

Leonard Cheshire Disability

# Beechwood - Care Home with Nursing Physical Disabilities

## 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?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 21 and 24 May 2018 and both days were unannounced. The service was previously inspected 6 February 2017. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. They sent us a review of their action plan in October 2017 to show us the progress they had made to complete the necessary actions.

Beechwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 22 people in one building.

There was a registered manager in post but they were absent from the service at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff we spoke with were knowledgeable about safeguarding people and could explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans were in place to reduce the risks and ensure people's safety. Personal emergency evacuation plans lacked some detail in relation to evacuating people in the event of a fire. Night time staffing levels were a concern and there was no system in place to accurately determine staffing levels.

Environmental checks had not been completed robustly, although the provider had plans in place to recruit additional maintenance staff to improve this. Refurbishments were taking place and the provider was working towards improving the safety of the home in the event of a fire.

Medicines management had improved since our last inspection and there were systems in place to monitor this. We saw people received their medicines in a timely way from staff who had been trained to carry out this role. People managed their own medicines where they had been assessed to do this safely and staff competencies had been assessed in line with good practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The manager had complied with their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had regular reminders about the principles of the Act and the peripatetic manager had worked hard to enhance staff knowledge to ensure people's human rights were protected.

Menus had been planned with people at the home to improve their choice and plans were in place to ensure

the availability of fortified snacks for people to take without the need to ask during the day. People were sensitively supported at mealtimes, which were a relaxed and enjoyable experience for people at the home. Some improvements in records relating to people's food and fluid intake was required and the registered provider acted immediately to rectify this.

Staff interacted with people with warmth and respect and we saw the atmosphere in the home was friendly and supportive. Staff were able to spend time chatting and laughing with people.

People felt able to raise any concerns with staff which was an improvement from our last inspection where we found concerns and complaints had not been acted upon.

The provider was in the process of changing all care plans to provide better guidance for staff. Care plans which had not been updated contained person centred information but the sheer volume of records made it complicated for staff to read.

The home had not been well-led and there had been a lack of robust monitoring by the registered provider. However, detailed audits had been carried out by national, regional and the peripatetic manager which had identified where there were issues including the lack of robust audits. There were plans in place to improve the home within a set time-frame to ensure they were fully compliant with the regulations. This included ensuring staff were supported to develop in their roles by in-depth supervision, robust assessment of staffing levels, improved records and more robust audits.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to developing staff skills. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

People and their relatives told us they were safe, but we were concerned with staffing levels during the night to respond promptly to people's needs.

Risks to people were assessed, recorded and reviewed to ensure they were up to date. Accidents and incidents were analysed to ensure lessons were learnt.

Medicines management had improved.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff received appropriate induction, and training. However, supervision had not always been carried out within the specified period.

Assessments of people's mental capacity was in accordance with the principles of the Mental Capacity Act 2005, although the home was in the process of organising best interest meetings for those people assessed as lacking capacity.

People received support to access health care services and to meet their nutrition and hydration needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People and relatives spoke highly of staff and told us staff were caring.

We observed positive interactions between staff and people who lived at the home.

People's privacy and dignity were respected and staff ensured people's human rights

**Good** ●

### **Is the service responsive?**

The service was not always responsive.

Care plans reflected people's, preferences, choices and personal histories but were complicated for staff to read. They were in the process of being updated to a simpler system to ensure staff had the necessary guidance.

We observed people making choices in their everyday lives and staff supported people to make choices when required.

People knew how to complain and felt their concerns were listened to and acted on.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Audits had not been robust which meant where improvements were required they had not been identified. The registered provider had completed a very robust audit which had picked up the issues and we had confidence these were being addressed.

People and staff told us they were supported by the new management arrangements and had confidence they would improve the service.

The registered provider held regular meetings with people, their relatives and staff to inform them of the changes and to gain feedback and input into service developments.

**Requires Improvement** ●

# Beechwood - Care Home with Nursing Physical Disabilities

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 24 May 2018. Both days were unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day one adult social care and a specialist advisor carried out the inspection.

We reviewed information we had received from the provider such as statutory notifications. We also contacted Healthwatch to see if they had received any information about the provider. We contacted the local authority commissioning and monitoring team, the fire service, the infection control teams and reviewed all the safeguarding information regarding the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people living in the home and a driver. We spoke with the peripatetic manager and both deputy managers. We also spoke with three care staff. We reviewed five care and support plans and the records relating to the governance of the home. We observed a mealtime in the dining room and care provided to people living at the home.

## Is the service safe?

### Our findings

We asked people who lived at the home if they felt safe. One person said, "I am safe and well looked after." Everyone who could speak with us told us there had been improvements at the home and they felt safer.

Staffing levels had been a concern previously and the registered provider was in breach of the regulation in relation to staffing following the last inspection. Some improvements had been made. The provider had previously relied heavily on agency staff and whilst still requiring this support, there had been recruitment of permanent care and nursing staff. People preferred permanent staff to support them and one said about the agency staff, "They don't know the people or the tasks, they just stand around". Although another said, "Some have come back regularly and that helps."

The deputy manager told us there had been a willingness from permanent staff to take up extra shifts over the previous weeks to cover the staff shortage. The service had recently recruited new staff and was in the process of further recruitment. We reviewed the staff rota, and spoke with people using the service and their relatives to check there were sufficient staff to provide a safe service. Staffing levels during the day varied between six and seven and during the night one nurse and two care staff supported people. We received variable responses from people using the service from some people telling us there were enough staff and others telling us they had to wait for care staff to be free to support them. People said, staffing during the night was a concern, which people confirmed had an impact on the time they waited for support. We asked the peripatetic manager whether they used a dependency tool or other methods to determine staff. They told us they were discussing this at regional level and there were plans in place to use a more formal method of determining staff requirements.

The peripatetic manager was in the process of introducing rolling rotas. They had split staff into three teams to support three groups of people at the home, each with a named nurse for each team. They would rotate every month. They said this would give staff a pride in the area they worked in and the feedback they had received from staff was, "They loved the idea." They also said staff would know what shifts they would be working for the coming year, which would help improve staff work life balance. They said they were able to ensure each team had staff with a range of competencies to ensure a good skill mix. This showed us the provider was actively looking at ways to improve the experience of people at the home in relation to consistent staff support.

The fire risk assessment recommended the provider undertake a formal assessment of the staffing levels during the night. They shared our concerns in relation to the number of staff required to evacuate all the people at the home in the event of a catastrophic fire and we asked the peripatetic manager to prioritise this assessment.

At our last inspection, we were concerned about the safe management of medicines. Topical medication charts in people's rooms had not been updated and some had not been completed in accordance with the prescription directions. We noted recent improvements had been made and these were now in place. Electronic administration records had been implemented and staff reported positively about their use in

improving records. The provider monitored medicines administration with increased thoroughness to ensure improvements they had picked up through their own audits and those identified at the last inspection were completed. This meant medicines were now ordered, stored and administered in line with best practice.

We asked staff about their understanding of safeguarding. They demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. Risk assessments were in place to reduce harm to people from known risk. These included standardised risk assessments for assessing people at risk of developing a pressure ulcer and or at risk of malnutrition. We found an assessment for the risk of choking in one of the care files we looked at. This detailed the risk reduction measures required to minimise the risk such as ensuring a 45 degree angle when the person was supported to eat in bed. We cross-referenced this with their care plan which contained the same information, which showed these records had been reviewed together to ensure staff had up to date guidance to follow. Other risks had been assessed and recorded such as the risk of falls, use of bed rails, moving and handling and seizures.

Each person had a personal evacuation plan (PEEP) to guide staff how to support them in the event of an emergency. However, improvements were required to detail how they would be evacuated depending on whether it was night or day. For example, one person could use their wheelchair independently in the event of a fire; they just needed assistance to transfer into it. In addition, not all bedroom doors had any identification to enable an evacuation and most people required assistance of two people to move. A comprehensive risk assessment had been undertaken by an external contractor and there were areas which required immediate improvement. The peripatetic manager assured us this would be given immediate priority by the registered provider and they were awaiting quotations for the work. We had made contact with the fire service as part of our planning service and following the inspection they agreed to visit to check the situation. Fire alarms were tested regularly and equipment such as extinguishers were checked by an external contractor.

Accident and incidents were recorded and analysed. The analysis report for the past 12 months showed that 52 accidents/incidents had occurred and the report detailed the number in the following categories, injury types, incident types, body parts, immediate causes, underlying causes, actions and occupations. This showed an improvement to our last inspection as all accident were now recorded and demonstrated learning from incidents.

We looked at three staff files and found all necessary recruitment checks had been made to ensure staff suitability to work in the home. This included a Disclosure and Barring Services (DBS) check, reviews of people's employment history and two references had been received for each candidate. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. One person we spoke with told us they had been involved in the recruitment of new staff at the home.

At our previous inspections we had found issues with one window which could be opened wide enough for a person to exit. We checked this window and found this had been addressed. However, another window in a person's bedroom was wide open at this inspection, which meant the maintenance checks in place were not adequately robust to pick up areas of potential risk. The provider had recognised the issue with the lack of robust checks and had taken immediate steps prior to our inspection to improve this aspect and employ a second maintenance officer for the home.

Cleaning schedules and records showed regular cleaning took place and the peripatetic manager had made

improvements. We observed staff using personal protective equipment, such as gloves and aprons, throughout our inspection. This helped to prevent and control the risk of the spread of infection

## Is the service effective?

### Our findings

At our previous inspection we found the registered provider was in breach of the regulations in relation to supporting staff to develop through training and supervision. We had also found people were deprived of their liberty without the necessary DoLS in place. There had been some improvements but we found more sustained improvements were required in relation to supporting staff to develop through robust supervision.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found MCA in relation to the decision on living at the home, lap belts, bed rails, medicines and support and treatment. Staff carried reminder cards on the five principles of the MCA with them and we found reminders on noticeboards at the home. Staff could tell us about the principles and their meaning, which showed this increased understanding, would positively benefit people. The peripatetic manager told us they were in the process of inviting relevant people to best interest meetings as these had not been in place when they took up their post. They recognised it took time to do this properly and had an action plan with timeframes for completion.

At our last inspection, we found people deprived of their liberty without the necessary DoLS in place. The registered manager sent us an action plan assuring us they would complete these and the Care Quality Commission (CQC) were notified about two DoLS since the last inspection. No further applications had been made, although the provider identified this and had made requests to the supervisory body and they were waiting for the assessments to be completed.

New staff were supported to develop into their role by going through a formal induction. The provider was initiating a mentor scheme and all new staff were to be supported by their own mentor. The registered provider had implemented a consolidation of learning day for new and older staff to ensure people's skills were refreshed.

Several people said staff who cared for them had the necessary knowledge and skills. One said, "They have good relevant training, they are always going on courses". Staff also told us they attended training. The deputy manager said, "We tap into Locala (community health services) training and anything else that

comes through from the hospital. We also attend local authority best practice events." Two members of staff received additional training in moving and handling to give them the skills to train other staff.

One member of the care staff had responsibility for ensuring training was up to date. Their role was to support staff to access e-learning and help some staff to access the computer. The peripatetic manager told us the registered provider had a comprehensive range of learning and development opportunities available on line. The deputy manager provided us with a report from their training records. This showed staff had completed a variety of training, some face to face, but most through e-learning. The format of the report made it difficult to determine which staff required training in a particular subject and whether this had been completed. We raised this with the deputy manager who said head office monitored training requirements and measured compliance against their own requirements. We could see, one new care staff had undertaken 12 courses in one day and we raised our concerns with the peripatetic manager as there was no evidence to confirm staff understanding and retention following e-learning. Without the evidence to confirm the effectiveness, it was difficult to gauge the quality of this training. Staff told us they felt too much emphasis was placed on e-learning and this was not always their preferred style, but they felt they could not influence this decision as it had been made by the registered provider. We shared our concerns with the peripatetic manager; in terms of ensuring staff knowledge is checked following training, which could be incorporated into staff supervision.

Supervision had not been carried out at the required frequency and was a continuing issue from our last inspection. The peripatetic manager told us from 4 June 2018 the system would be changing and there would be a new structure for supervision with delegated responsibility depending on the grade of staff. The provider had only recently put in systems to improve this aspect of service to ensure staff were supported to develop into their role and prior to this there had been insufficiently robust checks that required actions had been carried out. Therefore, this was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our inspection, we asked people their views on the choice and standard of food. One person said, "Good food, lots to eat, you get choices. They are good if a bit repetitive, new menus are coming in soon." Another said, "They bring out tea, coffee, milk shakes, and juice. You can have anything you want during the day." However, a third person told us they preferred a healthier option and this was not always available.

We observed people's lunchtime experience in the communal dining area. There was a small radio in one corner playing background music. The tables had paper napkins and condiments and music was playing in the background. The chef asked people for their choice of meal earlier in the day. They were reminded of their choice at lunchtime, but offered alternatives if they preferred. The staff offered hot and cold drinks throughout the meal.

Kitchen staff plated up meals in the kitchen, and placed them through a hatch into the dining room for staff to serve. The peripatetic manager told us as part of their improvements they planned to move away from meals served through the hatch and install a hot trolley in the dining room to improve people's choice and experience. The number of staff in the room varied but did not drop below six, there were up to ten diners, four of whom needed assistance, which was given individually and sensitively. People chatted amongst themselves in a calm and unrushed environment where people were encouraged to finish their meal.

We found some of the records of people's dietary and fluid intake required improving to provide a clear record, particularly for those people who required support when out of the home. We discussed this with the managers who agreed to act immediately to improve these records. The deputy manager told us they had recently implemented changes in the kitchen to improve communication between care and catering staff.

This included the introduction of a catering book and handover between catering staff and nursing staff. There was a white board in the kitchen which detailed who required a fortified diet. The peripatetic manager said they were implementing changes to ensure people had the choice to eat healthily. They told us, "Meals in the evenings should be as nutritious as lunchtimes." Plans were in place to improve people's choice including an area for people to make their own meals if they chose to do so. This included the installation of a double open display fridge in the communal area containing snacks for people to have during the day. This showed the provider recognised the importance of eating well to maintain a healthy lifestyle and to improve dietary intake for people at risk.

We saw evidence staff had involved a multitude of professionals to care for people at the service. For example, posture and mobility service, assistive technology services, occupational therapists, podiatrists, and opticians.

We asked people about their ease of access around the building. One person said, "The place is wheelchair friendly, good access", and "It is easy to find your way around". Other people told us they thought the environment was "institutionalised." There was a range of assistive equipment and wheelchair accessible facilities at the home. The home had been converted from a Victorian building and had been adapted rather than designed for people using assistive equipment and those with reduced mobility.

## Is the service caring?

### Our findings

We asked people using the service whether staff were kind and caring. One person said, "Their attitude is good, very good, brilliant", "The regular staff know people well, they treat me as an individual". Other people told us staff were easy to talk to. We asked people whether they were supported to maintain friendships and relationships. People told us their visitors were made to feel welcome. One person told us, "My visitors can come at any time".

People said staff respected their privacy and treated them with respect. One person said, "I am treated with respect" and "They close the door and ask before doing things." We observed staff knocking on people's doors before entering. Staff spoke about the importance of ensuring privacy and dignity was respected at all times; telling us how they ensured this when providing care.

The service supported people to express their views and be actively involved in making decisions about their care and support. For example, one person was writing their own "How to support me" folder, appreciating they were the best person to know how they wanted their support to be provided and by whom. People were involved in decisions about their personal space such as their bedroom. Whilst we were inspecting, one person's bedroom was undergoing refurbishment and they had been involved in choosing how they wanted their room to be refreshed.

Interactions between staff and the people living in the home were all professional and at the same time warm, friendly and caring. Everybody was addressed by their first name. People talked about staff in a friendly way and we saw this had improved since our last inspection. This demonstrated the culture of the home had been positively impacted by strong leadership where people felt involved and listened to.

People were supported to remain independent and gain new skills. The deputy manager told us about people who had a long term goal to live independently and how they supported these people to learn new skills. There were plans to change the environment to make it more facilitating to independence. People would have support to develop skills in meal preparation and other life skills. This showed the registered provider recognised the importance of this type of activity on mental wellbeing and personal fulfilment.

People's equality, diversity and human rights were maintained and our discussions with staff confirmed they understood the importance of respecting these rights. Spiritual needs were recorded in people's care plans. One person told us they had been to church the day prior to our inspection and another person told us how staff had accompanied them to go to church until they gained the confidence to go alone. A notice in the communal dining room advertised a communion service at the home once a month. This showed the provider recognised the importance in supporting people with their spiritual wellbeing.

## Is the service responsive?

### Our findings

At our previous inspection, we found the provider was in breach of the regulations on receiving and acting on complaints. They were not acknowledging, investigating or remedying complaints effectively. At this inspection, we looked for improvements in the management of complaints. Managers recorded complaints on a centralised system and this showed they had been analysed for themes and trends. Between July 2017 and May 2018 there had been seven complaints and the outcomes recorded were as follows: two partially upheld, two resolved, one withdrawn and two complaints on-going. The nature of the complaints included concerns about staffing, maintenance, and finances. We confirmed the provider was now addressing issues. Our discussions with people at the home, also confirmed they felt able to complain, were being listened to, and they had confidence in the new management arrangements to resolve their issues.

We asked people if they had been involved in the care planning process, which would show they received care that was responsive to their needs. One person said, "I am involved in my care plan." Another said, "Every now and then my key workers goes through it with me." Care plans focussed on the person's life, including their goals, skills and abilities. The peripatetic manager was in the process of changing all the care files into a new format and had completed four at the time of the inspection. The older care plans were complicated to read, but contained very person-centred information, which enabled you to build up a picture of the person's life. But where changes had been made following review, we found information in some care plans had not been changed. The peripatetic manager told us all care plans would be updated to the new format by the end of June 2018.

One person confirmed they had noticed an improvement in the provider's response such as in their recent request for changes to their environment. They told us, "I asked for a carpet change, they did this in two weeks." This demonstrated people felt listened to and their suggestions acted on.

The home had two activities organisers, one specifically employed to support people to go out on activities accessed via the home's adapted vehicle. One person said, "If I'm in, I get involved with music and quizzes. Another person said, "They put on quite a lot during the day, bowling, music, exercise." Other people told us they were able to maintain their interest and friendships, "I go out to town, I go to shows accompanied by a carer". People were encouraged to go on holiday and one person had been supported to book their own holiday and arrange their transport. They had kept in touch with staff whilst they were away for emotional support.

The provider supported people to remain independent with assistive technology such as telecare. Telecare helps to manage risk and support independence by means of unobtrusive wireless sensors placed around the home, linked to a monitoring system or used as stand-alone devices. We saw various systems in place at the home from supporting people to control their wheelchairs to enabling them to control their environment, such as call bells, lighting and television. The deputy manager explained to us what they had done to investigate alternative controls for one person when their abilities had deteriorated which showed us they were keeping up to date with advances in the assistive technology field.

In addition to personal assistive technology the registered provider was investing in a lifestyle room with all the latest computers, communication aides with eye gaze inclusive technology and finger pointing controls. This enables people with disabilities to communicate and interact with the world using eye-operated communication and control system or with minimal hand function.

The provider was meeting the requirements of the Accessible Information Standard. This requires them to ask, record, flag and share information about people's communication needs. They need to take steps to ensure people receive information, in a way which they can access and understand, and receive communication support if they need it. We saw detailed evidence in the care files we reviewed that people's communication needs had been assessed and included in documents which would accompany them to hospital such as Hospital Passports. A hospital passport provides useful information about any communication, anxieties, likes and dislikes. Staff were aware of people's individual communication methods and could explain these to us in detail.

We found Do Not Attempt Cardiac Pulmonary Resuscitation forms in place for people. This means in the event of a cardiac arrest staff should not attempt to resuscitate them. We also saw recorded evidence of people's wishes in regards to their end of life care including funeral arrangements. Recording this information helps staff to follow people's wishes once they reach this stage of life. The deputy manager regularly attended meetings at the local hospice to ensure they kept up to good practice in relation to end of life care planning to ensure people and their relatives were supported well.

## Is the service well-led?

### Our findings

The service had not been well-led. The registered manager was absent at the time of the inspection and a temporary peripatetic manager and a deputy had been brought in by the registered provider. This was to support the regional manager to make the necessary improvements at the service to meet its regulatory responsibilities and to improve the care provided to people at the home. Some of the shortfalls had been identified since the new regional manager and peripatetic manager had been in post, which was very positive, but it also demonstrated the failure in the systems prior to this to effect the necessary changes.

The registered provider had completed a detailed whole service audit, which had identified areas needing improvements. The manager was working to an action plan with frequent updates provided to the registered provider. They had prioritised the work required ensuring high risk actions were completed first. Prior to this, audits had been ineffective at driving the necessary improvements. A range of new quality assurance checks and audits to monitor and improve standards at the service were put in use as a result of the recent changes to the management structure, with several due to commence on 4 June 2018. The new system for staff supervision was also to start at this date, and we were confident in the peripatetic manager's ability to monitor improvements.

Plans were in place to invest in the environment to make it better for staff and people at the home. Refurbishments were on-going in communal and personal spaces. A new staff office next to the front door was to be created, to enable easier access for visitors to gain entrance and provide a more welcoming area plus to give management staff a more suitable office area. This would provide staff with an area to write notes and communicate confidentially. This meant the registered provider had recognised the benefit of improving the environment for both staff and people at the home.

People spoke highly of the new management arrangements and how they were involving them in the changes at the home. One said, "The new manager is very good. She gets us altogether and tells us what is going on." Everybody we spoke with from staff to people living at the home was positive about the visibility of the managers. One person said, "I see them [managers] every morning, they are very approachable," and, "The new managers are running the place well, brilliant, can't fault them". People felt the managers had put in systems to keep them informed about changes and they could put their views to them." One said, "I go to the meetings; you can say what you like". Another person said, "We are informed, but change is a slow process". People made positive comments about the home, and one person said, "I like the gardens", and, "Nothing could be better."

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The peripatetic manager showed us a file containing accident and incident records that occurred at the service. Staff at their head office analysed these. The peripatetic manager had difficulty accessing some reports on the provider's centralised system and head office managed to provide reports by the end of the inspection. The reports accessed this way included accident and incident information and complaints. These were provided during the inspection. From this we could see arrangements were in place to manage accidents and incidents, these were recorded and analysed.

We looked at what the Peripatetic Manager did to seek people's views about the service. They showed us the minutes from previous meetings with people and their relatives, where they could clearly evidence discussions about the home and the views of the people were sought. At the latest meeting, the minutes recorded the positive feedback from people and their relatives about the new working care folders now kept in their bedroom. These also showed they had sought feedback on the new Personal Care Plans (PCPs), about the information that daily menus were to be placed on dining room tables, and new menus commencing on 2 June 2018 as well as updates about the renovations to some communal rooms and the progress of a new 'LifeStyles' room. The peripatetic manager had also agreed to update people's families every two weeks to keep them informed of the progress at the home. This meant there were mechanisms in place to communicate with people and involve them in decision making in relation to the service.

We could see the peripatetic manager had held meetings with the full range of staff at the service to seek their views and to implement improvements, which had been identified through the home audit system. For example, they held a meeting with the activities staff on 30 April 2018 and the minutes showed they discussed developing a monthly outings plan, designating an outings activity representative, and to have meetings every two weeks to determine what is working and not working. Domestic staff meetings were now in place with a focus on infection control, and improvements to the cleaning schedules. Actions were followed up in subsequent meetings to check on progress. Separate care and nursing staff meetings had been held which demonstrated staff had been informed and involved with changes to the care files, proposed new systems of work, and to address issues staff had. These meetings showed us there were mechanisms in place to give staff the opportunity to contribute to the running of the home.

The provider held a head of department meeting on 1 May 2018, which reflected on the audits and improvements required. Their own action plans were thorough which showed us they were monitoring the service and ensuring improvements were made in line with the agreed timeframe.

The provider sought feedback from people in an annual survey. The latest annual survey took place June 2017 to mid-July 2017. Nine people responded. We reviewed results of the survey and saw they contained positive feedback about the service. Positive outcomes identified were as follows: the service had a positive impact on people's physical well-being, people felt more confident than before, people felt safer and more secure, people's relationships with their friends and family had improved and people experienced a positive impact on their mental well-being. Areas identified for improvement were as follows: activities in the community, one to one staff time, time with volunteers, public attitudes to disability and learning new skills. Where issues were raised for improvement the peripatetic manager was unable to provide the associated action plan. This meant there were mechanisms in place to communicate with people and involve them in decision making in relation to the service, however there was no resulting action plan.

The peripatetic manager told us feedback was sought from all the registered provider's staff in an annual survey, and confidential results were monitored at head office via the Staff Association. This meant there were mechanisms in place to communicate with staff and involve them in decision making in relation to the service.

The previous inspection ratings were displayed on the registered provider's website and at the service. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service. They also met their regulatory responsibilities by notifying us of incidents in line with the requirements.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider was unable to evidence staff had been supported to develop into their role. Supervision had not been carried out at the required frequency and was a continuing issue from our last inspection. Knowledge checks following training were not carried out to check staff had learnt new skills which they would put in practice to drive improvements. The peripatetic manager had plans in place to address the issues and to make these changes. However the registered provider had not maintained robust checks on this following our last inspection and we require a sustained improvement to rectify this breach.