

Sanctuary Care Limited

# Meadow View Residential Care Home

## Inspection report

Blackthorne Road  
Hersden  
Canterbury  
Kent  
CT3 4GB

Tel: 01227207117

Website: [www.sanctuary-care.co.uk/care-homes-east-and-south-east/meadow-view-residential-care-home](http://www.sanctuary-care.co.uk/care-homes-east-and-south-east/meadow-view-residential-care-home)

Date of inspection visit:

07 June 2022

08 June 2022

Date of publication:

11 August 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Meadow View Residential Care Home is a residential care home providing personal for up to 60 older people. It can accommodate people who live with dementia and younger adults with a physical disability. There were 55 people living at the service at the time of the inspection.

The service was provided over two floors with lift access. Each floor had its own lounge and dining room and all bedrooms had an en-suite toilet. There was a well-tended garden surrounded the home.

### People's experience of using this service

People and their relatives said were satisfied with the level and quality of care they received at Meadow View Care Home. One person told us, "The staff are amazing. They will do anything for you".

Comments from relatives included, "I think they give the best care possible. They have enabled me to be a daughter again, rather than a carer to my mum"; And "Meadow view is like a family home. They allow my mum to be herself but safe and cared for."

The provider had identified a number of areas at the service where service delivery did not meet their expectations. The provider had a plan of action to address and work towards meeting these shortfalls. However, we found additional areas of concern in the management of medicines and potential risks. People could not all be assured they received their medicines as prescribed by their doctor. Risks were not always acted on or updated in people's care records in a timely manner.

People's care plans were inconsistent in providing guidance for staff on people's support needs. Some people had holistic care records, for other people there was limited or no information about their past histories or interests. This information helps staff to engage in conversation with people and provide activities they enjoy.

Recruitment practices were safe to ensure people were protected from the risk of unsuitable staff. Staffing levels continued to be monitored so there were enough staff to meet people's needs.

People were protected from the risks of COVID-19 and other infection outbreaks. Staff wore appropriate personal protective equipment and were trained in infection prevention and control.

People's health care needs were monitored and referrals made to relevant health care professionals. Mealtimes were social events where people eat and chatted with staff. People were offered choices at mealtimes and encouraged to eat regular meals.

Staff and relatives told us the culture of the service was improving. Lessons had been learned when things had not gone the way that they should have gone. This had included additional staff training and improvements in the delivery of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 24 June 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. It was also prompted in part due to concerns received about staffing levels, staff training, the management of complaints and the culture and management of the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow View Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

#### 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 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** ●

# Meadow View Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 carried out by three 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

Meadow View Residential 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. Meadow View Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the manager was applying to be registered with the Care Quality Commission.

#### Notice of inspection

The inspection was unannounced. Inspection activity started on 7th and ended on 15th June 2022. We visited the location's service on 7th and 8th June 2022.

#### 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 commissioners of 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 eight people who lived at the service and nine relatives to gain feedback on the quality of the service provided.

We spoke with 13 staff including the two regional managers, the deputy manager, three team leaders, two senior carers, two carers, the care coordinator, receptionist and assistant chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and care notes. We looked at three staff recruitment files. We also saw a variety of records relating to the management of the service, such as health and safety, audits, service's action plan, satisfaction surveys and meeting minutes.



# 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 changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People could not be assured they received their medicines as prescribed by their doctor.
- There was no guidance for staff about when to administer medicines which were prescribed as 'when needed'. This included medicines for when people became anxious or pain medicines for people who were not able to tell staff when they were in pain. Staff knew people well and described how people presented when they were anxious, or their body language indicated they were in pain. However, this information was not available to all staff who might not be familiar with people's individual needs and to ensure consistency.
- For two people receiving medicines to help prevent blood clots, the number of medicines recorded did not tally with the number of medicines in stock. For one person, records indicated they had received one dose too many. For the other person, records indicated they had not received three doses of this medicine nor three doses of their medicine for their breathing difficulties. Staff told us the discrepancies maybe due to the new electronic medication administration system, however, there was a risk these people had not received their medicines as prescribed.
- Some people required patches applied to their skin to relieve pain. Pain relief patches require regular rotation to maintain healthy skin. Staff only had access to information about where the last pain relief patch had been located on a person's body. There was a potential risk people's skin maybe damaged as staff may place a patch on the same area of a person's skin in a 28 day period. This is contrary to guidance given in the patient information leaflet about the pain relief patches.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us people received their medicines when they needed them. One relative told us, "Medication is always given when needed for pain. I have observed this myself."

### Assessing risk, safety monitoring and management

- There was inconsistent practice in assessing and monitoring potential risks to people's safety. Some assessments ensured people were supported in the right way, whilst information about risks and safety in other assessments was not always comprehensive or up to date. Safety concerns were not consistently addressed in a timely way.
- One person's eating and drinking assessment stated they had no difficulties swallowing. However, staff told us they were at risk of choking due to an incident three days previously. Information about this person's diet was displayed in the kitchen but using a different first initial than all staff knew the person by. The

person was at risk of further choking incidents as the assessment and associated guidance had not been updated in a clear and timely way.

- Guidance for staff about a particular risk for a person was kept in a number of different places in their care records, which meant it was not quickly assessable to staff. One person's wound care assessment only informed staff the district nurse was dressing their wound. There was no guidance about their skin care, where the wound was and what to do if the dressing came off. Guidance for staff about this the person's skin care was kept in a separate record, which meant the person remained at risk of further skin damage.
- Care records did not contain information about the correct setting for each person who required an air flow mattress to maintain healthy skin. Staff told us mattress settings were checked when they weighed people monthly. However, there was no system to ensure mattress settings were correct between these periods.
- We observed one person who had been assessed as at risk of skin deterioration sitting in a chair on top of the straps to their hoist. The deputy manager took immediate action as this practice could lead to further deterioration of the person's skin.

The provider had failed to consistently assess, analyse and mitigate risks to people's safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. A maintenance person was employed to attend to repairs and make sure they were dealt with in a timely way. Electrical and gas appliances were maintained, and fire equipment regularly serviced.

#### Staffing and recruitment

- Staffing levels were assessed and monitored, and new staff checked to ensure they were suitable for their role. However, we have identified an area for improvement.
- We heard the call bell going off continuously for long periods on the first day of the inspection. This could indicate there were insufficient staff to meet people's needs. Staff told us the call bell sounded for people living on both floors, and not just the floor they were supporting people on. This could be confusing for staff as they might assume the call for help was for a person not on the floor they were working on. The provider did not audit the call bell log to see if this was a regular or one off occurrence. This has been identified as an area for improvement. After the inspection the provider confirmed they were addressing these concerns.
- Managers checked staffing levels were in accordance with people's assessed needs. Staffing levels matched the staffing rotas on the days of our inspection.
- Feedback was mostly positive about the quality of staffing. There was a high use of agency staff at night and some people were less satisfied. Comments included these staff were, "Not up to the standards of the other staff." And, "The only problem I have is the night staff. I have brought this to the attention of management and they are endeavouring to resolve the matter."
- Staff were recruited safely. Staff recruitment files included employment histories, checks on people's suitability to work in a care setting were carried out, such as references and Disclosure and Barring Service were carried out before staff were deployed. Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.

#### Learning lessons when things go wrong

- Lessons were learned when things did not go as expected. Discussions and reflections had occurred after significant events, to see whether anything could have been done differently.
- All significant events such as accidents, incidents and safeguarding's were monitored to see if there were any common themes or patterns. The root and underlying cause were identified for each significant event



and lessons were learned. Actions and learning points had been shared with the staff team. This had included additional staff training and improvements in the delivery of care through discussions with staff.

#### Systems and processes to safeguard people from the risk of abuse

- Managers and staff followed safeguarding processes to help safeguard people from the risk of abuse.
- People and their relatives said they trusted staff who made them feel safe. One person told us, "I do trust my staff. They will always help me if I need them." A relative told us, "I feel my mum gets the attention to keep her safe. She is checked on regularly. I know because this happens even when I am there".
- Staff understood what constituted abuse and poor practice. They felt confident if they reported any concerns at the service they would be acted on. They also knew how to report allegations of abuse to external agencies.
- Safeguarding concerns had been reported to the local authority appropriately,. The provider kept CQC informed of safeguarding concerns in a timely way.

#### 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 able to receive visitors in accordance with government guidance. This meant people were able to receive one visitor in the event of a COVID-19 outbreak, to maintain their well-being.

# 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 Good. At this inspection this key 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.

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. 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.

- Staff followed the principles of the MCA 2005, but there was not full oversight of the conditions in people's DoLS to ensure they were always met.
- DoLS authorisations were monitored so re-applications could be made in a timely way before an authorisation expired. However, the condition on one person's DoLS had not been fully met. Action was taken to address this shortfall during the inspection.
  - Where people had been assessed as lacking mental capacity to make a decision, discussions had been held to ensure decisions were made in their best interests.
- We observed staff gaining people's consent before providing support and care.

Staff support: induction, training, skills and experience

- Managers had identified a significant number of staff had not met the expected levels of completion of the provider's training programme. This included only half the staff team being up to date with fire evacuation and the theory of moving and handling people and objects.
- The provider had a plan of action to ensure the majority of essential training would be completed by the end of July 2022. To achieve this, staff were given dates by when to complete their on-line training. The clinical training was booked to include face to face training in catheter care, diabetes, communication and falls. The deputy manager was completing a 'train the trainer' course in moving and handling to provide this training as soon as staff needed it.
- New staff told us they had received a comprehensive induction. This included a programme of training, shadowing experienced staff, support by an appointed mentor and assessment against the standards of the Care Certificate. To achieve this award staff must prove that they have the ability and competence to carry out their job to the required standard. Staff told us they were well supported.

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

- People's needs and choices were assessed before they moved into the service. Assessments were carried out with people, their families, and health and social care professionals where relevant.
- Nationally recognised assessment tools were used to assess and plan care delivery to meet people's needs in relation to skin integrity and maintaining a healthy weight. Assessments also took into account protected characteristics under the Equality Act (2010) such as sexuality and religion.

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

- People were supported to have enough to eat and drink.
- People's nutrition and hydration needs were assessed and their food intake and weight were monitored. These staff actions were effective. Comments from relatives included, "The food is good and her diet is much better now. So much so that she has been discharged from the care of her dietitian." And "My dad did lose weight, but the staff were on it straight away. I was told about it and his diet was looked at and changed."
- People were offered choices at mealtimes and snacks between meals. We observed staff showing people plated meals to help them decide what they wanted to eat. One person told us, "Sometimes the meals are not always what I want but they provide me something different."
- Mealtimes were social events where people chatted together, staff sat with people to support them or eat their own meal. Staff provided encouragement for people to eat. One person said they did not want their lunch. A staff member spent time encouraging them to enter the dining room and another staff member offered them a number of alternatives including one of their favourites.

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

- People were supported to access a range of health care services when they were needed.
- Staff understood people's medical conditions and the action they needed to take so people lived healthy lives. Information and guidance about people's medical conditions and the support they required was detailed in their care plans. For example, where people had limited mobility due to a health condition, there was guidance about how to move and position them safely and comfortably.
- People's oral health was assessed and guidance provided for staff. This included if people needed support to clean their teeth, what type of toothbrush and toothpaste they required and if they were registered with a dentist.
- Relatives told us they were informed about changes in people's health. One relative said, "If a doctor or a nurse visit is necessary, the staff will arrange it."

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

- The home was purpose built and designed to meet people's needs. A programme of redecoration had been completed which included new carpets, furniture and handrails.
- People with dementia who liked to walk around their home were able to do so due to long, wide corridors. There was plenty of space and a choice of places for people to sit.
- There were accessible toilets and bathrooms throughout the service. There was lift access to both floors and handrails to assist people when walking around their home. Signage was used to help people with dementia navigate to where they wanted to go.
- People had access to outside space with staff supervisions. There was an accessible garden from the ground floor and a patio area on the first floor.

# 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 Good. At this inspection this key question 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

- Peoples' care plans were inconsistent in providing staff with information about their needs, choices and preferences. This information is used to guide staff about how to support people with individual and personalised care.
- Some people had limited information about their past histories and what was important to them, such as, their previous employment and interests. For one person, the only information available was that they had a family. For another person their care notes and associated assessments emphasised how important a particular person was for them. However, this person had passed away three months previously.
- Other people had detailed information about their past histories which staff had considered. One relative told us, "Staff took time to find out what dad enjoyed in past years. He always loved his motor bike and cars. They arranged for dad to have a seat by the big window, which overlooks a large roundabout."
- People and relatives told us staff knew people well and responded to their needs. One person told us, "The staff are amazing. They will do anything for you". Comments from relatives included, "My mum has a great bond with her key worker which I feel is very important. This gives mum confidence when she has trust in the person caring for her." And "They go above and beyond to make her happy. She is not easy sometimes but they try really hard."

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 supported to develop and maintain relationships but some people were not always supported to follow their interests. People's interests had not always been identified.
- The care coordinator provided group and one to one activities throughout the service. We observed people leaving an activity session before it had started as it was challenging for one staff member to keep a small group of people stimulated. In some people's care records their main activity was watching TV, with little other stimulation. One person told us how much they enjoyed the view of the garden from their room, but they did not get to enjoy it often as they would like. They explained this was because they needed the support of care staff or the care coordinator, who were not often available to support them with this activity.
- There was a weekly programme of activities which included nail painting, baking, gardening, skittles and colouring and puzzles. There was an activity room on the first floor which could be used as a cinema. We observed people smiling whilst using the interactive 'magic' table. People were catching fish in their fishing nets when they swam across the table. A 'magic' table provides activities based around interactive light games, proven to be effective for people living with dementia.

Improving care quality in response to complaints or concerns

- The provider had identified not all complaints had been dealt with according to the complaints procedure timescales and had taken action to ensure this shortfall did not reoccur.
- There was oversight of themes and patterns in complaints received. These had been shared with staff during an emergency team meeting and added to the homes action plan so they could be addressed.
- Apologies had been made to people when it had been identified where things could have been done better or differently.
- Feedback from people and relatives was staff and managers acted on any concerns or complaints they raised. Comments from relatives included, "When I make suggestions the staff listen and if they are appropriate will act upon them." "I do feel that I can have a chat any time with staff or the managers. They are all available." And "Laundry problems would be my only issue, but the new manager is trying her best to solve the problems."

#### 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 assessed as part of their care plan. Information could be made available for people in accessible formats to meet their needs. This included larger fonts or pictorial information of documents such as how to complain.

#### End of life care and support

- People received appropriate end of life care tailored to their needs, so they and their families were supported at the end stage of their lives.
- People had an end of life plan which recorded the most important things they would like at the end of their life. For example, for one person it had been recorded that they did not have any religious preferences. They would like a specific friend present, classical music to be played and to be pain free and comfortable.
- The service worked in partnership with the GPs and a local hospice, so people received person-centred and pain free end of life care.

# 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 Good. At this inspection this key question 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; Continuous learning and improving care

- Managers and staff were clear about their roles, but quality monitoring processes were not always effective in making necessary improvements to the service.
- Although quality monitoring had identified areas and actions for improvement, we found additional shortfalls at our inspection. The provider had identified areas for improvement in medicines management, but we found additional areas where there were shortfalls. These concerned records of pain patches, a lack of protocols and PRN medicines and the number of medicines in stock did not always match with the numbers given to people.
- The provider had identified improvements were needed with care records. We found that in addition associated risk assessments were not always up to date which put people at potential risk of harm.
- The provider had an action plan to address other identified shortfalls, such as staff training, staff recruitment, the laundry and the cleanliness of the home. These concerns had been rated in order of priority. The provider evidenced they were addressing these shortfalls in a timely manner at the inspection, although each shortfall did not have a proposed timescale.

The providers systems to assess, monitor and improve the quality and safety of the service were not consistently effective. This was a breach of regulation 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team understood their role and responsibilities to notify CQC about events and incidents such as alleged abuse, serious injuries and deaths.

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

- A positive culture was being developed at the service by the new management team. We reviewed a compliment about the culture of the service, driven by the deputy manager (previously team leader). "A team leader who took on the responsibility of leading the home until new managers arrive. The whole atmosphere has changed- happy staff; more happy and content residents. Things actioned, politeness in plentiful supply. Working non-stop to improve the life of the residents and a real ambassador to all who work with him."
- The manager and deputy manager worked together with defined roles to help develop a positive culture

at the service. The deputy manager took the lead in supporting staff and was familiar with the needs of people living at the service. They engaged well with staff and people during the inspection. The manager had oversight of the running of the service and received positive feedback from relatives. Comments included, "The new manager appears to be a very approachable and caring person. She has the residents best interests at heart." And "The manager will listen when you have a problem. The new manager is a great improvement."

- The visions and values of the service were understood by staff and reflected in feedback from people and relatives. Comments from relatives included, "I think they give the best care possible. They have enabled me to be a daughter again, rather than a carer to my mum." And "Meadow view is like a family home. They allow my mum to be herself but safe and cared for."
- There were kind and caring interactions between people and staff. Staff lightly touched some people's arms or put a hand on their shoulder as a sign of affection when talking with them. People's faces lit up when staff smiled and spoke with them. There were a number of conversations where both staff and people laughed together and enjoyed each other's company.
- Managers understood the duty of candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

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

- People, relatives and staff were involved in the service.
- Feedback was regularly sought from people, relatives and staff, so they could be involved in the running of the service. The results of the 2021 residents satisfaction survey were: Everyone was happy with the home overall. Everyone was happy with the care they received including during the pandemic. Everyone was happy with the members of the staff team.
- Family and friends and resident meetings were held where views could be shared about all areas of the service. At the last meeting in May 2022 people were looking forward to the Platinum Jubilee celebrations and summer fete.
- As a result of feedback, more household staff had been recruited to assist with identified problems with the laundry.
- A relative told us, "The new manager is very keen to involve us all in family meetings and get togethers. She is very happy for us to be involved in the home."
- Staff told us communication in the home was getting better and there was always a member of the management team available to contact if needed. Meetings with staff included separate and join meetings with all departments including care, kitchen and domestic staff. One staff member said, "There have been a lot of new staff coming in and staff leaving. But the staff coming in now I feel they want to be here and to work. Staff morale is getting better."

Working in partnership with others

- Staff worked in partnership with other social and health care professionals. This included GPs, district nurses and speech and language therapist to help ensure people received joined up care.

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  The provider had failed to consistently assess, analyse and mitigate risks to people's safety. 12 (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers systems to assess, monitor and improve the quality and safety of the service were not consistently effective.  17 (1) (2) (a) (b)