

Care South

Sussexdown

Inspection report

Washington Road
Storrington
West Sussex
RH20 4DA

Tel: 01903744221

Website: www.care-south.co.uk

Date of inspection visit:
13 February 2020

Date of publication:
24 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sussexdown is a residential care home providing personal and nursing care to 66 people at the time of the inspection. The service is registered to support up to 77 people.

Care was provided across three units with one unit for residential care, one unit for people with nursing needs and a unit tailored to people living with dementia. The main building and grounds are a former convalescence home for people who had served in the armed forces which had been adapted whilst retaining its historical features. The area of the home for people living with dementia was purpose built.

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

People, relatives and staff told us consistently there were not enough staff to meet people's needs. We identified times of day when the impact of this was heightened and there were times where staff had been absent and had not been replaced. Management had identified this issue and had a plan to address it, but this had not been implemented by the time of this inspection.

There were continued shortfalls in the governance of the service. Some records were incomplete and shortfalls we found had not been addressed, despite being picked up in audits. There was a new management team in place and they had started to identify and address issues, as well as working to improve the culture of the service. Feedback from staff about the culture was mixed, as improvements had not yet had a positive impact.

People felt safe when staff supported them and plans were in place to reduce risk. There had been recent improvements to medicines records which were completed after the inspection. People received their medicines safely and they were stored and managed securely. The home environment was clean and staff followed best practice in relation to infection control.

People gave us mixed feedback on the quality of the food they were served, but their dietary needs were met. Staff supported people to access healthcare professionals when required and people's needs were assessed in line with best practice. There had been improvements to documentation relating to consent. 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 said they got on well with staff and we observed pleasant interactions between people and staff. Staff involved people in care and we saw people being encouraged to maintain their independence. There were a variety of activities for people to take part in and these were personalised. People knew how to complain and complaints had been responded to, improvements to the recording of complaints were made after the inspection.

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to governance and staffing at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Sussexdown

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, two assistant inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sussexdown is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service including feedback shared with CQC and information within statutory notifications. Statutory notifications are reports of events or incidents providers are required by law to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 11 people and four relatives. We spoke with the registered manager, the regional support manager, the operations manager, the activities lead, a nurse, a care team manager and four care staff.

We looked at care plans for eight people including records relating to risk, medicines and personalised care planning. We checked four staff files and records about staff training and supervision. We looked at a variety of documents related to the staffing numbers at the service, as well as records about auditing and governance. We checked minutes of meetings and records of complaints and incidents.

After the inspection

We received email evidence from the provider which we considered when preparing this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- There were not always enough staff deployed to meet people's needs.
- All the people and relatives we spoke with said there were not enough staff. One person said, "I need two staff to support me so there are times when I have to wait because there may not be a second staff member available." Another person said, "Sometimes you can wait for ages for someone to come and help you. The regular staff are very good but they have far too much to do and the agency staff are unreliable." A relative said, "They [staff] are often rushed off their feet and sometimes I come in and [person]'s still in bed at 10.30 because [person] needs [two staff] and they are still busy with others."
- Staff said they were often stretched and they found it difficult to complete all care tasks in the morning. Staff told us they often had to support with breakfast as well as providing personal care to people in the morning. They described that when people needed two staff this was not always possible at the times people preferred. A staff member said, "There is not enough staff, it is so busy in the morning. We have to do care and get people down to the dining room and some days we don't stop care until about twelve o'clock so we are late getting people down for lunch." We observed this was the case during the inspection.
- The provider used a dependency tool which calculated staffing numbers based on people's needs, but we found examples where this did not reflect the care people needed. For example, one person was living with dementia and their care plan said they were at high risk of falls due to lack of insight into this risk. The dependency tool listed them as 'minimal' in relation to mobility and behaviour, despite requiring regular monitoring by staff to manage this risk.
- Rotas showed the calculated staffing levels were sometimes not met. When staff were absent or on sick leave, they were not always replaced. When management were unable to find cover, staff moved between units to cover absences and ensure people's safety. This meant on these occasions the staffing levels across the home had not been fulfilled and staff described being particularly stretched at these times. There had been eight occasions in the last 4 weeks where absence had not been covered due to unavailability of agency or bank staff.

The failure to ensure there were sufficient numbers of staff deployed to meet people's needs was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had identified a need to recruit more staff and shared their plans with us about how they would do this. However, we will require further action to ensure staffing numbers are calculated and fulfilled effectively.

Using medicines safely

- People's medicines were managed and administered safely and improvements to records were in progress at the time of the inspection.
- Where people were prescribed medicines on an 'as required' basis there was guidance for staff about when to administer them, but it was not always personalised. The provider had already identified this in an audit before our visit. The provider was in the process of introducing personalised protocols and the examples seen were detailed and informed staff about these medicines. After the inspection we received confirmation these had been put in place.
- Medicines were stored securely and in line with best practice. Staff had been trained in how to administer medicines safely and their competency had been assessed. Staff used an electronic system and maintained accurate records to show when medicines had been administered to people, and these were checked daily.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to protect them from abuse.
- Staff had received training in safeguarding and knew how to identify potential abuse and how to escalate their concerns.
- Where there had been issues or concerns, we saw evidence that these were shared with the local authority when required.

Assessing risk, safety monitoring and management

- People received care which mitigated risks they faced.
- People told us they felt safe when staff supported them. One person said, "I think I'm safe. I'm warm, well fed and everywhere is very clean, in fact everything is done for me."
- People's care plans showed staff routinely assessed risks such as risks of falls, malnutrition or skin breakdown. We saw examples of plans being followed to keep people safe in these areas.
- One person was cared for in bed and required support to reduce the risk of developing pressure sores. Staff applied prescribed creams to the person, checked their skin daily and supported them to reposition regularly. Records showed these actions were completed as planned.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because the provider had systems in place to ensure the home environment was clean and best practice was followed.
- The home environment was clean and the provider employed housekeeping staff who were observed cleaning people's home environment throughout the day. People's rooms and communal areas were clean with no malodours and the cleanliness of the environment was checked daily.
- Staff had received training in infection control and followed best practice. Facilities were in place to promote good hand washing and we observed staff using these. The provider had supplies of personal protective equipment in place, such as gloves and aprons, which staff used when necessary.

Learning lessons when things go wrong

- Systems were in place to analyse accidents and incidents and learn lessons from them.
- The provider kept a record of accidents and incidents and these were checked to review actions taken. Records showed that staff took action after falls to keep people safe, with measures introduced to reduce risk.
- There was a monthly analysis of accidents and incidents across the service to identify any patterns or trends.

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's feedback on the food was mixed but their dietary needs were met.
- People's feedback on the food was mixed, but they said there was a choice. One person said, "There are choices but I feel I eat to stay alive rather than for pleasure." Another person said, "The quality of food is a bit sporadic, we've had 4 chefs in two years." At the time of the inspection changes to kitchen staffing and arrangements were in progress, we will check if people's feedback has improved at the next inspection.
- Care plans listed people's likes and dislikes in relation to food and records showed people received food in line with these preferences. There was a choice available to people each day and people could give feedback on food in meetings and reviews.
- Where people had specific dietary needs, these were met. For example, one person was living with diabetes and maintained a balanced diet. This was listed in their care plan and they received food in line with this.
- Where people had difficulty swallowing and required texture modified diets, they received food in line with this. However, care plans did not always show up to date information because they had not been updated to reflect changes in national definitions of textures. We also observed this information as not on display within the kitchen. The impact of this was minimised because the food people received met the recommendations of healthcare professionals. After the inspection we received confirmation this had been addressed.

Staff support: induction, training, skills and experience

- People were supported by trained staff.
- People's feedback about staff competence was positive, but we received negative feedback about agency staff. Agency staff training was checked but people's feedback showed they sometimes lacked understanding of their needs and preferences.
- Staff completed an induction and a variety of training courses tailored to the needs of the people they supported. Shortfalls in staffing numbers had impacted on how thorough the induction was, staff told us their inductions were sometimes cut short as they were required to be deployed to provide care. We will check if action taken to address shortfalls in staff deployment have addressed this issue at our next inspection.
- Staff said they received one to one supervision and training and the provider had systems in place to track these. The provider was in the process of implementing a new system for staff training and supervision

because the summary records did not give an accurate summary of when these had taken place.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was sought in line with the legal requirements of the MCA.
- At our last inspection we found a lack of detail in documents relating to decisions made on people's behalf, so we rated the service as requires improvement in effective. Since our last inspection, the provider had reviewed and updated their documentation and improved in this area.
- People's ability to make decisions had been assessed and where they were assessed as unable to make a decision, staff documented best interest decisions which involved relatives, professionals and staff. These documents showed the principals of the MCA were followed. Staff explored options in order to ensure the least restrictive approaches were taken.
- Where people faced restrictions in their best interests, applications had been made to the local authority DoLS team.

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

- People's healthcare needs were met and staff supported people to access the services they needed.
- Where people had specific medical conditions, these were detailed within their care plans with guidance for staff on how to meet people's health needs. For example, one person had a long-term condition that affected their mobility and meant their needs fluctuated. This was written within their care plan and staff kept records which showed the person's needs were met based on their condition each day.
- Staff supported people to access healthcare professionals when required. One person had visits from a community health team and staff were knowledgeable about the treatment the person received and this was clearly written within their care plan. We did identify some gaps in records related to healthcare professionals which we have reported on in the well-led domain.
- People's care records showed evidence of regular check-ups with dentists and opticians as well as GPs. One person had shown signs of a chest infection and records showed staff had responded to the symptoms promptly and the person was seen by their GP later that day.

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

- Systems were in place to ensure people's needs were assessed in line with best practice.
- People received an assessment before coming to live at the service and records showed these captured

people's needs, preferences and histories. These were then used to inform care planning.

- Tools were used effectively to assess people's clinical needs. The provider used tools to assess people's clinical needs, such as around skin care and nutrition. Tools were consistent with national practice and records showed staff used these competently and regularly updated them.

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

- The service was adapted to suit the needs of the people who lived there.
- People lived across three units, each tailored to their specific needs. People spoke positively about the building and its grounds, which were well presented with historic features preserved. Corridors had been adapted with handrails to enable people to mobilise and there was lift access between floors.
- The area of the service for people living with dementia had been designed in line with best practice. This area of the home was purpose built and contained wide corridors and communal spaces, including areas where people could take part in activities and socialise. There were items from the past, posters and homely furnishings and people were observed using these spaces. People's rooms had memory boxes outside with photographs and items familiar to them, to enable them to find their rooms.

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

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Whilst people spoke positively about individual staff, the issues we found with staffing impacted upon people's experiences. People said they did not always receive care at the times they wished and there was sometimes a lack of interaction when staff were stretched. The service will not meet the characteristics of a good rating in caring until this is addressed.
- People were supported by kind and caring staff, who they liked.
- People's feedback about staff was positive. One person said, "The staff are very kind and I've always found them willing to adapt. They know just how I like to be helped." Another person said, "I would really like to be at home and I get quite upset sometimes, but the staff are very patient with me and are helping me to get used to being here."
- We observed interactions between people and staff which showed kindness and familiarity between them. One person was living with dementia and staff observed they were walking and asked them where they were going. The person was unsure so staff asked the person to lead the way for them to make a cup of tea together. Another person sat with staff taking part in an activity and talked about the local area and where they grew up, staff asked questions which showed they knew the person's history.
- Care was planned around people's diversity. Care plans captured information about people's culture, faith and sexuality so care could be planned around these needs. We saw evidence of people being supported to practice their faith at the service. There was a chapel which staff told us was used by ministers of different faiths.

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

- People were involved in their care.
- Care plans showed people and relatives had been asked about care when they came to the service and at monthly reviews. Where they made requests, these prompted changes to people's care plans.
- There were meetings at the service and these showed people and relatives were given opportunities to make comments or suggestions about areas such as food, activities and the environment.

Respecting and promoting people's privacy, dignity and independence

- People received care that focused on their skills and abilities.
- Staff prepared care plans which focused on people's strengths and detailed tasks they could do themselves. For example, one person was living with dementia and was able to tend to their own oral healthcare with encouragement from staff. There was a care plan around this and staff recorded daily when

the person had brushed their teeth.

- People received care in a dignified manner. Staff told us measures they took to preserve people's dignity when providing personal care and we observed this took place discreetly behind closed doors. Staff knocked on people's doors and waited for permission before entering their rooms and people said they found staff to be respectful.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question now improved to good.

This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure people always received personalised care and activities. This was a breach of regulation 9 (Personalised care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care was planned in a personalised way.
- Care plans provided staff with information about how to meet people's needs, as well as what was important to them such as their routines and preferences. For example, one person was living with dementia and felt most comfortable in their own company but was at risk of falls. Care had been planned in a way that ensured the person spent time alone as they wished, with discreet supervision from staff to ensure they were safe.
- Care was regularly reviewed and when things changed, care plans were updated to reflect people's current needs. Reviews covered all areas of care and staff picked up changes. For example, a recent review identified minor weight loss for a person which prompted changes to their nutrition care plan.

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

- People had access to a variety of activities.
- People said they had access to a variety of activities. One person said, "As I'm able to go out by myself I can entertain myself, I join in some of the activities." A relative said, "[Person] loves going out and the home does organise for them to go out. They went to a Buckingham Palace garden party as well as the garden centres."
- There were staff who took the lead on activities and these were available seven days a week. People's interests were recorded in care plans and we saw evidence of them taking part in activities which matched these.
- One person liked music and they had been supported to attend regular musical activities. Where people spent time in their rooms they received social visits on a one to one basis, but we found these were not always reflected in records. We have reported on records further in the well-led domain.

- There was a timetable of activities that covered a variety of interests and preferences, including arts, entertainment, exercise and games. People discussed activities at meetings where they had opportunities to provide feedback or make suggestions.
- People had been supported to take part in regular outings, such as a person who had been supported to go to Wimbledon as they liked tennis. The service had a minibus which was used to take people on outings and people had been involved in choosing destinations of group outings and small trips.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- Care plans informed staff about any communication needs people had, such as any visual or hearing impairments, and the support needed around these. One person was living with dementia and there was personalised guidance about how to interact with the person which staff were knowledgeable about.
- Information about the service, such as complaints or meetings, was available in accessible formats.

End of life care and support

- People received sensitive and dignified end of life care.
- Care plans documented people's wishes regarding end of life care and considered what was important to people, where they wished to receive care and any cultural or spiritual needs.
- The service regularly worked alongside community health teams and there were systems to ensure medicines for end of life care were in place and could be administered by trained staff.

Improving care quality in response to complaints or concerns

- People knew how to complain but records of complaints were inconsistent.
- There was a record kept of all complaints but this did not always show responses. Whilst records were incomplete, the complaints had been responded to and closed. After the inspection, we received confirmation the records had been updated.
- We found shortfalls in governance which meant themes of complaints had not been picked up, we have reported further on this in the well-led domain.

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

At our last inspection the provider's governance framework had not identified and addressed shortfalls at the service. 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.

- There were continued shortfalls in relation to governance and record keeping.
- People said there was inconsistent leadership due to changes in management. One person said, "Does the manager do a good job? It's too soon to say he's only been here five minutes." Another person said, "I think it's quite well run. The new manager, we'll have to wait and see. They definitely need to improve on staff numbers."
- Improvements following the last inspection had not been consistent. Whilst we saw improvements to care records and activities, some activities and one to one time were not clearly recorded in people's care notes despite people telling us they took place. This made it hard to track the improvements made in this area.
- Important records were not always accurate and up to date. As well as the complaints file not being complete, cleaning records for the kitchen had not been completed accurately. A person who had visits from a district nurse for regular treatment did not have records which reflected every visit. Another person required regular checks for their safety and there was no chart in place to monitor this need, we received confirmation this was put in place in response to our feedback.
- Where we identified the legal requirements relating to staff deployment were not met, there were shortfalls in governance related to staffing.
- People told us they often had to wait when they requested support, but there had been no formal audit of call bell response times since April 2018. A quality and compliance audit in December 2019 identified, 'There are occasions when staffing levels are reduced due to sickness and unavailability of agency staff.' This had not been addressed by the time of our visit, but we saw evidence of work being underway to recruit more staff.
- Staff described needing to assist with tasks such as breakfast, which impacted on their ability to meet

people's care needs. This had not been picked up by management, who told us they were unaware staff were having to support with these tasks despite conducting daily observations.

- The provider's systems had not picked up that staffing was a theme of complaints and there had not been a recent survey to gather people's feedback on this. We also found the provider's system to calculate staffing did not always accurately reflect people's needs and audits had not picked this up.
- The registered manager, regional support manager and operations manager had all been appointed within the last three months and had started to address shortfalls. There had been an audit of medicines at the time of our visit which had identified shortfalls and prompted improvements to medicines records. Improvements to complaints records and analysis took place after the inspection in response to our feedback. We will require further action to ensure the governance of the service is consistent and robust.

The shortfalls in relation to governance were a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood the responsibilities of their registration. Providers are required by law to notify CQC of important events, such as deaths or serious injuries. Where required, the provider had notified CQC of these types of incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was in a period of change, and improvements to the culture were in progress.
- There was a new manager in post who had started to implement change, including work to recruit more staff. Staff described how the issues with staffing levels sometimes affected their wellbeing and impacted on care delivery. One staff member said, "Some days we have really bad days and some days we have good days."
- The service had been through two changes in management in the previous 12 months and staff described how this inconsistency affected the culture. We will check if changes made in response to our findings have improved the culture at our next inspection.
- People had regular meetings and these were used to discuss their home and the care they received. Minutes of these showed people could make suggestions or give feedback.
- Staff had regular meetings where they discussed the service. Recent meetings were used to introduce the new registered manager and discuss changes, such as plans to recruit a deputy manager, and refurbishment works which were due to take place.
- There had been surveys of staff to involve them in decisions about the service. Staff received monthly updates in a 'you said, we did' format with examples showing improvements to areas such as employee recognition and systems for staff communication.

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

- Incidents were responded to in an open and transparent manner.
- When things went wrong, such as people sustaining falls, people's relatives and healthcare professionals were informed. We saw evidence of reviews of risk involving relatives to keep them informed of changes to people's care.

Working in partnership with others

- The service worked in partnership with other organisations, which people benefitted from.
- There were links with charities and foundations linked to the armed forces, which contributed to activities

and outings for people. People went on trips into the local community as well as day trips further away, which we received positive feedback about. There were also links with local schools which meant people benefitted from visits from children.

- Throughout care plans we saw links with healthcare organisations and social services to meet people's needs. The registered manager had been building links with the local authority and they had visited recently to do a quality visit around infection control.

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 17 HSCA RA Regulations 2014 Good governance The governance systems had not identified and addressed issues found at this inspection and come records were not accurate and up to date.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of staff at the service to meet people's needs.