.
● New staff had a full induction. This included training and shadowing experienced staff members.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access health or social care professionals as needed.
● Staff knew what to do if a person became unwell or needed additional support.
● Visiting health professionals were consulted and advice followed if the need arose. Records showed changing needs and healthcare support was discussed at staff meetings. Feedback reviewed from health and social care professionals was positive about the approach and management of care needs in the home.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

● People and their relatives said that staff promoted people's privacy, dignity and independence. One person said, "They are all friendly and kind." One relative told us, "They treat [family member] with respect."

● All bedroom doors were open when people were in bed or sitting in their chair. Some people only wearing their boxer shorts. Whilst no visitors could access the home without pre-booking, this did not promote people's dignity. Some care plans stated if this was individual preference or to enable staff to check on people. One relative told us their family member's door was open so staff could help promote their comfort and safety. However, people would benefit on staff doing additional checks and having additional plans in place to ensure their dignity was promoted.

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

● People and their relatives gave mixed views about whether they were involved in decisions about their care. Most said they had not been involved with the family member's care plan but did feel involved with the care overall. One relative said, "I thought that they were good at the way that they responded to my anxiousness. I assumed that they did a risk assessment, they dealt with my reaction very well. They have empathy with us as a family." Another relative said, "The staff are really friendly and helpful. They weren't checking [person] regularly, and when I visited [they needed personal care]. I have mentioned this to staff and this seems resolved and has got better." We noted that the provider had sent letters to relatives inviting them to be involved in their care plan reviews.

● People's care plans included a record of people's preferences and choices in most cases. However, in some plans, this needed to be improved to reflect specific details to better reflect the individual.

Ensuring people are well treated and supported; respecting equality and diversity

● People and their relatives told us that staff always treated people well and they felt respected. One person told us, "The staff are brilliant." A relative said, "Staff are caring, and have a lot of empathy." Another relative told us, "My [family member] has a good laugh with most of the staff, they are very polite."

● We heard staff interacting well with people while they were supporting them in their rooms. Staff were respectful and friendly.

● Staff told us they would be happy to have a relative of theirs live at Roebuck Nursing Home. One staff member said, "Yes I would have a relative here, I feel people get good care."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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 told us there were not many activities they could participate in as staff were very busy. One person told us they would like to walk more but because they needed staff's support for safety they could not walk as much because staff were busy. The person's care plan stated they could walk with the assistance of a staff member. Many people spent the time in their rooms so were at risk of being socially isolated.
- Staff told us there was one activity staff who at times engaged people in activities, however sometimes they supported the home in other roles if they were needed, this took them away from planned activities. The provider told us this had been the case during a recent transition of staffing in the home.
- Staff felt that people had the opportunity to get involved in activities. We reviewed a record of activities provided and found there were gaps in entries. This was particularly a concern for those noted as receiving care in bed or isolating as it put them at risk of loneliness and social isolation. The management team told us that staff interaction and support with engagement was not always captured in these records and they were planning a way to make records more accurate.
- The lounge had an activity notice board setting out one activity a day. There were no activities in progress on the day of our visit. The provider told us the activity organiser was off work unexpectedly. While staff spoke nicely with people when they did speak with them, interaction outside of care tasks was infrequent.
- People were supported to maintain contact with family and friends. Relatives told us they were supported to keep in touch with their family members and visiting was well organised but restricted to three days a week unless relatives were essential care givers or family members were end of life. We discussed the visiting regime with the management team who told us that work was ongoing with increasing the days when visits could be facilitated.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were happy with the care they received and felt they were supported in their chosen way. Relatives were also happy with the care provided. One relative said, "[Family member] is happier there than they have been for a long time, it seems like they are in the best place. I have no problems, I get regular updates. I'm quite pleased with where they are, and how they are." Another relative said, "Care is just as good [as before management changes], [family member] is safe, and I am happy with what they are doing."
- Some care plans needed more information added to ensure they gave clear information to enable staff to support people safely and appropriately.
- People had received personal care on the day of our visit and people were dressed appropriately for the cold. Care notes viewed indicated that care was given when needed.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's care plans referred to communication needs and if people were able to communicate verbally or not. One person's care plan stated to involve the person's spouse to aid communication.
● Staff we spoke with told us they were not aware of anyone having any specific communication needs. However, available for use when needed were easy read versions of information about the home, pictures cards, white boards and Wi-Fi tablets. We were also told that some staff spoke other languages to support people when needed. Care plans would benefit from reflecting which of these aids people might need to use. The manager told us they would include this in their updating of care plans.

Improving care quality in response to complaints or concerns
● People and their relatives told us they were comfortable to make complaints and they had done so when needed.
● The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring issues so they could be resolved.

End of life care and support
● The staff team supported people at the end of their life. Staff engaged with visiting healthcare professionals to ensure their needs were met. Staff were trained and supported so they knew how to support people at the end of their life.
● Feedback seen reflected that relatives were grateful of the time and care from staff when supporting people at the end of their lives. While visiting has been limited due to the pandemic, one relative told us, "[Family member] is end of life so I can visit whenever and go into her room."

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

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

● There were audits across all key areas of the service. For example, COVID-19, staff competency, care plans and medicines. This information was added onto an action plan to give an overview of performance and any areas that needed addressing. The audits had identified the gaps in information within care plans and set an action for addressing the shortfalls. However, the checks and audits had not identified some of the shortfalls we found at this inspection in relation to safety, MCA, reducing social isolation and promoting people's dignity.

We note the provider was found in a challenging position due to sudden changes in the management team. However, due to the quality systems not identifying or addressing multiple shortfalls in relation to safety, MCA processes, social isolation, dignity and the mealtime experience, this was a breach of Regulation 17 of the (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The manager understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the management team welcomed their honesty.

● The new manager had started to provide guidance and support for staff. They were developing a plan of actions but first working alongside staff to observe practice and get to know people. Staff told us they found the management team approachable and knowledgeable.

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

● The service had recently undergone a significant change to the management team and some staff members. The service had been being managed by the provider. Relatives and staff gave mixed views about management of the home, however most understood it had been a challenging time for the service. Some felt communication could be improved. One relative said, "Sometimes it is difficult to get a response. I emailed asking them to arrange [need for family member] I have had no response to this. It was a difficult thing to write, and I am disappointed that I have heard nothing." Another relative said, "

● The manager was new in post and this was their second day working at the home. A relative told us, "I'm quite happy with the new Manager, I spoke to her on Monday."

● People and relatives said the provider was approachable, friendly and accommodating. Feedback about

the culture and approach of the service was very positive. A relative said, "They are very open about what is going on." Another relative told us, "I am so happy that they are looking after my [family member], we couldn't have picked anywhere better. It is as near as perfect as could be. I can't fault their communications, skills, care, time and attention. They have brought [family member] to a place that they haven't been in for years, they have a smile on her face, and she interacts with others."

● Staff told us the service had a person-centred approach and they enjoyed working at the home. A staff member told us, "We try our best to give good care, people are safe, and the care is good, I would have a relative of mine live there."

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

● People and their relatives gave mixed views about how the service engaged with them and if their views were listened to. One person said, "I told the manager before about issues, it's not changed." They gave us some examples and gave us permission to share this with the manager to follow up. One relative said, "I was emailed a questionnaire a few weeks ago. The owner was not as visible as she should have been especially through Covid-19. I think that she has learnt from that, and now is much more hands-on. I think the owner cares." Another relative said, "I have no issues, I get emails from them once a week, the reception phone is an issue, difficult to get an answer."

● People's feedback was sought through surveys and quality assurance calls or visits with the management team. The feedback was collated so any actions could be developed.

● Staff feedback was sought through surveys and meetings. Staff we spoke with praised the provider for their effort in the last couple of months to bring the team together. They said they could not express their views on the new manager, but they seemed 'nice.' One staff member said, "[Provider] is an amazing lady. She is trying to involve us more and she really considers the staff needs too. I think the management has got much better."

Continuous learning and improving care

● The management team reviewed events and shared any learning with the staff team.

● The management team were looking for ways to further improve the service. They were planning additional training for staff to help build their knowledge and skills.

Working in partnership with others

● The management and staff team worked with other professionals to ensure support and the right care for people. For example, liaising with the local authority safeguarding team and social workers when needed.

● The management team were also linked to a local care providers association to help ensure they were up to date with changes and had access to training resources.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Although no harm had come to people, there was a risk of harm to people due to the lack of safe practice and assessments.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The quality systems either not identify or address the number of shortfalls in relation to safety, MCA processes, social isolation, dignity and the mealtime experience.