

Barchester Healthcare Homes Limited

Adlington Manor

Inspection report

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Date of inspection visit:
04 July 2022
03 August 2022

Date of publication:
05 September 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Adlington Manor is a residential care home providing personal and nursing care to up to 70 people. The service provides support across two units, with one unit providing general nursing care, and the other units providing specialist care for people living with dementia. Each unit has single occupancy bedrooms across two floors with a variety of communal areas, adapted bathrooms and outdoor areas. At the time of our inspection there were 61 people using the service.

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

Risks to people were not always fully assessed and mitigated and we noted areas for improvement to ensure lessons were learnt when things went wrong. People's views of staffing levels were mixed, and further work was necessary to address our previous recommendation about the induction and introduction of agency staff to the service. People generally felt safe, and staff understood their roles in keeping people safe. Medicines were securely stored, although improvements to care planning and record keeping were required. The home was clean and tidy.

Governance systems needed further embedding to ensure they were robust and drive quality and improvement in the home. A variety of checks were completed but these did not always lead to improvement across the wider setting. Meetings were held and people and families were generally happy with how they were supported. Staff felt able to raise ideas and told us communication was good.

Families and professionals spoke positively about how people were supported at end of life although further work was required regarding record keeping in this area. The quality of person-centred care planning varied. People generally felt they had choice and their communication needs were being met. People wanted more activities in the home and the registered manager had recently recruited a driver to help people access the community.

People were treated well by staff and generally felt involved in their care where possible, and that their privacy and dignity was respected.

People were supported to access healthcare services as needed. People were supported by staff who had the training and support they needed to do their role. People's feedback about the quality of food varied, but the chef would offer alternatives if people did not like the menu options. People who required additional support to eat and drink received this and adapted equipment and utensils were used to promote independence.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 October 2021). The service remains rated requires improvement. This is the second consecutive inspection where the service has been rated requires improvement.

The provider completed an action plan after the last focused inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection in the related key questions of safe and responsive we recommended that the provider ensures that all agency staff have an appropriate introduction and induction to the service; and recommended the provider considers current guidance of future care needs and updates this practice accordingly. At this inspection we found some improvements, but further development was required.

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.

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

Enforcement and Recommendations

We have identified breaches in relation to the assessment and mitigation of risk, and systems of oversight to ensure the quality and safety of the service.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Adlington Manor

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 one inspector, a nurse specialist advisor 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

Adlington Manor 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. Adlington manor 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 Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on both days of inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We visited the service and reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with nine people who use the service, four relatives and family friends, and 17 members of staff including the registered manager, deputy manager, nurses, care workers, and auxiliary staff. We spoke to three healthcare professionals.

We reviewed a range of records including seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were examined.

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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found that risks to the health and safety of service users were not always safely assessed. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Improvement to the management of falls was required. At the last inspection we noted that appropriate observations following a head injury were not always being completed. At this inspection we found record keeping needed improving to reflect observations made and evidence decision making when escalating or de-escalating action following a fall. Care plans did not always demonstrate that needs had been reviewed holistically in response to a fall.
- Care plans lacked detail for people with specific conditions, such as diabetes, and did not demonstrate that associated risk including feet and eye care had been considered. For example, diabetes care plans did not always guide staff on how and when to monitor people's blood glucose levels or what action to take.
- People's skin integrity care plans were not holistic and did not always contain enough guidance for staff. For example, care plans lacked detail about the use of any creams prescribed, frequency of pressure relief, and did not consider other aspects of care which may positively impact on skin healing such as a high protein diet and good fluids.
- Staff did not always use the tool for assessing people's risk of malnutrition accurately and appropriate wound care plans were not always in place for people who needed this.

People needs and risk were not always being accurately assessed, and safety managed. This was a continued breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities). The registered manager and provider responded immediately to make the improvements needed within people's care records.

- Generic and environmental risk assessments were in place and checks and maintenance of equipment undertaken.

Staffing and recruitment

At our last inspection we recommended that the provider ensures all agency staff have an appropriate introduction and induction to the service. Further work in this area is needed.

- People commented that they were often supported by staff who they did not know well. One person said, "There's usually only one regular on each floor and different agency every day." Although there were processes to support agency staff within the home it was not always evident that agency staff had a good understanding of people's needs, or the expectation of them during the shift.
- The registered manager advised there were challenges regarding recruitment and various strategies were in place to address these including ensuring consistency agency were booked where possible, and suitable skills and knowledge mix upon the units.
- There was not always enough staff available. We observed that staff were very busy throughout the day. One person told us, "Some of the carers are brilliant but they do change a lot. They do rush about a bit. I think they only have so much time to do things." Some people commented that they sometimes had to wait for support, although others had more positive experiences. Most staff felt that staffing levels were sufficient although one staff member commented, "People here are now more complex. There is not enough time in the day to do those other things, such as taken them out."
- Suitable recruitment process were in place. However, the required records were not always in place to demonstrate these processes were being followed. We discussed some areas for improvement with the registered manager and these were actioned immediately.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that the registered manager and provider had not notified us without delay of incidents that occurred during the carrying on of a regulated activity. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (registration) regulations 2009. Enough improvement had been made and the service was no longer in breach.

- The registered manager was submitting notifications regarding safeguarding concerns as required.
- People generally felt safe at the home and there were suitable policies and training in place.
- Staff had completed training in this area and understood the requirements of their role. They told us they felt confident to raise concerns and challenge poor practice if needed.
- People told us they felt safe. One person said, "I feel safe and very comfortable here. I get plenty of attention."

Using medicines safely

- People medicines were securely stored, and records of administration being maintained. However, we found that record could be more detailed and person-centred.
- Records did not demonstrate that people who received medicine prescribed as a patch had this rotated in line with manufacturer guidelines. Body maps were used, but were not detailed enough to demonstrate suitable rotation, and care plans did not always incorporate the manufacturer's guidance around rotation of patches. This was fed back to the registered manager who took immediate action.
- People who required their medicines to be given covertly, hidden in food or drink, had appropriate multi-disciplinary input and assessment. However, care plans did not always give enough detail on how to give people their medicine in this way. This was fed back to the nurse and registered manager who took immediate action.
- People who had medicines 'as and when' requires, such as paracetamol for pain, had guidance for staff in place. This provided staff with the information they needed on when and how to offer this type of medicine and how to assess that it was effective.
- People told us they received their medicines as needed. One person told us, "They give me medication and they do it more effectively than when I was in hospital." Care plans regarding medicine administration did not always consider or reflect people's preferences and one person commented, "I had to tell the night

staff what to do the other day [with my medicines] because they didn't know."

Learning lessons when things go wrong

- Lessons were not always effectively and quickly learnt.
- Shortfalls found at the last inspection regarding managing risk had not consistently been clearly addressed. For example, the management of head injuries and induction for agency staff had not been robustly and effectively addressed and this impacted on people's experience of care at the service.
- The registered manager and provider had systems in place to analyse themes and trends. However, we found further work was needed when analysing accidents and incidents to effectively prevent further reoccurrence using a holistic and multifactorial approach. This included ensuring initial records were improved to help understand the context of incidents recorded, especially where no harm was caused. For example, where a person had fallen but not been injured.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were 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.

People were supported to receive visits from friends and family in line with guidance in place at the time. We saw people enjoying visits from friends and family throughout the inspection and people and staff all commented on how this had positively impacted on people. Processes and facilities to support contact with family were in place should the home have any concerns regarding infection outbreaks.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were good, and people's feedback confirmed this.

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

- Assessments and care plans to deliver care in line with needs were not always as detailed and robust as needs. This is discussed in both the safe and well led key questions of this report.
- People had assessments and care plans in place. Staff told us they were updated if anything changed for people through handover at the start of shift, meetings and updates throughout the day where needed.

Staff support: induction, training, skills and experience

- Staff received a variety of training and checks of skills to ensure they had the skills needed to support people. One person told us, "Most of the staff appear to know what they are doing."
- Staff told us they felt well supported in their role and training had covered all relevant areas. Staff spoke positively about the trainer who delivered the face to face training and said, "The trainer make it fun and interesting." We found further training about the use of specific equipment was required and this was immediately addressed by the registered manager.
- Staff spoke positively about the induction process. They told us they completed a variety of training and shadowed more experienced staff before working independently with people.

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

- People were supported with a variety of food and drink throughout the day.
- People had mixed views about the quality of the food. Not all meals were well received, and the menu did not always provide enough options for people. It was not clear that options were available for people who had specific dietary needs. Kitchen staff told us they could provide alternative options when requested and had spent time speaking with people about what they like and dislike to eat.
- People who required support to eat and drink were support by staff appropriately. Adapted equipment was used to support people to remain independent and staff encouraged meals times to be a positive and sociable occasion.
- Process were in place to ensure people who were at risk of losing weight had the support they needed.

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

- Staff supported people to access healthcare services as needed.
- The home worked closely with local healthcare services and ward rounds with the local doctor were held regularly. One healthcare professional told us, "I've always been quite impressed. The staff know people well and are practice in having conversations with people and raising concerns."

- Most people told us they felt the confident they would be supported to access healthcare services as needed with one person saying, "They would get me a doctor if I needed one." However, one person told us of an experience where they had not accessed the medical support they wanted as quickly as possible. The provider had investigated this concern and was learning from these incidents.
- Care records indicated that people were referred to services as needed. However, it was not always evident that this advice was effectively incorporated into care plans. Feedback from healthcare professionals was mixed with some telling us staff were very good at following direction and other feeling there were areas for improvement.

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

- The home was clean and tidy, and adaptations were in place to support people and meet their needs.
- The home had a variety of areas where people could spend time. Most people preferred to spend time in the main communal lounge which could feel busy and cluttered when fully used.
- People were able to personalise their bedrooms as they wished. There were spacious bathrooms with adapted equipment and secure outside spaces for people to spend time.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and there were appropriate policies and procedures.
- Care plans considered people's capacity, and where people lacked capacity decisions were made in the person's best interest. Records did not always reflect this process had been followed as robustly as possible and we discussed this with the registered manager.
- We observed staff generally requested consent before supporting people and promoted choice around aspects of daily living.

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 good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People generally felt well treated and supported by staff.
- Feedback from people included, "The majority treat me with some sort of respect." and, "I have no complaints about the care. I get well looked after." Some people told us they experienced shortfalls in care, such as staff rushing them or being a little rough, but generally felt these were isolated incidents.
- Family spoke positively about how people were supported. One family member told us, "I feel welcomed when I visit. It's like coming home. The staff are very nice."

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

- Records showed families and people were involved in formal care plan reviews.
- People told us they felt able to talk to staff and the registered manager about their views. One person told us, "If I want anything or something changing, I just ask the carers for a chat." Staff told us they felt able to advocate on people's behalf if they became aware of any specific needs or preferences for the people they were supporting.
- Reviews had not always been consistently completed in the time frames required and this was an area the registered manager was addressing. Families told us they felt able to share views and were kept up to date with any changes affected their relative.

Respecting and promoting people's privacy, dignity and independence

- People generally felt their privacy was respected and dignity and independence were promoted.
- We observed positive interactions where choice was promoted, and dignity respected. However, we also observed some occasions where staff were not as discrete as possible when supporting people or did not ensure that they support people in decision making. For example, around asking people where they wanted to sit.
- Staff knocked when supporting people in their bedroom, and bedroom doors and curtains were closed to ensure people's privacy.
- People told us they felt their independence was promoted. One person said, "I like to do things for myself when I can, but I appreciate their help when I need it."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

End of life care and support

At the last inspection we recommended that the provider considers current guidance of future care needs and updates this practice accordingly. Further improvements in this area were required.

- People had care plans regarding hopes and concerns for the future which touched on end of life wishes. Advanced care plans were in place for some people but lacked person centred detail
- We reviewed end of life records for two people who were receiving this type of support during the inspection. Care plans relating to this area did not always contain person-centred information about people's wishes as they approached the end of life.
- Daily notes for people receiving this support demonstrated that staff were attentive and considerate to the person needs and ensuring comfort and reassurance was given as needed. One family member told us, "Staff have been magnificent and very supportive. The nurse has gone through the care plan review with us and all about palliative care. They know what they are doing, and he couldn't be in a better place. They also treat us like part of the family."
- Families and healthcare professionals felt people received good quality end of life care. One healthcare professional told us, "The staff are pretty good at recognising when people become frailer. They will ensure the right support is in place."
- The registered manager recognised there was a need to improve documentation in this area. The home was looking at becoming accredited with an evidence-based end of life programme. We will review progress on this at our next inspection.

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

- People had a variety of care plans to guide staff on how to meet their needs. However, the quality of care plans varied and did not always contain the enough detail or consider associated needs.
- Care plans varied in levels of person-centred detail, specific information and legibility. Not all care plans contained specific information about how people preferred to be supported. For example, preferences regarding taking medicines or personal care or specific information about needs including frequency of checks or the provision of pressure relief were not always recorded.
- Staff generally supported people to make choices. However, we noted some occasions where people were not supported to choose where they wanted to sit for example. Some people told us they were not always supported in a person-centred way. For example, one person told us they had been left waiting in the dining area for a significant period of time following the lunchtime meal as staff were not available to support them.

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.

- The registered manager understood the accessible information standards and how to meet people's needs in this area.
- The registered manager gave examples of how they met people's different communication needs including accessing audio book, dry boards for people to write and accessing translation services. The registered manager ensured people had access to cultural relevant resources such as television programmes in their first language when needed.
- People's care plans contained information about communication needs and detail about the use and maintenance of equipment they may need, such as glasses and hearing aids.

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

- Visiting was encouraged and supported across the home. At the time of the inspection there was no activity lead in post and staff were fulfilling this role where time allowed.
- There were themed days held throughout the month which included any nation celebration days and staff actively supported these events by dressing up. On the first day of inspection the home was celebrating American Independence Day with America themed food. The registered manager told us they would ensure they were aware of any culturally relevant days for celebration for people and support them to celebrate these.
- Staff would engage people with group activities such as cards and dominoes. However, it was evident that staff struggled to have enough time to provide meaningful activities. and several people told us they were bored. One person said, "There are not many activities. Nothing exciting anyway."
- The registered manager told us they were aware of the shortfalls in activities and were in the process of recruiting an activity lead. They had recently recruited a driver for the minibus and there were plans for trips out into the community. Progress in this area will be reviewed at our next inspection.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to handle complaints and people felt able to raise concerns.
- People, families and staff generally all felt able to raise concerns and were confident when shortfalls were raised, they would be addressed. One person told us, "I have no complaints and if I did, I would speak to a carer first or speak to someone downstairs [registered manager and management team]."
- The registered manager tried to ensure they were available to speak to visitors so they could quickly address any concerns for shortfalls. Where possible staff acted when concerns were raised. A relative told us, "There was an issue a few weeks ago. I went to get staff and they immediately addressed it. They were very responsive and apologetic. It's not an easy job they do."
- The provider had systems for oversight of concerns, complaints and compliments. This identified if complaints had not been responded to with the required timeframe. There was evidence the registered manager investigated and responded to complaints.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 we found the provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made enough improvement at this inspection and remained in breach of regulation 17.

- The provider had not taken sufficient robust action to ensure previous breaches of regulation and recommendation made at previous inspections had been actioned. This included the safe assessment and mitigation of risk, and recommendations regarding end of life care and induction support for agency staff discussed in the safe and responsive key questions in this report.
- There were a range of audits and checks of records completed by the management team. These identified areas of shortfall, such as advanced care planning and person-centred information for care planning.
- Checks had not led to records being effectively addressed and learning across the home. We found several records did not contain up-to-date advanced care plans or lacked person-centred detail and a completed 'getting to know you' record. The home asked families to complete a 'getting to know you record' which contained information about a person's life, interests and preferences and helped staff develop relationships and good person-centred care plans with people.
- A variety of daily and peer checks were completed. These had been partially effective in addressing concerns from previous inspections, as we found the home to be clean and tidy and the relevant equipment for individual use to be in place. However, these systems had not led to the necessary oral care improvements. We visit numerous bedrooms during the morning of a site visit and were not assured that people had received oral care that day although everyone daily record indicated people had received oral care. The registered manager advised they complete random checks of oral care in people's bedrooms but had not done it on the day of our visit.

Systems need further embedding to ensure they were robust and effective in ensuring the quality and safety of the service. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

outcomes for people

- People were generally happy with how they were supported.
- Some people did note areas for improvement which have been discussed on other sections of this report, such as mealtimes and the use of agency staff.
- Improvements to care planning and record keeping were required to demonstrate how person-centred care was being delivered in practice, and help the registered manager maintain oversight of quality in this area.

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

- The provider investigated when things had gone wrong. Accidents and incidents were analysed, and complaints responded to. We noted further analysis and action in response to minor incident was needed to reduce the risk of situations escalating. We discussed the need to be curious and holistic in investigatory approach with the registered manager.
- The registered manager was sharing information with services, including CQC and the local authority when required.

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

- Meetings were held with people and families to collect their views and ideas.
- Key member of the team, such as the chef, would spend time speaking to people and obtaining their views. We observed staff encourage people to share ideas. For example, what activities they would like to do that day,
- Staff felt involved in service delivery, able to make suggestions and raise concerns, and told us communication worked well. One staff member said, "We have regular meetings. If there are any problems, they get dealt with, if we are running low on anything it gets ordered."
- Staff worked closely with other healthcare professionals. Feedback from healthcare professionals was generally positive although, some felt the management team could be more pro-active and responsive.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's needs and risk were not always being accurately assessed, and safety managed.
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	Systems need further embedding to ensure they were robust and effective in ensuring the quality and safety of the service. 17 (1)