

Pressbeau Limited

Village Green Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Village Green Care Home is a residential care home providing personal and nursing care to up to 41 people. The service provides support to older people who may be living with dementia or a physical disability. At the time of our inspection there were 28 people using the service.

Village Green Care Home is a two storey building. The ground floor is used to support people who require nursing care and the first floor has been adapted to support people living with dementia. People share communal areas such as lounges, bathrooms and a garden and have their own bedrooms.

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

People were not always supported by the appropriate number of staff. Staff supported people with essential care needs but did not have time to spend chatting with them or supporting them with social interests. Not all staff had completed the training deemed as necessary in their job roles and systems were not fully in place to check staff competencies. Records were unclear as to whether people were always supported in line with their assessed needs.

People were not always supported safely with their medicines. Risks to people had been assessed, however assessments were not always sufficiently detailed to guide staff how to support people safely. Records were unclear as to whether people were always supported in line with their assessed needs. People were not always supported with a positive mealtime experience.

People were not supported to engage in social interests or leave the service to be a part of the community. Staff did not always support people according to their personal preferences. People were not always supported with kindness and compassion and their privacy and dignity was not always respected.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Audits completed by the manager and provider were not effective in identifying where improvements could be made. Actions were not always taken to drive improvements and some aspects of quality monitoring had not been fully imbedded at the service.

People and relatives were happy with their or their family members care and support. One person told us, "Overall I am very happy here. Staff treat me kindly and with respect which is all I can ask for."

Staff were trained in safeguarding and knew who to report any concerns to. Systems were in place to learn lessons when things went wrong. Staff kept the service clean and followed good IPC practices. Staff felt well

supported and could ask the manager for any help they needed. People were supported to see health professionals if this support was needed. People were asked for consent and staff respected their choices.

People were supported in a kind and caring way for the most part. Staff had made efforts to get to know people well as individuals. Plans were in place to support people with dignity and respect at the end of their lives. The manager had a complaints policy in place and complaints were responded to in a timely manner.

The manager and provider were keen to improve the experience of people living at the service. They took immediate action to address our concerns and had plans in place to continue making and sustaining improvements. We were assured this would address the issues we found during this inspection. People and staff were given opportunities to feedback about the service. Staff worked well with health professionals to help achieve good outcomes for people.

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 the service under the previous provider was good (report published 18 November 2017).

We also visited this service to look at infection prevention control (IPC) practices (report published 11 February 2022) and found no concerns.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the all sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing levels, person centred care and good governance at this inspection. 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 and 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 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 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 ●

Village Green Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the 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 wasn't a registered manager but a manager was in the process of applying to be the registered manager.

Notice of inspection

This inspection was unannounced.

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.

We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including care workers, nursing staff, domiciliary care workers, maintenance workers, the cook, the manager, the quality manager and the provider's representative.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 under a different provider we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- On our first visit, there were not enough staff to support people safely. One staff member was supporting eight people living with dementia and other complex needs on one floor. Some people's one to one staffing had been removed the day before our visit. This had not been considered as a potential risk by the provider. This led to people being at risk of not having their needs met. One person told us, "I would like to go to the garden but there are no staff to take me."
- One person attempted to support another person to have a drink when no staff were present. This was a potential risk as the person may have supported people with specific dietary requirements to drink unsuitable fluids. Other people went without interaction when people needed support.
- Whilst people's basic care needs were met, there were not enough staff to engage and talk with people regularly. People spent long periods of time without staff speaking to them, putting them at an increased risk of social isolation. One person said, "The staff are nice, but they just pop in and out. They do not stay and talk."
- Staff were very busy and prioritised people's personal care needs over anything else. Several times of day, such as mornings and mealtimes were rushed and chaotic. Staff told us they would like more time to spend engaging and talking with people.
- On our first visit, a staff member who had only worked at the service for two weeks was in charge of leading the shift. This staff member was unsure of people's specific needs or how staff needed to be allocated to support people in a timely manner. This put people at a potential risk of not having their needs met.

We found no evidence that people had been harmed. However, there were not always enough suitably trained staff to support people safely. This is a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately to our concerns. They put more staff in place on the first floor. They also reviewed staffing rotas to ensure that experienced staff were available for all shifts.
- Most people and relatives were happy with staffing levels. Call bells were answered promptly, and people did not have to wait long for care needs to be met. One person said, "Never had a problem with staffing. Whenever you need help, they are there." A relative told us, "If I need someone to come and help [family member] I just press the button and they are here quickly."
- The provider recruited staff safely in line with current legal requirements.

Using medicines safely

- On the whole medicines were managed safely. However, we found some stocks of medicines were running low and one person had run out of a medicine they had been prescribed. Staff told us this was an issue with people who did not have access to the same pharmacy as most people using the service. The manager rectified this immediately.
- People's protocols for 'as and when required medicines did not make it clear when or how these medicines should be administered. The manager told us these were in the process of being updated.
- People received medicines on time and were administered medicines in the way they chose. One person said, "Staff sort all of my tablets out for me which takes all the pressure of me. I have no worries now."
- Staff completed checks to help ensure medicines were being administered safely.

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

- People had risk assessments in place in areas such as eating and drinking, moving around the service and communication. However, some of these risk assessments did not give detailed guidance to staff about how to mitigate risks. The manager was in the process of updating these.
- Staff supported people safely in line with their assessed risks, despite some risk assessments needing more detail. One person said, "I feel very safe when the staff use [piece of equipment] to help me. I need two staff for this and there are always two of them. They never cut corners."
- Staff completed health and safety checks, including fire safety checks, to help ensure a safe environment for people. One relative said, "It feels very secure for [family member] here and I know they are safe."
- The manager reviewed incidents and accidents for any lessons that could be learned. Actions were taken in response to these reviews and these were shared with the staff team.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "I feel pretty safe with everything that happens here." A relative told us, "I think [family member] is as safe as they can be here, whilst still being able to do what they want of course."
- Staff were trained in safeguarding and knew the signs indicating people may be at risk of abuse. They knew how to report concerns both at the service and to outside organisations such as CQC.

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.
- Friends and family were supported to visit people living at the service.
- The service looked and smelled clean. Domestic staff told us they were well supported and had time to complete all aspects of their job role. One person told us, "[Staff] keep it sparkling here. They are always spraying and hoovering."

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 under a different provider we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not completed all of the training identified as mandatory by the provider. The manager explained this was a known issue that had been addressed several times. They told us staff would be given time to complete their training in work time to address this.
- The manager had not fully implemented systems to help ensure staff received regular assessments of their competency. They shared their plans to make sure this system was put in place following our inspection. Staff told us they were able to approach the manager or provider for support at any time.
- Staff had good knowledge about their job roles. They also told us their induction at the service was good and fully prepared them to support people. One relative told us, "The staff all seem very courteous and professional. They all seem to know what they are doing."
- The provider ensured agency staff had the same induction and access to support as regular staff. This meant agency staff were a part of the team and supported people effectively.

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

- People were not always supported to have a positive mealtime experience. Staff appeared rushed and some people waited a long time for their meal to be served. One person told us, "I am starving." This person was not served their meal for 45 minutes after saying this and staff did not offer them something to eat before their meal.
- Staff spent little time with people to support them to eat and drink or explain to them what they had for their meal. Some people would have benefitted from this support.
- Some people needed their food and drink prepared in a specific way. It was unclear in some daily records whether people were supported in line with their care plans relating to eating and drinking. This increased the risk of people eating food that was unsafe for them. The registered manager assured us this was a recording issue.
- Food looked and smelled appetising and was clearly enjoyed by people. People's comments included, "The cooks are really good and if you don't like the main meal, they cook you anything you want" and, "The food is excellent here and they have great variety."
- The cook had a good understanding of people's dietary needs. They were passionate about their job and had plans in place to develop a menu based on people's choices.
- People were supported to eat and drink at regular intervals throughout the day.

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

- The service would have benefitted from some decoration to make it more accessible for people living with

dementia. For example, more signs and colour could be used to help people orientate in their environment. The provider was aware of this and showed us the plans they had to make changes to the service.

- People had access to a cinema room and a garden, however, were not supported to use these rooms regularly. The cinema room was being used as a storage room. The manager told us they would address this and support people to use these areas more.
- People were supported to decorate and personalise their bedrooms which gave them a homely feel. One person said, "I love my bedroom. [Staff] have helped me make it like a home from home."

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

- People's needs were assessed when they started using the service. One relative told us, "I was involved in all of the assessments and these also focused on what was important to [family member]."
- The manager was aware of current best practice guidance when supporting people living with dementia. They had plans to implement this at the service.

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 see health professionals such as GP's or physiotherapists if this support was needed. One person said, "I saw [health professional] and now staff help me get up and walk around whenever I want to. I am hoping to walk by myself again one day."
- Staff followed health professionals' advice, and this was added to people's care plans and risk assessments. A visiting professional told us, "The staff here are very responsive. They always listen to what we have to say and make sure it is done."
- People were supported to live health lives, for example by being prompted to eat and drink regularly. Staff had supported some people to exercise in the local community and the manager told us this is something that would continue.

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.

- People were supported in line with the MCA. Where necessary capacity assessments were completed with people and DoLS were put in place. One relative told us, "[Staff] respect that [family member] have their own mind and can make their own decisions."
- Staff had training in the MCA and had a good understanding how this impacted on their job roles.

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 under a different provider we rated this key question good. At this inspection the rating has changed to requires improvement. 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; Respecting and promoting people's privacy, dignity and independence

- People did not always receive kind and compassionate care. Staff often referred to people by their room number or 'that one', rather than by their name. People were described as 'irritable' or a 'misery guts' by the staff team. Staff did not understand it was not dignified to describe people in this manner.
- Staff spoke about people to each other where other people could overhear. Staff were heard to say, 'That one has already been fed' or 'Watch out, [Person] is on one today' where people could hear this. Some staff spoke to people about how they 'could not wait to go home.' This was not respectful and may have made people upset.
- People's dignity and privacy was not always respected. Staff went into people's rooms whilst they were sleeping or relaxing and loudly said 'good morning' or 'how are you'. This startled people and made them feel unsettled. One staff member described people as being 'like children'. This meant people were not being treated in a dignified way.
- When we spoke to staff, it was clear they did not mean any harm with these interactions and did care about people. However, this still had an impact on people. We fed this back to the manager who stated they would be spending more time with staff completing observations of their care. The provider explained they were focusing on staff culture and were aware some poorer practices still persisted from the previous provider.
- People were positive about their support. People's comments included, "The staff are very helpful and extremely nice and friendly" and, "The staff are kind and helpful and treat me with respect." One relative said, "The staff are great. They are open and honest and always on hand to help [family member]. I could not ask for more."
- People's individual needs relating to equality and diversity were respected. For example, if people wished to be supported by a particular staff member this was respected. One person told us, "The staff have a good understanding of what I like and do not like." One person was cooked the same meal every day at their request.
- We observed some kind and caring interactions between people and the staff team. People were relaxed and appeared happy most of the time whilst they were supported.
- Staff supported people to be independent as far as possible. One person told us, "[Staff] respect what I can do by myself and leave me to get on with this."
- Relatives felt confident about the care their family members received. One relative told us, "All the staff, including the agency staff are excellent. They have tried to get to know [family member]."

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

- People were supported to make day to day choices about their care. Staff asked people what they would like to eat, what they would like to wear and if they were happy with what was on TV for example. One person said, "I do get choices and [staff] never force anything on me. I get up at different times of day and they understand this."
- It was unclear if people and relatives were involved in wider reviews and discussions about care plans. One person told us, "I know there is a care plan, but I cannot remember being asked about it." The manager acknowledged this and said they would involve people and relatives in their care plans more frequently.

Is the service responsive?

Our findings

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

At our last inspection under a different provider 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.

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

- People were not being supported to follow their social interests. There had not been a dedicated staff member to support people with this for some time. Care staff did not have the time to fully engage with people outside of essential care tasks. This put people at risk of social isolation and boredom. One person told us, "I am held back here. I would like to do more but there are no staff to help me. I am very bored."
- The manager and staff team had not identified people's preferred pastimes and had not supported them to take part in these. One person said, "Someone bought me some crayons to do some drawing but just put them down and then left. I would have liked to chat with them and have some help with the drawing." A relative told us, "I think [staff] try and do a few things now and then but it is few and far between and [family member] does not really want to get involved."
- People were not always being supported to leave the service and explore their community when they wanted to. Staff told us people benefitted from the few trips that happened and they would like more opportunity to support people outside of the service.
- Sometimes, people's care was based around staff availability meaning personalised choices could not always be met. Staff were not always available to sit and speak with people or engage with them in conversation. Some people went for long periods of time in their bedrooms or communal areas with little engagement. One person told us, "[Staff] do try and come and have a chat but they are just so busy."
- People's support plans lacked information about their preferences, likes and dislikes. This meant that staff would not have information about how to support people in a person-centred way. There were no records kept of how people's social and wellbeing needs were being met. This meant we could not be assured that people were being supported with this aspect of their lives.

We found no evidence that people had been harmed. However, people were not being supported to engage in their social interests. Their personal preferences were not always being met. This is a breach of regulation 9 (Person Centred-Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had employed a new staff member dedicated to providing social engagement and wellbeing support with people. This staff member was passionate and on the second day of our visit we saw people enjoying a range of social interests with them. They spoke at length about their plans for future events and the systems they were going to put in place to evidence people were supported with this.
- Staff had made efforts to get to know people as individuals. They knew how people liked their drinks, for example.
- People were positive about the personalised care they received. One person said, "The staff treat me like a

person and not a number. They respect my choices and if I want something then I get it." A relative told us, "Staff keep [family member] clean and tidy and they always look presentable. This is important to them."

- The manager had started to record people's preferences likes and dislikes in their support plans. This would help staff understand how to support them in a more personalised way.

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 (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were not always supported in line with the AIS. The provider had not explored people's communication needs in detail and these were not recorded in support plans. Staff spoke with people using verbal language regardless of their communication needs.
- Staff were not using other methods such as pictures or symbols to help people communicate. Documents such as menus and minutes from meetings were not available in accessible formats. One relative said, "It is hard to help [family member] understand what is going on. I think the staff might need some more training."
- The provider and manager showed us their plans to implement and improve the AIS. This included further training for staff members and the development of easy read menus.

Improving care quality in response to complaints or concerns

- The manager had a complaints policy in place and concerns raised by people and relatives were responded to promptly. One relative said, "I have no need to raise concerns but if I did, I am sure the manager would deal with it quickly."

End of life care and support

- People had plans in place for the end of their life. However, these would have benefitted from being more detailed about people's specific preferences at this time.
- The manager had plans to provide more specific training for staff in end of life care. Staff had a good understanding how to treat people with dignity and respect at this time.

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 under a different provider we rated this key question good. At this inspection the rating has changed to 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; 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 manager's audits were not effective in putting actions in place to improve the service. For example, staffing levels not being adequate, staff training, medication errors, people not being supported with social interests and staff not always treating people with dignity and respect.
- The provider completed audits to monitor the quality of the service and put actions in place to improve the service. However, it was not clear what measures were taken to ensure these actions were completed or if actions taken had been effective.
- Records completed by staff did not always show that people's care plans were being followed. Staff recorded that people were supported with a diet that differed from their care plans. Daily records also did not record how people were feeling and only recorded essential care tasks.
- It was difficult to see when staff supported people with essential care tasks such as pressure area care. The system in place to record notes only recorded the notes when staff inputted them. Staff inputted several care tasks at once and the system recorded all of these at the time staff inputted them. This made it appear for example, people were supported with breakfast, lunch and personal care all at the same time.
- The manager and provider were aware of the shortcomings with this system, however had not yet put plans in place to rectify this.
- The manager had not yet fully implemented systems to monitor the quality of the service. For example, staff training and competencies were not being fully assessed.

We found no evidence people had been harmed. However, systems were not fully embedded to assess and monitor the quality of the service. This made improvements difficult to implement. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was new to their role and felt well supported by the provider. They showed us how they would be improving audits to make sure they were more effective. These had already started to have a positive impact at the service and gave us reassurance that the service could improve further.
- The manager and provider were open and honest with people if things went wrong. They reported notifications to CQC in line with legislation.

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

- The culture at the service was not always positive as staff were unaware some of the ways they interacted with people were not respectful. The manager and provider responded immediately and put plans in place to rectify this.
- People and relatives were positive about their support. One person said, "I love it here. Much better than any other places I have lived." A relative said, "Since [new provider] took over I think things are definitely getting better. There is a nice friendly feel here."
- The new manager was praised by people and relatives. Staff felt well supported in their job roles. One person said, "[Manager] is brilliant and always takes the time to make sure I am alright every day." The manager worked with people and staff on shift to help promote a positive culture.

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

- People and relatives felt it was easy to talk to staff and the manager about the service. However, there were no formal systems to collect feedback from them about the service. One relative said, "I do not recall ever attending a meeting and have not really been asked [formally] about my views. I tend to just speak to staff." The manager had plans to introduce more structured methods of collecting people and relatives' views.
- Staff were supported to feedback about the service in supervisions and informally to the manager. The manager planned to implement other methods, such as staff meetings to gather more feedback from the staff team.
- People felt they were listened to by the staff and the manager. One person said, "It never feels like anything is too much and I am very confident to speak up."

Continuous learning and improving care

- The provider and manager were aware of the improvements that needed to be put in place at the service. They acknowledged that progress had been slower than they would have liked. However, we were reassured by the plans in place and could already see the positive impact these were having.
- The manager was keen to work with organisations such as CQC and manager networks to keep up with best practice guidance.

Working in partnership with others

- Staff worked with health professionals to help ensure good outcomes for people.
- The manager was in the process of familiarising themselves and making links in the local community. This included churches and local cafes.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	We found no evidence that people had been harmed. However, people were not being supported to engage in their social interests. Their personal preferences were not always being met.

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	We found no evidence people had been harmed. However, systems were not fully embedded to assess and monitor the quality of the service. This made improvements difficult to implement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	We found no evidence that people had been harmed. However, there were not always enough suitably trained staff to support people safely.