

# Cornwall Care Limited

# Blackwood

## Inspection report

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Date of inspection visit:  
05 October 2022

Date of publication:  
18 November 2022

## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Blackwood is a residential care home providing personal care for up to 47 people. The service provides support to people requiring care and assistance. Some people were living with dementia. At the time of our inspection there were 36 people using the service. Blackwood is a two-storey building and had a range of aids and adaptations to support the needs of the people living there.

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

The inspection was prompted following concerns raised to the Care Quality Commission in relation to the management of medicines, consent, governance and people's welfare needs.

Changes in medicines practices had significantly reduced the level of errors which had been reported. There was additional oversight of medicines taking place weekly. However, where people required medicines 'when required' [PRN], records had not always been completed to record why they had been administered. In addition, the monitoring of temperatures of the clinical room and medicines fridge on the ground floor were not consistently completed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. One person required a legal condition to support them. Staff were not following this condition.

Concerns had also been raised with the commission about the lack of training and supervision. The interim management team had carried out a review of this and found there were gaps in training and supervision. This was having a negative impact on the staff team. A plan was in place to deliver this, but it had not been implemented at the time of the inspection.

We had received concerns that the service was understaffed, and people were not receiving the support they needed when they needed it. At the inspection, improvements had been made to staffing levels and people's needs were generally being met. However, staff told us despite improving overall, that staffing levels still fluctuated. Some people told us they still had to wait some time before call bells were answered. This had also formed part of the concerns raised with the commission. The manager was aware of the issues and a call monitoring system had been ordered to monitor call bell response times.

Concerns had been raised about people not being supported to eat and drink. At the inspection we found there was a range of options available to people. The observations made during lunch were positive. Staff supported people individually. There were enough staff to support people in the dining area and in their own rooms.

Care plans were in the process of being reviewed. There had been gaps in reporting on care and risks had

not always been reviewed when changes had occurred. Details about how to respond to people's anxiety had been lacking. Examples of the changes being made, showed improvement. Staff told us information in care plans had improved and staff understood people's individual needs and how to respond.

Governance systems had not been effective. Auditing processes had not been completed, there had been a lack of oversight. People had not been engaged with. There was no evidence of the service considering people's views. Action was taking place to improve all areas of governance.

People's health conditions were being managed and staff engaged with external healthcare professionals. Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being.

Concerns raised by people were being investigated and would be responded to. The management team were continuing to reflect what learning could be taken from the concerns raised and were sharing the findings with staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good published (7 March 2019).

Why we inspected

We received concerns in relation to the management of the service, medicines and responding to people's needs.. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blackwood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement and Recommendations

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

We have found breaches in relation to the management of risk, consent, poor management oversight, inaccurate and incomplete records, staff training and support and a lack of person-centred support at this inspection.

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

Notice of inspection

This inspection was unannounced.

#### 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 safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

**Requires Improvement** ●

# Blackwood

## Detailed findings

### Background to this inspection

#### Inspection team

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 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.

#### Service and service type

Blackwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. There was an interim manager and the post had been advertised.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

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 the area manager, manager. Three senior staff members. Ten staff including care staff, housekeepers and kitchen staff. We spoke with two visitors and received information from two professionals.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment. 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.

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

### Using medicines safely

- Concerns had been raised in respect of a large number of medicine errors. Records showed, at a staff meeting in July 2022 it had been reported there had been ten errors. Since then action had been taken to review the medicines systems and additional weekly monitoring was in place. This had significantly reduced the number of errors occurring. However errors were continuing to occur.
- Where people required medicines 'when needed' [PRN], some records had not recorded the reasons why the medicines had been administered, when and by whom. Staff were not aware of protocols for the administration of when required [PRN], medicines.
- The ground floor treatment room which also contained medicines was not having the temperature of the room or medicines fridge recorded daily. The record was intermittent. Where recorded it met temperature guidelines. By not having daily records of temperature checks, meant medicines which required certain temperature control was not being managed effectively.

Risks associated with the safe management of medicines were not managed effectively and had the potential to place people at the risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood the principles of responding to concerns in relation to protecting people. A recent audit found a number of staff required updating their training to ensure they continued to have the knowledge and understanding of the reporting process. The online training was ongoing and was being monitored so all staff had completed this by October 2022.
- The manager worked with other relevant authorities to make sure people were protected from abuse and avoidable harm.

### Assessing risk, safety monitoring and management

- We had received concerns and found evidence at inspection that call bell response times had at times been delayed. Staff told us, and rotas confirmed there had been periods when the service operated on a reduced staffing level. This had since improved. Some people told us they had experienced delays. One person told us there were times when it took twenty minutes for a call bell response. We did not find evidence of any harm to people because of the delays but there was potential it would be a risk to people.

The manager told us, and a service improvement plan showed an order had been placed to install a call monitoring system. However, this had not yet been installed. In the interim period the management team were monitoring call bell responses and staff were continually reminded.

- Equipment was regularly serviced, and staff understood how to support people to move around safely. A concern we received alleged staff did not have the training to safely use equipment. The manager told us there remained some gaps in training updates, but these had been identified and timelines set for it to be completed. We observed staff using a hoist to support a person. Staff told us they only used equipment when deemed competent or were with a more senior person who took the lead.
- There were systems in place to ensure the environment was safe and systems were serviced regularly.
- Care plans including risk assessments were in the process of being reviewed and updated. The senior staff member responsible told us, "I am working each day to review and update them. They are more person centred, but the necessary guidelines to support residents are all in place". We viewed four of the completed plans. They had the necessary information to support staff in mitigating risks to people. For example, there had been a significant reduction in the number of falls occurring.
- Some people could at times display behaviours that could put themselves or others at risk. A person had thrown a hot drink over another person. There had been no obvious triggers for the behaviour. A staff member was able to explain to us that the person was likely to target specific individual's dependent on their mood and time of day. The staff member had a good detailed understanding of the trigger signs. The person's care plan and risk assessment had been updated to support staff.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

#### Staffing and recruitment

- We had received a number of concerns that staffing levels were affecting the care and support people were receiving. Records showed there had been staffing shortages during July and August. It had been reported upon in the staff meeting notes. Since then staffing levels had increased, but staff told us staffing levels did fluctuate. There was a skilled mix of staff on duty throughout the inspection. The service is large, and staff were visible in all areas. Some people lived on the first floor; this was fully staffed. Staff told us, "There have been some tough times, but it has got better" and "We have got the time to get through the work". A review of the shift patterns had resulted in reducing what were known as 'long shifts. The aim was to reduce the chance of fatigue and the possibility of errors.
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

#### 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 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.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits.

Learning lessons when things go wrong

- Appropriate action was being taken to learn from events or seek specialist advice from external professionals to minimise the risk of adverse events reoccurring. For example, seeking advice from external health and social care professionals.
- The manager had set up regular staff meetings to engage and support staff in the changes that were occurring in the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- There had been lapses in staff receiving updates in training, induction, staff support and access to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The manager was completing a Service Development Plan monthly and this had identified the gaps in supervision and access to training. While this had been identified it had not, yet all been acted upon. This meant staff did not have access to staff support, induction to their role and training.

The provider had not ensured all staff received appropriate professional development, supervision and appraisal, as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was updating all training for staff following a recent audit. The manager was monitoring training gaps for staff and reminded staff to complete the training when the need was identified. One member of staff told us, "There have been a lot of changes, but we are now being reminded to update our training through online learning".

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.

- The service was not working within the principles of the MCA. One person had conditions in place within

their DoLS authorisation. It required the service to assess the persons capacity to consent or not, against each individual area. This had not been completed. This should have been completed within six weeks of the authorisation dated 27 June 2022. We raised this with the manager at the time of inspection who agreed to take immediate action to meet the conditions.

By not complying with the conditions of the authorisation, the service is in breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- The needs assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

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

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet. One person told us they did not eat meat and the cooks ensured there were a range of meat free food choices. They told us they enjoyed having hot chocolate in the evenings. They added, "It's very good here, every hour the staff come to your room to see if you're alright".
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. Where people stayed in their rooms, we observed fresh water and juice was available.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important. A relative told us, "They [staff] are brilliant with [relative name] celiac disease. Asked for a pastry recipe so I brought in a book so they can take part in cooking activities".
- We observed lunchtime service. People were offered choices of what to eat and drink. The food provided was well presented. Staff supported people who required assistance in a kind, respectful and dignified way. They gave people time to eat and drink at their own pace. It was clear staff understood people's likes and dislikes.

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

- There were some areas of the service which required decoration and replacement carpets. These had been identified in a recent assessment of the premises. There was a plan in place for the replacement of some carpets.
- People's rooms were personalised to their individual requirements. A person told us, "I love my room. I have a lot of my own things. They are important to me".
- There were pleasant gardens and patio areas which people could access and use safely. A summer house was used during fair weather and provided shade during hot weather.
- Access to the building was suitable for people with reduced mobility and wheelchairs. Access to the upper

floor was by a passenger lift.

- The service had identified the need for improving the adapted bathrooms. One was not in working order, but this had been identified during a recent assessment of the environment and there was a plan in place to remove the bath and replace it with a wet room.

Supporting people to live healthier lives, access healthcare services and support

- Records showed staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls. Some of these records had not been updated for some time. However, as reported on in the safe domain of this report, all care plans were being reviewed and updated. We identified that due to changes in staffing and observations, the level of falls had decreased. We did not judge there had been any impact in the monitoring of people's health needs. A relative said, "The staff do a brilliant job".
- People's health conditions were being managed, and staff engaged with external healthcare professionals including GP's, district nurses and other professionals when necessary. A relative told us, "[Relative] was safe and well cared for at Blackwood. I am kept up to date of their medical needs".
- Staff supported people to continue to mobilise independently. We observed staff being vigilant in supporting people who required mobility aids. For example, keeping them in eyeline to ensure their path was clear until they reached their destination.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. The manager had introduced a handover record which provided staff with additional information or observations required to support people's health needs.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- Staff had a good understanding of people's individual needs. We observed staff responding to people's requests. For example, a staff member was positively supporting one person's need for additional clothing when they used body language to communicate they were cold. The staff member was very responsive and reassured the resident. Their lunch was then enjoyed more comfortably. This person was living with dementia and could not easily express themselves.
- People's care plans included information about their needs, routines and preferences. However, they were currently being reviewed to make them more person centred. The ones completed were clear in describing people's care and support needs. They also provided additional information, direction and guidance to staff in how to meet a person's specific needs. For example, provided direction for staff in how to support a person when anxious.
- Staff knew people's preferences and personal back stories, which they actively used to enable conversation. We observed a member of staff defuse a situation that had the potential to upset others during lunch and afterwards. A member of staff, with other colleagues managed to calm the situation and provide a safe exit for the person who had become agitated.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. For example, there was information about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known 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

- The service had an activity coordinator who had information to support individual interests, past hobbies and what people enjoyed doing with their time.
- There was photographic evidence of activities and events. Staff told us they showed visitors what activities

had taken place; they could also be used as memory prompts for people living with dementia. One person told us their confidence had increased after being supported to visit a local house and gardens. This was after a long time with poor mobility. Another person said, "The home makes a terrific effort to entertain us".

- There was time for people to have social interaction and activity with staff. The activities co-ordinator arranged individual and group activities for people. One person liked to sit in the service reception area and watch the news channel while speaking with people passing. Some people liked to keep up to date with the news and they received daily newspapers.
- Some people spent their time in their room or in bed because of their health needs or personal preferences. The activities co-ordinator spent one-to-one time with people, in their rooms, engaging in conversations or individual activities. This helped to prevent people from being socially isolated.

Improving care quality in response to complaints or concerns

- The manager had systems in place to respond to concerns and complaints. People told us they were able to raise issues. Families said, "I go to the administrator to get things sorted out". "Nothing is too much trouble for them".
- Prior to the inspection we had received a number of concerns about the way the service was being run and concerns about people's wellbeing. We had shared some of these issues with the manager. We were assured action was being taken to resolve those concerns. The manager had held a number of meetings with the staff team to ensure they were aware of the steps being taken. From this the manager had reflected what learning could be taken from the concerns raised.
- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. A system for comments and complaints box was clearly visible in the reception area. People we spoke with were aware of it.

End of life care and support

- The service provided end of life care to people, supporting them while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
- As people neared the end of their life the service sought support from external health professionals to discuss any relevant care and anticipatory medicines to support them.
- Where possible people's views on the support they wanted at the end of their lives was discussed with them if they chose to. This helped support staff in how they responded to a personalised plan for end of life care.

# Is the service well-led?

## Our findings

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

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

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

- This inspection was prompted in part by the level of complaints and reports of staff discontent. The lack of consistent management for a period of time meant there had been a deficiency of leadership, which had resulted in poor oversight and management. At this inspection we found there was an interim manager in post being supported by the area manager, as well as a nurse to support and develop the culture and operation of the service. However, this team had been in post for no more than two months and therefore not enough progress had been made.
- Staff told us they did their best to provide person centred care but at times they felt rushed and care could sometimes be reactive. Recruitment was ongoing and staffing levels were safe. As reported in the responsive domain of this report we identified there had been times when people's requests for support had been delayed. This had the potential to put people at risk. We found there was no impact on people and staff endeavoured to meet people's needs and preferences.
- Staff told us they were generally happy working at the service, but that morale was at times affected by fluctuating staffing levels. One person said, "There are so many changes it can be hard when staff don't turn up".

The governance and culture had not ensured the service was inclusive for people. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives were generally complimentary of the service and told us that the manager and staff communicated well with them and knew their family member well.

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

- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. The commission had received a number of whistleblowing concerns prior to this inspection. The manager was open and transparent when we discussed the issues as part of the inspection process. Some staff remained unsure about the changes, but the management team had increased engagement with the staff team to enable information to be cascaded to them. Most staff said they were confident concerns would be listened to and acted on.
- The provider took an open and honest approach to the inspection process. They acted promptly on the

feedback provided and supplied all information requested.

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

- There had been a recent change in the management of the service. This had occurred in the previous two months. The provider was actively recruiting for the vacant registered manager role. There was an interim manager currently in post.
- The manager acknowledged there were gaps in the auditing system. For example, care plans, medicines and operational audits. Action had been taken to carry out a service improvement plan to address these issues. However, not enough action had been taken to address the level of non-compliance found at this inspection.

Governance and performance management systems were not effective. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was keen to learn from the inspection process and act on issues identified. For example, the management team had begun to carry out a full review of care planning systems.
- Feedback from stakeholders was generally positive about the current management team. People told us communication was getting better. Some staff told us there were a lot of changes taking place. One said, "It had been difficult keeping on top of things".

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

- There was no current system in place to engage with stakeholders of the service. For example, the organisations quality assurance reviews had not been used recently. Meetings with people using the service and their families had not occurred. People and their relatives were not asked for feedback on the service's performance and people's views were not being sought.

The provider had not ensured there were systems for people's views to be sought and quality assurance systems to be effective. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were working hard to engage with all stakeholders. The manager said, "It is going to take some time, but we are getting there".
- There had been significant gaps in engaging with night staff and the staff team. This had now been established. Engagement meetings had recently been introduced to inform staff of changes. The manager had recently carried out staff surveys to test the level of satisfaction in their role.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- Staff told us they found the daily handover useful and said it provided useful information to support them responding to changes to people's needs.

Working in partnership with others

- The service worked collaboratively with healthcare and social care professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.

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 11 HSCA RA Regulations 2014 Need for consent  The service did not ensure the requirements of Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were being met.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks associated with the safe management of medicines was not effective and had the potential to place people at the risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance and performance management systems were not effective.  The governance and culture had not ensured the service was inclusive for people.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured all staff received appropriate professional development, supervision and appraisal, as is necessary to enable them to carry out the duties they are employed to perform.

