

Esteem Care Ltd

Banksfield Nursing Home

Inspection report

20 Banksfield Avenue
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Date of inspection visit:
27 July 2022

Date of publication:
09 December 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Banksfield Nursing Home is a care home providing personal and nursing care for up to 42 people aged 65 and over. At the time of this inspection the service was supporting 18 people. The service accommodates people in one adapted building. Providing dementia care in a 20-bedded unit on the ground floor and on the first floor nursing care is provided to a maximum of 22 people.

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

The provider had made some improvements to the quality monitoring, governance and leadership arrangements which contributed to driving improvements at the home. However, we found some areas of the oversight of safety and quality monitoring in the home still required further improvements. The manager and regional manager recently appointed were still embedding the required improvements identified in the last inspection.

The provider and staff had worked hard to improve people's experiences and to address shortfalls found at the last inspection. The provider audited various areas of people's care however, they needed to sustain the changes they have made and continue to monitor areas of improvement including medicines management and governance. The service worked in partnership with a variety of agencies to ensure people received the support they needed. Staff were positive with how the service was managed and the culture and morale within the staff team had improved.

People and their relatives told us they felt the service was safe. While we saw some improvements had been made to the management of medicines, practices were not always safe and further improvements were still required.

Risk assessments were in place to monitor and minimise the potential risk of avoidable harm to people during the delivery of their care. The records for oversight and actions taken about risks in the environment were not always completed in a timely manner and we have made a recommendation about ensuring the call bell system is fully functional and reliable.

Staff had received training and guidance in the prevention and control of infections including COVID-19.

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; the policies and systems in the service supported this practice. People's care and support had been planned in partnership with them and their relatives where possible. Staff had received training that was suitable to meet the needs of people in the home.

The provider had commenced a programme of redecoration and improvement works to the environment. There were improved systems to ensure people's clinical needs were identified, monitored and met including dietary and nutritional needs. However, we were not assured people always received the level of

oral hygiene required. We have made a recommendation oral hygiene assessments and oral care is consistently completed.

People and their relatives made positive comments about the caring nature of the staff team. They said staff were kind and caring. We saw people were treated with dignity and respect and their right to privacy was upheld. Staff interactions seen demonstrated kindness and a good understanding of people's needs.

People received person-centred care, which was responsive to their needs. Care records reflected people's needs and had been reviewed when people's needs changed. People could engage in regular activities. People's concerns and complaints were managed appropriately. People received dignified end of life care.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 26 October 2021) There were multiple breaches of regulation.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 9 (Person-centred care),11(Need for consent),13(Safeguarding service users from abuse and improper treatment), 14(Meeting nutritional and hydration needs) and 18(Staffing). The provider remains in breach of regulations 12(Safe care and treatment) and 17 (Good governance).

This service has been in Special Measures since 26 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 inadequate to requires improvement based on the findings of this inspection. We have found evidence that the provider still needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Banksfield Nursing Home on our website at 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 identified continued breaches in relation to the safe management of medicines and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Banksfield Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors, a pharmacy inspector carried out the inspection supported during the visit by 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

Banksfield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Banksfield Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC 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 not a registered manager in post. The provider had appointed a registered manager from another of their homes to provide management cover with the intention to register for this home. We have referred to them as the 'the manager' throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 reviewed information we received about the service, including information from the registered provider about important events that had taken place at the service, which they are required to send us. We also sought feedback from the local authority and commissioners. We used all this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home about their experiences of the care provided. We spoke with seven members of staff including the manager, regional manager, the company's care quality nurse and estates manager. We also spoke with three relatives. We reviewed a range of records. This included 10 people's care records, multiple medication records, accident and incident records, three staff recruitment records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the managers to validate evidence found. We looked at training data and quality assurance records and sought feedback from health and social care professionals

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 inadequate. 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

At the last inspection medicines were not effectively managed, including maintaining adequate stocks and following best practice guidance. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 12.

- Whilst the provider made some improvements to managing people's medicines, we found medicines were not always given safely in line with best practice guidance. Three out of the seven people had some gaps on their Medicines Administration Records so we could not be certain that their medicines had been given safely.
- Staff did not always record when topical medicines such as creams were used or where they had been applied. Medicine patches were not always applied in a safe manner, which may have increased the risk of side effects.
- Medicine audits had found some temperature records for two fridges were out of range and staff had not taken any action to remedy this. Medicine audit actions had also not been completed to check whether medicines in the fridge were still safe to give.
- The quantity of medicine to give on 'when required' care plans for two people did not always match what had been prescribed by the doctor. There was a risk these medicines would not be given safely. We found one resident had not had their medicine for six days as it was not available to give.

Systems had not been adequately established to ensure the safe use of medicines. This placed people at risk of harm. This was a continued breach of Regulation 12(1) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had addressed most of the medicine's issues from the last inspection and there were some improvements seen. Staff used visual pain scores for people who were unable to say when they were in pain to help ensure they were treated appropriately.

Assessing risk, safety monitoring and management

At the last inspection arrangements for assessing, reviewing and monitoring risks were not robust and risk monitoring practices were not adequate. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 12 in relation to risk management.

- The provider had established a more improved oversight of people's clinical needs, and established systems to identify and monitor risks to ensure people received the right care. This still needed to be embedded further to manage individual risk.
- Staff completed incident reports and there were improved practices in relation to the recording and sharing of information on accidents and incidents.
- The provider had completed risk assessments for the environment and periodically reviewed them. However, not all the evidence was in place at the time of our visit to demonstrate how risks identified had been addressed. For example, actions following the last fire risk assessment and the risk assessment for the current improvements works in the environment. These were immediately addressed by the management team following our feedback.
- The provider was making improvements to maintaining the property and we saw equipment had been serviced in line with manufacturers' guidance.
- The call bell system service record showed some potential risk of failure and not all call bells were easily accessible.

We recommend the provider ensures that the call bell systems are fully functional and reliable.

Preventing and controlling infection

At the last inspection the provider had failed to ensure systems were in place to demonstrate infection prevention and control was being effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made to the infection prevention and control systems and the environment and the provider was no longer in breach.

- 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 assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had current procedures in line with current guidance in allowing visitors to the home. People

received visitors during our inspection.

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

At the last inspection the provider had failed to demonstrate people were consistently protected from abuse and improper treatment This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 13.

- Improvements had been made to protect people against the risk of unsafe care and treatment. Comments from people included, "The carers make me feel safe" and "I feel safe, there is always somebody about."
- The manager and staff ensured that safeguarding incidents were reported and investigated in line with their safeguarding policy. They shared safeguarding information internally, with the local authority and the CQC in line with their statutory obligations.
- The provider had safeguarding and whistleblowing policies in place and staff knew how to access them.
- Staff received training in how to keep people safe from abuse and were confident about reporting and escalating concerns.
- The provider had improved processes to make sure accidents and incidents were appropriately recorded and investigated.

Staffing and recruitment

At the last inspection sufficient numbers of suitably qualified and competent staff were not consistently deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider had made improvements to ensure that staffing levels throughout the home were appropriate.
- There was an ongoing drive to recruit more permanent staff and the use of agency staff had significantly been reduced. This had helped to improve the consistency and continuity of care provided.
- Staff gave positive feedback in relation to staffing arrangements. Comments included, "We use less agency staff now and there is more continuity for people."
- Feedback from relatives on staffing levels was mixed. One relative told us, "There seems to be more staff now than there was." We were also told two people had waited 'a while' for their call bell to be answered.
- The provider had processes in place for recruitment checks to ensure new staff were safely recruited. Recruitment files showed some minor issues with the information recorded. The regional manager assured us they would be addressed.

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 inadequate. 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.

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

- People's oral hygiene needs were not consistently assessed, and we could not be fully assured people were always receiving the right level of support with their oral health needs.

We recommend the provider ensures that oral hygiene assessments and oral care is consistently completed.

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

At the last inspection the provider had failed to ensure systems were in place or robust enough to demonstrate safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made to the systems to demonstrate safe care and treatment and the provider was no longer in breach.

- At our last inspection people's needs were not effectively monitored. We saw improvements had been made and the manager and staff were working more effectively with healthcare professionals to ensure people's healthcare needs were being met.

- Staff had a good understanding about the current medical and health conditions of people they supported. One person told us, "They send for the doctor and if I need the hospital, they call the ambulance."

- The provider had improved staffing skills, processes and systems since the last inspection to be able to appropriately assess and monitor people's care needs and update risk assessments. However, at this inspection we could not fully determine that this was being consistently applied and sustained.

- People's needs had been assessed before they started using the service.

- People told us they could exercise their choice. We were told, "They [staff] always give me a choice of meals" and "I can ask any time for a shower."

Staff support: induction, training, skills and experience

At the last inspection systems were either not in place or robust enough to demonstrate sufficient training and support for staff. This was a breach of regulation 18 Staffing of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider had an improved system to provide staff with supervision and appraisals. Supervision records demonstrated staff were receiving regular support.
- Staff were fully supported with suitable induction and training at the beginning of their employment. One staff member recently employed told us, "The new manager has been very supportive since I started work."
 - The new manager and regional manager recognised there was ongoing work required to ensure staff were all up to date with training needs. One staff member said, "There has been a big improvement and things are more organised."
- The provider was employing more staff to provide clinical expertise to strengthen the clinical experience in the home and to ensure people's needs could be met.

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

At the last inspection the provider failed to ensure people's nutritional needs had been accurately assessed and people did not always receive a nutritious diet or sufficient levels of hydration. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) 2014

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 14.

- Staff were seen to be appropriately supporting people with their food and drinks.
- We observed people being supported with their meals, the atmosphere was pleasant, unrushed and food was presented in an appetising manner.
- The manager and their staff worked effectively with healthcare professionals to ensure people's nutritional risks and needs were recorded and met. People's care plans demonstrated professional advice was recorded and acted upon.
- People told us they "got enough to eat" and received regular drinks and snacks though the day. Staff used an electronic monitoring system for food and fluid intake which would alert them to insufficient intake.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At the last inspection systems were either not in place or robust enough to demonstrate compliance with principles of the MCA and associated DoLS. This placed people at risk of harm. This was a breach of regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 11.

- We found the service was working within the principles of the MCA.
- The provider and the manager had a policy on seeking consent and assessing mental capacity. Records showed people's consent had been sought and we saw the records of decision making were made.
- DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety. Any conditions related to DoLS authorisations were being met.
- Staff had asked for people's agreement before supporting them with personal care and other tasks. People using the service and relatives confirmed that this was the case

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

- The provider had made adaptations to the environment to meet the needs of people living with dementia better. The delivery of dementia care had been changed from an upper floor unit to the ground floor which enabled staff to monitor people more effectively and safely.
- The provider had an ongoing plan of redecoration and refurbishment in place.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At the last inspection people were not consistently supported in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- Most people and their relatives told us they were able to share their views on the care they received. One person told us, "They [staff] ask about my life and they take time to chat." We observed staff giving people choices and asking for their opinion.
- Staff showed an awareness of people's human rights and their diverse needs. There was evidence to show the majority of relatives, advocates and professionals had been involved in care planning and decision making.
- Relatives gave positive feedback on the improvements of the home were told, "Well now it has improved there is still always room for improvement."

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were caring and respectful. Feedback from people and their relatives was predominately positive. We observed staff showing a caring approach during the inspection. Staff demonstrated knowledge about people's needs.
- People told us and records showed their dignity had been maintained and personal hygiene had improved.
- People were encouraged to be as independent as possible, for example, accessibility to make drinks and obtain snacks in the dining rooms.
- The manager showed awareness about people's dignity or treatment. Improvements had been made to ensure staff received training related to dignity and respect and equality and diversity.

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 inadequate. At this inspection the rating has changed to good. This meant people's needs were met through improved organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection people were not consistently supported in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 9.

- Staff demonstrated good knowledge of people's needs. Care plans generally provided guidance for staff on how to meet people's needs and minimise risks. There was evidence where people's needs had changed appropriate actions had been taken.
- The provider had improved systems and it was evident that communications systems used about people's needs had improved. People's care appeared to be more personalised.
- The provider had recruited new activities coordinators. People were supported with a variety of activities and there was an effort to keep people occupied. Further work was needed to develop the range of activities for people's differing needs. One person cared for in bed told us they rarely got any 1:1 activity time.
- The manager and staff followed the guidance in the care plans and reviewed people's needs without delay. This was a notable improvement from our last inspection.
- The manager had set up relative meetings and a regular newsletter to improve engagement with people's relatives and representatives.

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 were assisted with their communication needs and in line with their needs. Pictorial cards were seen to be in use for one person.
- Staff had assessed people's communication needs and documented them in their care plans

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service. Actions had been taken to respond to complaints and used to improve people's experiences.

End of life care and support

- The provider had made improvements to ensure people and their relatives were supported to plan for their end of life care.
- The manager had sought new training on end of life care from a local hospice and arrangements for staff to receive up to date training in supporting people at the end of their life. Positive feedback was seen regarding end of life care provided by the staff team.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. There were shortfalls in service oversight and we were not fully assured about the consistent delivery of safe and high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
At our last inspection the provider failed to assess and monitor the quality and safety of the service provided and to mitigate risks relating to the health, safety and welfare of people who lived at the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had recently appointed a manager who has commenced registering with us as the homes manager and a new regional manager. There were improvements in the leadership and governance arrangements at the service. However, the consistency of management and oversight had yet to be evidenced.
- While improvements had been made in various areas, we found medicines management systems needed to be further improved. There were shortfalls in the administration and monitoring of safe use of medicines demonstrating that the improvements made needed to be embedded and sustained.
- Various audits had been undertaken. We found some of these were either not completed or not robust. Action plans completed and overseen by the management team were not always completed to show progress or actions had been addressed.

The monitoring of the quality and safety of the service provided failed to mitigate all the risks relating to the safety and welfare of people who lived at the home. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider, management and staff had made improvements to demonstrate their understanding of regulatory requirements and how to address shortfalls. At the last inspection there were seven breaches of regulation. At this inspection we found five of the breaches and associated shortfalls had been addressed and care, quality and peoples experiences had improved.

- The provider had made some improvements in the systems used for the oversight of people's clinical needs and we noted there was an improvement in the culture and feel within the home. Lessons were learned from incidents in the home and observations had improved on peoples changing needs

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

At our last inspection the provider had failed to report safeguarding concerns to relevant authorities and CQC. This was a potential breach of regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager and their staff knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements.
- Significant improvements had been made to the way incidents were shared with other organisations. They had notified CQC of events, such as safeguarding and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and management had good links with local authority and local clinical commission group and had worked jointly in improving the service, developing learning and best practice.
- People, their relatives and staff were consulted in the running of the service, recent surveys had completed but not seen to be analysed in order to establish an overview of people's experience's in the service.
- Feedback from staff was very positive, staff told us they were confident they could make suggestions and felt they were listened to. We were told, "I am able to approach the new manager and raise concerns and know it will be dealt with." We noted the morale within the staff team had significantly improved and feedback from staff supported this.
- The manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been adequately established to ensure the safe use of medicines. This placed people at risk of harm.

The enforcement action we took:

NOD to remove location already in place

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The monitoring of the quality and safety of the service provided failed to mitigate all the risks relating to the safety and welfare of people who lived at the home.

The enforcement action we took:

NOD to remove location already in place