

Little Brook House Ltd

Little Brook House

Inspection report

Brook Lane
Warsash
Southampton
Hampshire
SO31 9FE

Tel: 01489582821

Website: www.littlebrookhouse.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Little Brook House is a residential care home providing personal care to up to a maximum of 25 people. The home does not provide nursing care. At the time of our inspection there were 24 people using the service, some of whom were living with dementia.

Little Brook House is a repurposed, 17th Century, grade II listed, former farmhouse which retains many period features. In addition, there are two purpose built, modern wings in which most people are accommodated. There is a communal lounge, separate dining room and 2 conservatories. There is a large, accessible garden.

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

We continued to find improvements were needed to ensure the safe management of medicines. Some risks to people had not always been assessed and planned for. The systems and processes to safeguard people from the risk of abuse or avoidable harm needed to be more robust. The systems in place to report, investigate and learn from incidents affecting people's safety were not fully effective. Planned staffing levels were not always being achieved but this had not impacted on people's needs being met.

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. Improvements had been made to ensure that the Mental Capacity Act 2005 was fully understood and implemented in line with legal frameworks. Completion rates for training improved, but the supervision programme needed to be further embedded. People received appropriate support with eating and drinking. Improvements were underway to ensure all areas of the home were safe, clean and well maintained. Overall, staff worked closely with a range of community healthcare professionals to meet people's healthcare needs.

Governance processes were in place but needed to be more effective. People received person centred care but records did not provide assurances that they were consistently being supported to participate in regular social and leisure activities. The leadership team and staff worked with a range of health and social care professionals to meet people's needs and to drive improvements within the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 1 December 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service, to review the rating, and to follow up on breached of the legal requirements found when we last inspected.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

We conducted an unannounced focused inspection of this service on 25 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, arrangements for consent, good governance at this inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and Well led which contain those requirements.

The overall rating for the service remains requires improvement.

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

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little Brook House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk and medicines management, the effectiveness of the safeguarding systems in place, governance, and the recruitment of staff.

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

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 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 effective.

Details are in our effective 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 ●

Little Brook House

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

The inspection was undertaken by 1 inspector 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

Little Brook House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Little Brook House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The last registered manager had left in January 2023. A new manager had been appointed and started in January 2023. They had started the process to become registered as manager.

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 received feedback from 1 health and social care professional.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 5 relatives. We also spoke with the manager, deputy manager, chef, 3 care staff and the operations manager.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a further 11 relatives and 2 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 requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider did not have effective systems and processes in place to assess, monitor and manage safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

Insufficient improvement had been made at this inspection and the provider remained in breach of Regulation 12.

- Improvements continued to be needed to ensure risks to people's safety were consistently well managed.
- Risk management plans were not always in place or did not provide staff with sufficient, or accurate, information about how they were to mitigate the risks to people's health and wellbeing. For example, 1 person had, on 2 occasions, left the home without staff being aware. No incident form had been completed in relation to these events and the ongoing risk this presented had not been adequately assessed and planned for. Following the inspection, we have been informed another person has also managed to leave the home without staff being aware.
- A person's seizure plan gave conflicting information about when staff should call the emergency services and there was a lack of clarity about the type of modified diet required by a different person in their care records.
- At our last inspection, we had identified records did not consistently provide assurances people were being offered regular food and fluids or that there was a robust system in place to monitor fluid intake so any concerns could be identified and escalated. This inspection found that overall, people's fluid intake was being more accurately recorded and fluid intake was generally good. However, on days when people's fluid intake was low, the systems in place to monitor, and respond, to this were still not being effective. Low fluid alerts generated by the provider's electronic care recording system were not being adequately investigated or reviewed in a timely manner.
- Triaging of incidents was often cursory or lacked evidence of an investigation taking place to help reviews of care plans and risk assessments and reduce the risk of reoccurrence of similar incidents. This included when 1 person had a fall on 10 February 2023.
- A monthly tracker of incidents and accident was in place, but not all incidents were recorded on this, and this limited the effectiveness of the tool and opportunities for learning.
- Whilst fire training was undertaken, records indicated only 4 of the current staff had been involved in a fire drill. Fire drills are important to ensure staff are able to apply their training and fully understand their roles and responsibilities, and tasks such as evacuations are carried out in a calm and practiced manner.

Further improvements were needed to ensure risks to people's health and wellbeing were consistently well managed. This was a continuing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks and observations following falls were taking place more consistently.
- Most relatives were assured staff were more effective at recognising, and acting, on changes to their health, although 1 relative continued to raise concerns regarding this.
- A suitable legionella risk assessment was in now in place and relevant monthly checks were taking place.

Using medicines safely

At our last inspection, the provider did not have effective systems and processes in place to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

Insufficient improvement had been made at this inspection and the provider remained in breach of Regulation 12.

- Medicines were still not being consistently managed safely, and we were not assured people had always received their medicines as prescribed.
- Following a review of the medicines administration records (MARs) for the period 22 May 2023 to 8 June 2023, we identified 3 medicines errors. Staff undertaking the next medicines round had not identified this to enable prompt action to be taken to understand the circumstances of the error and to allow a review by the GP to be sought.
- The administrations of a variable dose medicine, warfarin, did not always reflect the dose prescribed.
- The prescriber had requested the use of 1 topical cream be reviewed after 7 days, there was no evidence this had happened.
- A more effective system was needed to demonstrate medicines in the form of patches were applied in a safe and correct manner.
- The disposal of medicines was not being recorded contemporaneously or in keeping with the provider's policies.
- Where staff were using PRN or 'as required' medicines, protocols were not always in place to support staff to administer the medicines as intended by the prescriber. For example, 1 person was prescribed a variable dose medicine where staff could offer 1 or 2 tablets. There was no guidance to support staff in deciding about whether to administer 1 or 2 tablets.
- Staff were administering a PRN medicine to 1 person to help manage distressed behaviours. There was no PRN protocol in place to guide staff on when to use this medicine. There was no record of what preventative actions, or what approaches were used to deescalate the distress, prior to the administration of the medicine. The manager told us she was not aware this medicine had started to be used.
- We continued to find shortfalls in the systems and processes in place to support the administration of topical creams. Topical cream records were not always completed fully and had not consistently been checked for accuracy.

Medicines continued to not be consistently managed safely. This was a continuing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes to safeguard people from the risk of abuse or avoidable harm needed to be

more robust.

- During the inspection, we reviewed 2 incidents that raised potential safeguarding concerns. In the case of 1 of these, there had been an internal investigation which had reached the conclusion an injury had been accidental and self-inflicted. However, the concern was not escalated externally to appropriate agencies, or to CQC as required. This is important to ensure any investigations have the right level of scrutiny and oversight by relevant organisations.
- We were unable to be assured the circumstances of a second concern had been investigated. This limited opportunities to learn from the incident in order to protect people from harm.
- People told us they felt safe at the service and this was also the view of most of the relatives we spoke with. For example, 1 person told us, "You will not find anything wrong here".
- A relative said, "I know my [Family member] is very safe here... they treat her so well" and another said, "The team at Little Brook House provide a safe and caring environment for [Family member]. We have no issues about their wellbeing".

Staffing and recruitment

- Improvements were needed to ensure staff recruitment processes promoted safety.
- One staff member did not have any references recorded. A second staff members references were historic and there was no evidence these had been checked and verified by the provider to assure themselves the staff member was of good character.
- Two staff did not have a full employment history recorded.

The provider had not ensured all of the required recruitment checks were completed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst police checks had been completed in the country of origin for all overseas staff, the provider had not carried out a UK DBS criminal record check prior to 2 staff members starting work in line with best practice guidance issued by Skills for Care guidance on 'Safer Recruitment'.
- Despite some turnover in staff and some concerns voiced around challenges understanding some of the new overseas staff who did not have English as their first language, people and relatives were positive about staffing levels. Comments included, "There has been quite a big departure of staff recently and I was worried, but I have to say the new staff are just so kind and [Family member] has really warmed to them", "Given the attention to [Family member] and the residents we do see, we are happy there are always enough staff members" and "I visit my [Family member] 6 days a week & cannot fault Little Brook House on the amount of staff on duty each day I visit".
- Throughout the inspection, we observed people were attended to quickly and there were enough staff in place to support with personal care and with eating and drinking. Although on the second day of our inspection, staffing levels exceeded the planned levels of 1 senior carer and 4 carers and so we could not be certain this was reflective of most days.
- Feedback from staff about the staffing levels was more mixed. Concerns were raised that the planned staffing levels were not always met due to sickness for example. This was corroborated by the rotas.
- Staff all assured us people's needs were still met though, and comments included, "Sometimes there are 4 [Care staff] but other days there are only 3. We need that fourth member of staff on otherwise we are having to be a little bit quicker to get 9 people to bed, but things do get done" and another said, "At the moment we are a bit short staffed, we still try and make sure we give person centred care, we just try and go quicker. We do try and ensure their needs are met".
- Call bell audits were completed by the manager and indicated call bells were responded to promptly.
- The provider and manager were making efforts to recruit new staff. A number of new staff had been

recruited via a Home Office overseas sponsorship scheme and appeared to be settling into their roles well.

Preventing and controlling infection

- Staff received infection control training and feedback from people and their relatives about the cleanliness of the home was positive. Comments included, "Its 100% clean, [Family member] room is always neat and tidy" and "Yes the home is always well looked after the cleaners do a fantastic job".
- Cleaning schedules were in place and those seen were fully completed.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was flexible and taking place in line with current guidance. Overall, relatives felt welcomed with 1 saying, "Now when we visit (with no covid rules) we are always asked where we would like to sit with Mum, in her room or in one of the public spaces. We are always made to feel welcome, with tea and biscuits".

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection, the provider did not have effective systems and processes in place to ensure consent was sought in line with legal frameworks. This was a breach of Regulation 11 (The need for consent) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Overall sufficient improvements had been made to ensure the MCA 2005 was being implemented in line with legal frameworks.
- People had decision-specific mental capacity assessments when it was suspected they might lack capacity in specific areas. For example, mental capacity assessments were in place regarding the use of sensor mats, support with personal care and the administration of medicines.
- Staff had adapted their approach to try and ensure information was presented to people in a format they might best understand giving them every opportunity to make decisions for themselves.
- A local healthcare professional told us, "[Staff member] has been to the home and reviewed the newly completed/reviewed MCA's and spoken with the manager. These have been completed to a good standard

and show the manager completing them has a good understanding of the MCA".

- Where people had a legally appointed representative to manage their financial affairs or to make decisions about their health and welfare, copies of the relevant documents had been obtained.
- Where consent forms for the use of surveillance cameras in the communal areas of the home had been signed by a third party, it was evident they had the legal authority to do this.
- There were some areas where further improvements were needed. For example, it was not evident mental capacity assessments were consistently undertaken prior to applications to deprive a person of their liberty being made.
- Inclusive best interest's consultations had been undertaken but would benefit from being recorded in more detail.

Staff support: induction, training, skills and experience

At our last inspection, staff had not consistently received all of the training relevant to their role and were not receiving regular supervision. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

- Completion rates of training had improved and the training programme available covered a wide range of subjects including dementia awareness, moving and handling, safeguarding and infection control.
- Most of the training was online, but some was delivered face to face by the regional manager, who also undertook moving and handling and medicines competency assessments to ensure staff were able to put their learning into practice.
- Staff were generally positive about the training provided and valued that they were being offered enhanced training in areas such as end of life care.
- Overall, people and their relatives were confident staff were well trained.
- Staff generally felt well supported and able to approach a member of the leadership team if they had concerns. There was some evidence the new manager was delivering a programme of supervision, but this needed to be further embedded.
- New staff undertook an induction that helped to prepare them for their role and introduced them to the needs of people using the service.

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

- We have noted in the safe section of this report, that further improvements were needed in relation to how people's food and fluid intake was being monitored, particularly on days when fluid intake was low.
- There were jugs of fluids available throughout the home, but we noted not everyone had a glass within reach. Two people who were eating their lunch in the lounge rather than the dining room were not provided with a drink until prompted by the inspector.
- Improvements had been made which ensured people, with more complex needs, received person centred support at mealtimes and the mealtime experience appeared to be a positive one for people.
- The provider had employed a chef and meals were now cooked freshly on site each day.
- People had a choice of meals and drinks which looked appetising and which they seemed to be enjoying. Fresh fruit was readily available both at breakfast and throughout the day.
- Relatives were positive about how their family members nutritional needs were being met. One relative said, "[Family member] has put on some weight since coming here, they are now eating properly" and another said, "The staff are very good, they encourage [Person] to drink which is so important for them".

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

- Since our last inspection, the provider had undertaken a number of improvements to the environment. This included making internal communal spaces more accessible for people, installing new flooring, renovating the kitchen, and commencing a programme of redecoration.
- Air conditioning was also being installed and additional equipment had been purchased including profiling beds and monitoring equipment to help mitigate risks arising from the environment.
- We saw a number of people freely taking walks around the pleasant outdoors areas which they were clearly enjoying.
- Further environmental improvements were ongoing but had to be carefully planned and approved due to the building being listed.
- The interior, whilst homely, was still not fully adapted to meet the needs of those living with memory loss or dementia or other sensory deficits, enabling them to meaningfully interact with the environment in which they lived. This had been identified by the manager as part of an audit, although there was no clear action plan in place on how this was to be addressed.

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

- Staff worked closely with a range of community healthcare professionals, and we saw examples where people had been referred to external services for further assessment and treatment.
- Overall, relatives felt their family member experienced positive health outcomes. For example, we heard about 1 example, where a staff member had noted a person was experiencing some pain and had arranged for a paramedic to check the person. The relative said, "The whole situation was handled excellently by [Staff member's name] who acted in a caring professional manner towards both [Family member] and myself".
- One relative did raise a concern staff had not recognised their family member was unwell until they visited and insisted a doctor be called. We have asked for additional information about this so we can ensure any learning has been identified.
- Following the last inspection, training had been provided on the use of observations to support staff identify when people are deteriorating so this can be escalated to healthcare professionals in a timely manner. A healthcare professional told us the training needed to be further embedded as observations were still not being consistently completed.

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

- The provider used an electronic care planning system. The care plans in place covered a range of needs and included some helpful and detailed personalised information about people.
- Reviews of the care plans were carried out monthly.
- Care planning was supported by a range of nationally recognised assessment tools such as those used to identify risks from pressure sores and malnutrition.
- People's protected characteristics as identified in the Equality Act 2010, such as their gender, age, culture, religion, ethnicity, and disability were all part of the assessment process.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

- Whilst there were a number of audits and checks undertaken by leadership team, these were not yet being fully effective at identifying all of the areas we found where safety or quality were compromised.
- For example, despite new systems being introduced to address shortfalls in how the administration of medicines and topical creams were recorded, we continued to find concerns in these areas.
- Audits had failed to identify the provider's policy was not being followed in relation to the disposals of medicines and had not identified the concerns we found in relation to the security and functioning of the medicines fridge. There was no established system for undertaking audits of controlled drugs.
- Monthly audits of accidents and incidents were undertaken but had not identified incidents were not being adequately analysed and reviewed to establish learning.
- The inspection also found continuing concerns regarding how some of the risks to people were being assessed and planned for which had not been identified by the provider's own monitoring systems prior to our inspection.

The provider had not ensured there were effective systems in place to identify and address all of the shortfalls in the safety and quality of the care provided. This was a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other improvements had been made and the service was now meeting the legal requirements in relation to consent and staffing.
- Since the last inspection, there had been a change of manager within the service. The current manager had been in post for 4 months when we inspected. Feedback from people, staff, and local health and social care professionals indicated they were driving improvements, but more time was needed for these to be embedded.
- Staff were positive about the new manager. Comments included, "Manager is turning it around, everyone knows what they have to do and why they are doing it, she is systemising everything, so everything is getting more consistent".
- Another staff member said, "My new manager is an absolute star... she has got us working as a team instead of being disjointed... I feel I am in a team – not out there on my own. I trust my leadership, there is a change in atmosphere, I now like coming to work".
- The provider continued to invest in the premises and improve these for the benefit of people using the

service.

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

- When things went wrong, the provider had apologised and given people honest information, applying the duty of candour where appropriate.

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

- Throughout the inspection, we saw people engaged with a range of activities. This included craft sessions and a visit from a local nursery.

- The provider had purchased an interactive table designed to provide sensory stimulation to people living with dementia. We were told this was being used with people cared for bed which was having a positive impact. We also saw people being soothed and comforted by the use of life like companion pets and fiddle mats.

- However, a review of people's activity records did not provide assurances they were consistently being supported to participate in regular social and leisure activities.

- Staff raised concerns about their ability and skills to provide meaningful activities alongside their caring duties. For example, 1 staff member said, "We can't provide entertainment as well as care. There should be someone 2 hours a day, we are not entertainers, I don't know how to do it".

- Some relatives also told us the frequency and quality of activities was an area where further improvements could still be made. For example, 1 relative said, "[Family member] is far less active in terms of going out, their life is mainly in their room" and another said when asked what the home could do better, "Maybe some more activities and outings, there used to be a lot. I know [Family member] gets a bit lonely in her room".

- Throughout the inspection, we observed people's relationships with staff, in all roles, was positive and people seemed relaxed and very comfortable with the staff supporting them.

- Relatives visited throughout the day and were also welcomed by staff. This all helped to create a vibrant and friendly atmosphere throughout the home.

- Relatives continued to be confident staff cared for people with kindness and compassion and a number commented on the homely atmosphere within the service. For example, a relative said, "I have witnessed the kindness of staff towards the residents and always get a cheery vibe within the home" and another said, "They [Staff] work hard to ensure the residents are comfortable, [Family member] says they are wonderful and that gives me confidence".

- Staff provided person centred support, for example 1 relative said, "[Family member] has severe aphasia, so their understanding of the spoken word and speaking is severely affected... staff take time to talk to them, write down things for them and spend time trying work out what they need".

- Staff were observed to offer people choices and respect their decisions and all the relatives agreed staff knew their family member, and their preferences, well. For example, 1 relative said, "They are happy here, they tell us that they can get up in their own time and have breakfast when they want it, not at a set time".

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

- Meetings were held where family and friends were able to share their views and discuss issues with the leadership team. Most felt these meetings were effective, but we also heard about some examples where feedback had not been acted upon. For example, it had been suggested staff wear name badges in a larger font so they could be more easily seen. A relative told us, it had been indicated this would be actioned but had not.

- Relatives were generally positive about the leadership team and felt the home was well managed, however, we continued to receive mixed feedback about the effectiveness with which the leadership team and provider communicated with relatives. For example, a relative told us "I am always the one who initiates discussions, I feel like I am being a nuisance" and another said, "We work on the basis that no news is good news and as we visit fairly regularly, are confident if there were any problems, we would notice".
- A number of relatives raised a concern they had not been told about the changes in management in January 2023 and told us they would value the reinstatement of monthly emails or newsletters updating them on issues such as staff leaving and joining and the planned activities for the month.
- Staff were complimentary about the support they received from the management team. Meetings were held with staff to communicate important information about the service and to provide clarity about roles and responsibilities.

Working in partnership with others

- The leadership team and staff worked with a range of health and social care professionals to meet people's needs and to drive improvements within the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and wellbeing were not consistently well managed. This was a continuing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were effective systems in place to identify and address all of the shortfalls in the safety and quality of the care provided. This was a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured all of the required recruitment checks were completed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

