

## The Chestnuts Retirement Home LLP

# Chestnuts Retirement 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



### Overall summary

This was an unannounced inspection carried out on 8 December 2015.

Chestnuts Retirement Home can provide accommodation for up to 14 older people who need personal care. There were 14 people living in the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The first breach referred to the way in which medicines were managed. The arrangements were not robust and did not ensure that people always used medicines in a safe way. The second breach referred to the way in which quality checks had been completed.

# Summary of findings

They were not rigorous or effective and this had resulted in a number of shortfalls not being quickly identified and resolved. These breaches had increased the risk that people would not always safely and responsively receive all of the care they needed. You can see what action we told the registered persons to take in relation to each of these breaches of the regulations at the end of the full version of this report.

Staff knew how to report any concerns so that people were kept safe from abuse. People had been helped to promote their wellbeing and to avoid having accidents. There were enough staff on duty and background checks on new staff had been completed before they started work.

Staff had received most of the training and support they needed. However, they did not have all of the knowledge and skills they needed to support people who lived with dementia. Although people had not been reliably helped to check their body weight, staff had supported people to have enough nutrition and hydration. In addition, staff recognised when people were unwell and had arranged for them to receive the necessary healthcare services.

The registered manager and staff had supported people to make decisions for themselves. When this had not been possible the registered manager had ensured that decisions were taken in people's best interests. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to

report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had not taken all of the necessary steps to ensure that people's rights were being protected.

People were treated with kindness and compassion. However, people's right to privacy was not fully respected and some of the arrangements for maintaining confidentiality were not robust.

The registered persons had not ensured that there were robust arrangements to promote positive outcomes for people who lived with dementia and who could become distressed. We recommend that the registered persons explore the relevant guidance on how to enable staff to effectively support people who live with dementia and who can become distressed. However, most people had been consulted about the care they wanted to receive and had been supported to pursue their hobbies and interests. Staff had supported people to express their individuality, people had been helped to meet their spiritual needs and there was a system for resolving complaints.

People had not been fully involved in the development of the service and they had not benefited from staff acting upon good practice guidance. However, steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

# Summary of findings

## 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 consistently safe.

Medicines were not managed safely.

Staff knew how to report any concerns in order to keep people safe from harm and people had been supported to stay safe by avoiding accidents.

There were enough staff on duty and background checks had been completed before new staff were employed.

Requires improvement



### Is the service effective?

The service was effective.

Staff had received most of the training and support they needed. However, they did not have all of the knowledge and skills they needed to support people who lived with dementia.

Although people had not been reliably helped to check their body weight, staff had supported people to have enough nutrition and hydration.

People had received all of the healthcare assistance they needed.

People were supported to make their own decisions but some of the necessary legal safeguards were not in place to protect the rights of people who may have needed to be deprived them of their liberty.

Requires improvement



### Is the service caring?

The service was caring.

Staff were compassionate and caring. People were treated with kindness that helped them to be relaxed and comfortable in their home.

People's right to privacy was not fully respected and some of the arrangements for maintaining confidentiality were not robust.

Good



### Is the service responsive?

The service was not consistently responsive.

The arrangements to promote positive outcomes for people who lived with dementia were not robust.

People had been consulted about the care they received, had been supported to express their individuality and had been assisted to pursue their hobbies and interests.

There was a system to resolve complaints quickly and fairly.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

Quality checks had not reliably identified and resolved shortfalls in the care and facilities provided in the service.

People and their relatives had not been consistently asked to contribute suggestions for the development of the service.

People had not benefited from staff acting upon good practice guidance.

There was a registered manager, steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

**Requires improvement**



# Chestnuts Retirement Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Before our inspection we reviewed the information we held about the service. This included the Provider Information Return that we asked the registered persons to complete. This is a form that asks registered persons to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed notifications of incidents that the registered persons had sent us since the service was registered. These

are events that the registered persons are required to tell us about. We also received information from local commissioners of the service and healthcare professionals. This enabled us to obtain their views about how well the service was meeting people's needs.

We visited the service on 8 December 2015 and the inspection was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with 10 people who lived in the service and with four relatives. We also spoke with a senior care worker, three care workers and the registered manager. We observed care in communal areas and looked at the care records for three people. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

# Is the service safe?

## Our findings

The registered persons had not consistently safeguarded people from the risks associated with the unsafe use of medicines. We examined the medicines held by staff for three people and the records that related to their use. We found that an accurate record had not always been created on each occasion when a medicine should have been dispensed. This meant that we could not be confident that the people concerned had received all of their medicines in the manner intended by their doctors. In addition, we noted that on a small number of occasions medicines that were recorded as having been dispensed were still in storage and so had not been used in the correct way.

When we arrived in the service some people who were seated in the main lounge had just been given their breakfast-time medicines. However, staff had left medicines in plastic pots for people to take later on. This arrangement meant that staff could not be sure that people were correctly using the medicines which had been dispensed for them. In addition, we noted that one person left their seat in the lounge to go to the bathroom resulting in their medicines not being monitored until they returned several minutes later. This situation increased the risk that someone else would use a medicine that had not been prescribed for them.

Although most medicines were stored securely we noticed that one person's prescribed cream had been left on the windowsill in one of the bathrooms. As a result of this the cream was readily available and so could have been used by someone for whom it had not been prescribed.

Shortfalls in the arrangements used to dispense, record and store medicines had reduced the registered persons' ability to ensure that medicines were always used safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said and showed us that they felt safe living in the service. A person said, "The staff are pure magic here and every one of them is kind and just good to have around." We saw that people were happy to be in the company of staff and were relaxed and smiling. A relative said, "I know my family member and I'd absolutely know if they weren't happy or were worried. I know that they get on well with the staff and every time I've been here I've only ever seen people safe and treated kindly."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had not had to raise any concerns about the safety of the people who lived in the service. In addition, we noted that people were protected from the risk of financial abuse. This was because staff used robust systems when they handled money on behalf of people to ensure that it was spent correctly.

Staff had taken action to promote people's wellbeing. For example, people had been helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefiting from using walking frames, raised toilet seats and bannister rails. Some people had agreed to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. In addition, staff had been given guidance and knew how to safely assist people if there was an emergency that required people to leave the building or to move to a safer area.

We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when a person had been identified to be at risk of falling staff had invited them to change where they usually sat in the main lounge. This had been done to enable staff to more readily check that the person was safe and quickly ensure that they had all of the assistance they needed if they wanted to leave their armchair.

The registered manager had established how many staff were needed to meet people's care needs. We saw that there were enough staff on duty at the time of our inspection because people received all of the assistance

## Is the service safe?

they needed. For example, staff responded promptly when people used the call bell to ask for assistance. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service, relatives and staff said that there

were enough staff on duty to meet people's care needs. A relative said, "The staff are very busy but never seem to rush. I think that this place has the feeling of being a large family and while it's very informal staff do give everyone the care they need."

# Is the service effective?

## Our findings

The registered manager recognised the importance of staff receiving training and support in order to be able to care for people in the right way. Records showed that staff had regularly met the registered manager to review their work and to plan for their professional development. New staff had received introductory training and established staff had been provided with refresher training in a number of subjects. These included how to safely assist people who had reduced mobility, first aid and food hygiene. We found that staff had the knowledge and skills they needed to consistently provide people with the practical assistance they needed. For example, staff knew how to correctly assist people who had reduced mobility including those who needed to be helped using special equipment such as a hoist. Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and they understood the importance of quickly seeking advice from a healthcare professional.

However, records showed that that most staff had not completed training in how to promote positive outcomes for people who lived with dementia. In addition, most of the staff we spoke to told us that they were not confident about their skills to support people who lived with dementia and we noted that they did not have some of the basic knowledge and skills they needed. The registered manager said that arrangements would be made as quickly as possible for staff to undertake the training they needed in order to become confident when supporting people with these special needs.

We noted that the way in which three people had been assisted to monitor their body weight was not robust. This was because these people's weight had not been measured regularly or recorded correctly. These oversights had reduced the registered manager's ability to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. However, other care records showed that the people concerned had not experienced direct harm as a result of these shortfalls. In addition, we found that staff had noticed that one of these people's general appearance indicated that they had lost weight. Records showed that staff had promptly informed the registered manager about

their concern. They also showed that the registered manager had quickly contacted the person's doctor who had prescribed a high calorie food supplement to help the person to stabilise their weight.

We saw that when necessary staff had given people individual assistance when eating and drinking so that they could dine in safety and comfort. Some people who were at risk of choking had their meals specially prepared so that they were easier to swallow. We noted that people could choose what meals they had and that the menu provided a varied range of home-cooked dishes. In addition, there was a bowl of fresh fruit that people could choose to enjoy in between meal times. These aspects of the catering arrangements helped to ensure that people enjoyed their meals and so were gently encouraged to have enough to eat. A person said, "I think that the meals are lovely here, it's good home cooking and there's plenty of it – sometimes a bit too much which can be off putting." Another person said, "The food is good definitely. They know what I like and if it's something I'm not keen on they always give me something different. Today is pie but I'm having egg and chips because I don't like pastry."

People who lived in the service said that they received all of the help they needed to see their doctor and other healthcare professionals. A person said, "The staff take very good care of us all and when I've been off-colour they'd be been straight on the telephone to my doctor." A relative said, "The staff seem to be very alert to how my family member is doing and for example they know when they have a hospital appointment and they're helpful in making the necessary arrangements."

The registered manager and staff knew about the Mental Capacity Act 2005. This law is intended to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. These included carefully explaining to people why it was advisable for them to see a healthcare professional and why particular medicines needed to be used.

When people lack the capacity to give their informed consent, the law requires registered persons and staff to ensure that important decisions are taken in their best interests. We noted that the registered persons had the necessary procedures in place to ensure that people's best interests were protected. These included consulting with relevant health and social care professionals and with



## Is the service effective?

relatives when a decision needed to be made. For example, a person's relatives had been consulted when it had been proposed to fit a special sensor to the side of their bed. This was considered to be necessary so that staff would know if the person was getting up and needed assistance in order to reduce the risk of falling. A relative said, "I like how the staff do involve me in decisions about my family member's care and I certainly want to be consulted." Another relative said, "Whenever there is a concern about my family member the staff speak to me and ask my permission to do things to help."

However, we found that the registered persons had not robustly ensured that people were fully protected by the Deprivation of Liberty Safeguards. Records showed that the registered manager had not applied for the necessary authorisations from the local authority when it was likely

that three people may need to be deprived of their liberty to keep them safe. These deprivations of liberty may have been needed because the people concerned could place themselves at risk if they chose to leave the service on their own. The people in question had not experienced direct harm as a result of this shortfall because there had not been any occasions when they had actually attempted to leave the service. However, the registered person's oversight in not applying for the necessary authorisations had reduced their ability to ensure that only lawful restrictions would be used that respected each person's rights. The registered manager told us that they would immediately seek the required authorisations. This was so that staff could keep the people concerned safe while protecting their legal rights if it was necessary to deprive them of their liberty.

# Is the service caring?

## Our findings

People were positive about the quality of care that was provided. A person said, “The staff are just so kind to us and nothing is too much trouble for them at all.” Another person said, “Talk about saving your life. I was in a right state when I came here. My family think it’s a miracle cure.”

A relative said, “I have the highest regard for the staff because they’re genuinely caring and whenever I call to the service it has a family feeling to it. That’s why I wanted my family member to come here in the first place.”

During our inspection we saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing care for people. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people’s wellbeing. For example, we heard a member of staff chatting with a person while they assisted them in their bedroom. They spoke about the person’s relatives and about people in the local community who they both knew. We witnessed another occasion when a member of staff was helping a person to change the programme on the television in their bedroom. The member of staff was called away to help a colleague who was assisting another person. We noted that before they left the person, the member of staff assured them that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person’s bedroom and successfully help them to find the programme they wanted to watch. A person said, “The staff always come to see what you want, and if they’re busy they usually ask you to give them a minute, but they always come back quickly.”

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. For example, we observed a member of staff speaking with a person about their work as a local farmer and being genuinely interested in how rural life had changed over the years. Another example involved the way in which staff helped people to celebrate special events such as giving cards to mark a person’s birthday and preparing a special cake for them to enjoy.

Staff recognised that moving into a residential care service is big decision for someone to make and that it can a stressful process. We saw that staff were spending extra

time with a person who had just moved in so that they could be reassured and comfortable in their new home. In addition, the registered manager said that every effort would be made to assist people to bring their domestic pets with them. This was so that people would be able to continue to care for them and enjoy the reassurance of their presence. A relative said, “When my family member first came to live in the service the staff went out of their way to make a fuss of them. It was nice to see and showed that they really cared. It’s just like a big family where everyone counts.”

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people’s private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. However, we found that two communal toilets did not have locks on the doors and so could not be used fully in private. In addition, the doors did not have any signs to indicate when the rooms were occupied. On most occasions staff knocked before going into these toilets. However, we did witness an occasion when a member of staff did not hear a person’s reply and inadvertently opened the door when the facilities were in use. This shortfall had reduced people’s ability to use these toilets in private. When we raised this matter with the registered manager they told us that new locks would be quickly installed so that people could use toilets in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative said, “When I call to see my family member I usually sit in the lounge with them because it’s more cosy but I could speak with them in private if I wanted and no one would question it.”

We saw that written records that contained private information were stored securely and computer records were password protected so that only appropriate staff

## Is the service caring?

could access them. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need to know basis. However, we noted that the office was located in an alcove which was immediately next to a hallway and toilet that was routinely used by people who lived in the service. This arrangement made it difficult for staff to speak on the telephone in private and increased the likelihood that people would

have access to confidential written records if they were not immediately put away. In addition, we saw that on a number of occasions when staff needed to speak in private they shut the door to the hallway. In turn, this led to people who wanted to use the nearby toilet having to knock on the door and apologise interrupting staff and for 'being a nuisance'. These arrangements reduced the ability of staff to respect confidentiality and detracted from the relaxed and homely atmosphere in the service.

# Is the service responsive?

## Our findings

The registered persons had not ensured that there were robust arrangements to promote positive outcomes for people who lived with dementia and who could become distressed. We observed the assistance that was given to one person who lived with dementia and who frequently became anxious and distressed. We were told that routinely the person was cared for in their bedroom and this was confirmed by the records we examined of the care they had received during the four weeks preceding our inspection. The registered manager said that this arrangement was used because the person often found that spending time in one of the lounges contributed to their anxiety. In addition, we were told that the expression of this anxiety had sometimes resulted in the person becoming involved in disagreements with other people who lived in the service. We were present near this person's bedroom for one hour and we noted that they increasingly made sounds that indicated they were distressed. On one occasion a member of staff called to see them and we noted how the person quickly became relaxed and reassured. However, other staff who were in the area did not go into the person's bedroom and so for nearly all of the time in question the person was calling out and distressed. When we called to see the person we found them to be pulling at their clothing as an expression of anxiety, although they quickly responded to our presence, smiled and became relaxed. We brought this matter to the attention of the registered manager who acknowledged that staff had not developed the necessary arrangements to provide this person with all of the support they needed.

Shortfalls in the arrangements to provide person-centred care had reduced the registered persons' ability to promote positive outcomes for people who lived with dementia.

Staff had supported people to pursue their interests and hobbies. Records showed that on most weekdays there was a social activity held in the lounge such as musical movement. During the course of our inspection we saw people enjoying playing a board game, completing arts and crafts and reading the newspaper. A person said, "There's always a lively atmosphere in the lounge with people coming and going. There's usually something to join in with doing. I tend not to do games but I like to watch as it passes the day." Another person said, "The days go

very quickly with visitors around and there are always tons of activities going on." A relative said, "In general I think that my family member is kept engaged and most days when I call there's something going on."

We saw that staff had consulted with people about the practical assistance they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person said, "I really like to know that staff are around at night because it makes me feel safe. If I need help it's there."

We saw examples of staff supporting and enabling people to make choices. For example, we saw a person who was undecided about whether to take lunch in the dining room or have their meal in the lounge. A member of staff quietly reassured them that they could choose where they wished to have their meal and later on we saw them seated in the dining room enjoying their meal. In addition, we noted that people were supported to express their individuality and to meet their spiritual needs. For example, people were offered the opportunity to participate in a regular religious service. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A person said, "I've never had a complaint really but if there was something then I'd just tell the staff and I'm sure that they'd be helpful." A relative said, "The manager is very approachable and we have a chat about how things are going. If things are relaxed, informal and personal there's less need to have to complain because little things get sorted out quickly."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any complaints in the 12 months preceding our inspection.

## Is the service responsive?

**We recommend that the registered persons explore the relevant guidance on how to enable staff to effectively support people who live with dementia and who can become distressed.**

# Is the service well-led?

## Our findings

Some of the systems used to assess the quality of the service people received were not robust. For example, we were told that the care provided for each person needed to be fully audited at least once every six months. This was necessary to make sure that care was delivered as planned so that it safely gave people all of the support they needed. However, we found that these audits were significantly overdue and there were no plans to address this shortfall in the near future. This oversight had contributed to some of the problems we noted not being promptly addressed. These included shortfalls in the support people received to check their body weight and in the arrangements to promote positive outcomes for people who lived with dementia.

We were told that other audits had been completed in relation to subjects such as the management of medicines, infection control procedures and the condition of equipment such as wheelchairs. However, there were no records to show us how well these quality checks had been completed. In addition, we noted that the audit process had not been robust because it had not quickly identified and resolved the problems we found such as the mistakes we have described in the management of medicines.

We were also told that a regular check was completed to ensure that defects in the accommodation were quickly identified and addressed. However, we noted that these audits had not identified a number of problems which we found. For example, one communal toilet did not have any heat source and was cold, another toilet was fitted with a metal frame around the water closet that was rusty and a third toilet had a broken toilet roll holder.

The registered manager said that an incident had occurred shortly before our inspection which had resulted in the electricity supply to the rooms on the first floor having to be disconnected for a number of days. They assured us that alternative lighting had been provided to enable the rooms in question to be safely used. Our records show that the registered manager did not tell us about this event. It is a legal requirement that we are notified about significant event such as this so that we can check that people who use health and social care services are kept safe. We noted that the quality procedure followed by the registered manager had not been robust and had not indicated that

we needed to be informed. This had resulted in the relevant notification not being made and so had reduced our ability to confirm the welfare of people who lived in the service.

Shortfalls in the completion of quality checks meant that the registered persons did not have robust systems and processes in place to ensure that people were suitably protected from the risk of inadequate and unsafe care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had not been fully supported to contribute to the development of the service. The registered manager said that people who lived in the service had not been invited to contribute suggestions about the development of their home by attending residents' meetings. This was the case even though the registered manager acknowledged that some of the people who lived in the service would be interested in the opportunity to comment on their home. Records showed that relatives had been invited to complete a questionnaire in January 2015 to comment on how well the service was meeting their family members' needs and wishes. Although the results showed that most relatives had expressed a high level of satisfaction with the service, we saw that no action had been taken to address responses that were less positive. These shortfalls had reduced the registered persons' ability to obtain the views of people who had an interest in contributing to the development of the service.

In addition, the registered persons had not provided the leadership necessary to enable people to benefit from staff acting upon recognised good practice guidance. For example, the registered persons had not engaged with an initiative that is designed to promote high standards of care in residential care services by championing the key features of person-centred care. Or again, although some of the people using the service lived with dementia, staff had not been supported to join a national scheme that is dedicated to promoting outcomes for people with these special needs. These shortfalls had reduced the opportunities staff had to test and develop their professional practice against nationally recognised benchmarks.

People who lived in the service and relatives said that they knew who the registered manager was and that they were helpful. A person said, "They're very nice and very helpful."

## Is the service well-led?

A relative said, “The registered manager is very much at the centre of things and has their finger on the pulse. When I speak with them they know all of the details about my family member’s care needs and I find that very reassuring.” We found that the registered manager oversaw a number of arrangements that were intended to develop good team working practices so that staff could provide the right care. These measures included there being a named person in charge of each shift. In addition, there were handover meetings at the beginning and end of each shift so that staff could review each person’s care. There were also regular staff meetings at which staff could discuss their

roles and suggest improvements to further develop effective team working. These measures contributed to supporting staff to be able to care for people in the right way.

Staff said that there was an open and relaxed approach to running the service. They were confident that they could speak to a senior colleague or to the registered manager if they had any concerns about another member of staff. In addition, they were reassured that the registered manager would listen to them and that action would be taken if there were any concerns about poor practice. A person said, “On most days the staff do seem to get on well together and in general it makes for a happy home.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered persons had not ensured that people were protected from the risks of the unsafe use of medicines.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered persons had not protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.