

HC-One Limited

# Catherine House General Nursing Home

## Inspection report

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Date of inspection visit:

08 October 2019

09 October 2019

Date of publication:

06 December 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Catherine House General Nursing Home is a residential care home providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service can support up to 67 people.

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

The service had systems and processes in place for the safe storage, administration and use of medicines. However, these processes were not always followed.

Records were in place to show when medicines had been received, administered and disposed of. Records were not always available to ensure staff were supported to use medicines safely.

There were mixed opinions of the staffing levels in the home with some people, staff and relatives saying they felt there could be more staff whilst others thought there were enough. There was a high use of agency staff, however the staff used were familiar to the home and people living there.

There was a full activity programme in place with people taking part in craft making and enjoying visiting entertainers, however the experience for people on the two floors was very different. The first floor which was the general nursing floor was very busy with people enjoying a variety of activities. Whilst the ground floor where people living with dementia lived did not have any activities and people were observed watching TV or sleeping.

We have made a recommendation about providing meaningful activities for people living with dementia.

Audits used by the home to identify shortfalls had failed to identify some minor inconsistencies in care plan when people's needs changed and the poor recording around the management of medicines. When audits had identified shortfalls, some actions had not been followed up. The registered manager responded promptly to shortfalls raised during the inspection and acted to improve outcomes for people.

People knew how to complain if they had concerns. However, there were mixed opinions on how effectively the home responded to concerns raised.

People received effective care from staff who were well trained and demonstrated a good knowledge of people's needs, likes and dislikes.

People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs. However, the dining experience for some people living with dementia was not a relaxed and social event with staff failing to engage with people when they were supporting them to eat. However, the experience for some people was a cheerful social occasion.

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

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity.

Staff encouraged people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided and could be involved in the day to day running of the home if they wished.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes. However, some care plans contained inconsistent guidance when people's needs changed.

We have identified two breaches in relation to Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

Please see the action we have told the provider to take at the end of this report.  
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 30 March 2017).

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Catherine House General Nursing 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, an assistant inspector, two pharmacy 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all this information to plan our inspection.

#### During the inspection

We spoke with ten people and eight relatives/friends about their experience of the care provided. We spoke with fourteen members of staff including the registered manager, deputy manager and area director. We observed how staff interacted with people in the home. We also 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 five people's care records, 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 also reviewed. We also looked at the storage of medicines, reviewed 17 medicines administration records (MARs) and care files of people within the service and observed a medicines administration round. We reviewed a sample of recent medicines related audits and incidents reported within the service.

#### After the inspection

We had a telephone conversation with a relative who had spoken with us during the inspection. We also spoke with the Regional Quality Director.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines, including controlled drugs were not always managed according to guidance and legislation.
- Medicines were not always stored safely, during the inspection we observed the treatment rooms on both floors were left unlocked upon staff departing, a medicines fridge on the first floor was not locked.
  - Records showed that people received their regular medicines as per the prescriber's intentions. However, we observed that time sensitive medicines were not always administered at the time required. For example, on the day of inspection, three people received their Parkinson's medication late (this is a time sensitive medication).
- Recording of 'when required' (PRN) medicines and topical preparations was not consistent and detailed. Of the seventeen records reviewed most did not have a PRN protocol in place and there were no body maps to indicate where topical creams should be applied.
- Allergies were not recorded on medicines administration records (MARs) in line with national guidance. This increased the risk of people receiving medicines which they were allergic to. Out of 13 peoples MARs reviewed for an allergy status, eight had no allergy recorded and two were incorrect.
- Protocols were not always in place to support staff to administer 'over the counter' (OTC) medicines. One record reviewed had no documentation to support safe administration, whilst another did not have an appropriate protocol in place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner.
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse.
- All staff spoken with told us they were confident they could speak to any senior member of staff if they had concerns.
- People told us they felt safe living in the home. When asked if they thought their relative was safe one visitor said, "Yes I do the staff are so attentive and helpful that I have no fear of anything happening to [the person]."

### Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risk assessments related to moving and handling, nutrition and hydration and preventing pressure ulcers.
- People were transferred safely by staff using special equipment. We observed staff supporting a person with a transfer between an armchair and a wheelchair. Staff kindly talked the person through the procedure and reassured them throughout. Care plans contained details to provide guidance to staff and mitigate any risks.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

### Staffing and recruitment

- People, relatives and staff had mixed opinions about staffing levels in the home. One staff member told us that extra staff were on duty because of the inspection. One staff member said, 'I'm not rota'd on today. I came in as they were short this morning.' Another staff member said, 'I would like more time with people and more staff on the floor. But it is not unsafe levels of staff.'
- However, another staff member said, 'From what I've seen I think there's enough staff. But at the moment we have one person [staff member] in the lounge and one person one to one which leaves us short. The ratio is ok, but we look short because of the extra jobs.' Whilst a further staff member said, 'I feel I have enough time with residents. In the morning it can be quite rushed but, in the afternoon, we have more time.'
- Comments from relatives included, 'There are not enough staff resulting in delays answering the call bell and then they have to go off to find someone else to help' And 'Seems enough staff in the week but at weekends seems to be a shortage.' One relative told us they thought there were more staff on than usual.
- Staffing rotas provided at the time of the inspection confirmed the number of staff seen working in the home.
- The registered manager explained they completed a dependency score for people living in the home which determined the staffing levels. The registered manager also confirmed they did use agency staff but ensured they had the same staff each time to enable some continuity.
- Risks of abuse to people were minimised because the provider had a robust recruitment procedure.

### Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection. however, one staff member told us the housekeeping had been short staffed so some of the deep cleaning had not been done.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.



# 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 question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. However, the entries in care plans included statements that were out of date and contradictory. For example, one person's plan stated they could mobilise with a frame, however at a later review it stated they were totally immobile. The care plan had not been updated to reflect the change in condition. We discussed this with the registered manager who agreed to include an archiving process when needs changed so care plans were up to date and reflected current needs.
- Nobody spoken with discussed their care plans. Relatives said they had been involved when necessary and one relative told us how they were kept up to date with changes.
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care whilst respecting individual needs.
- People's protected characteristics under the Equality Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- All staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. However, one staff member said their induction had been brief and they had not shadowed as many shifts as had been arranged. They said, "Because I've done care before I felt that they were giving me things to do which I was happy about." Another staff member said, "I have done all my computer induction and a week shadowing, not started the Care Certificate yet."
- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. One staff member said, "We are reminded about keeping up to date and I have done all the training."
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred. One relative told us, "I think the staff all know [the person] very well. They seem to have had plenty of training."

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

- People were mainly positive about the range of food they were offered. One person said, "Foods not bad and there is always a choice." Another person said, "Can't complain get a good square meal every day."
- We observed the lunchtime experience on each floor. The experience for people was different dependent on the floor they were on. For example, on one floor we observed a very busy chatty social affair with people

making informed choices about the meal they ate.

- However, on the floor where people living with dementia ate their lunch it was a different experience. Staff supported people to eat but did not engage in conversation or make it a social occasion.
- There were conflicting opinions from staff on how the lunch was served. A kitchen assistant who was waiting in the dining room told us people went into the dining room and were supported there by staff. However, staff sat people in the dining area next to the lounge and supported them there.
- People had been asked their choices earlier in the day, however people living with dementia did not recall their choice. One person was offered a choice verbally and it had to be explained repeatedly that it was fish or sweet and sour chicken. Nobody was shown a picture of the choices available.
- We discussed this with the registered manager who said they would do a mealtime observation, so they were aware of the shortfalls and address them with staff.

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to the Speech and Language Therapy team [SALT] for advice when they had eating and swallowing difficulties. Staff also consulted tissue viability nurses when they required advice on preventing pressure damage for people considered at risk.

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

- People were encouraged to personalise their rooms, we saw people had bought in their own pictures and ornaments.
- All areas of the home were accessible with clear signage to enable people to mobilise around the home independently.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Records showed the service had liaised with the local authority to monitor the progress of existing applications and to renew those that may have expired.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions. Where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- Consent forms were signed, or best interest decisions recorded for the use of bed rails and sensor mats.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of what people liked to talk about.
- People were relaxed and cheerful in the presence of staff. On the general nursing floor there was a cheerful atmosphere and people interacted with staff. However, on the floor where people lived with dementia, there was little interaction between staff and people, the interactions we observed were all kind and caring.
- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

- There were ways for people to express their views about their care. Some people and relatives told us how they had been involved in making decisions when care needs changed.
- People contributed to decisions about the activities they attended or wanted to attend. People were clear about what they wanted to do and trips they wanted organised.
- A record of compliments was also kept and any received were shared with staff.
- Compliments received included, "From the very first telephone enquiry until this weekend when [the person] moved in, we have been treated with such kindness, empathy and compassion from every single member of staff we have come into contact with." And, "To everyone at Catherine House, I would like to say a massive thank you for everything you did for [the person]. She would often tell us how kind everyone was."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

## 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 deteriorated 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

- People received care which was not always personalised to meet their needs and wishes.
- A health care professional had reported in the outcome of an investigation that people were being washed and dressed and returned to bed at six in the morning. The registered manager had said this practice would be stopped. However, care records showed some people were still being washed and dressed and returned to bed very early in the morning. We discussed this with the registered manager who said they had asked for this practice to stop. They agreed to raise with staff again.
- The level of guidance included in care plans was mixed and sometimes contained contradictions or lacked details. For example, one person had eating and drinking guidance from the speech and language therapy team (SALT) which stated not to use teaspoons when supporting to eat. The person's care plan stated, "Use a teaspoon as this does not overfill their mouth." This meant there was a potential for new staff who did not know the person to support them to eat without the right knowledge. We discussed this with the registered manager who reviewed the persons care plan.
- One person was heard to be constantly calling out, another person said, "The continual screaming gets very distressing after a time and it seems to go on forever." Staff were observed ignoring the person, walking past their bedroom door, one staff member did call out as they passed the door but did not go in, there was no guidance for staff on how to divert the person from calling out.

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.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS.
- However, staff were not observed using other aids or pictures to help support people living with dementia make an informed choice around mealtimes or activities.
- The activities timetable provided in people's rooms did not contain any pictures. The activities coordinator said it was company policy that they were written and did not include pictures.

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

- There was a full and busy activities programme on the nursing floor. The activities organiser was busy engaging with people on the general nursing floor and there was a busy atmosphere of conversation and

activity. People were observed completing craft projects for their craft stall to raise funds for trips and entertainers.

- People and relatives told us they enjoyed the activities and there was plenty to do. One relative said, "[The activity coordinator] is brilliant, she does so much and draws the best out of every resident." Another relative said, "The residents enjoy the children and the mums coming in and they [staff] encourage the children to mix with the residents and to interact which they did a bit today."
- The activities coordinator told us how they supported some people who preferred to remain in their room to continue with past hobbies. They said one person loved knitting, so they helped them with that. They also told us how they had links with a local school and children would come in and read to residents.
- However, the experience for people on the ground floor where people were living with dementia was totally different. Staff did not engage with people, and the activities coordinator did not organise any activity on that floor. On both days of the inspection people were observed sat in the lounge watching TV or sleeping.
- When asked if there was anything they would like to change about the activities in the home one staff member said, "The attitude of some care workers to supporting activities. Some of them just don't want to interact with the residents, and don't see doing activities as part of their job."
- One staff member said, "Upstairs there are enough activities, like this morning there was an activity upstairs but no one from down here was taken up. It would be nice if there were more activities down here. Just because they have dementia they can still have a clap and a laugh."
- Another staff member said, "One thing I would change is that there is only one activities coordinator between the two floors. Maybe there should be one per floor. More activities would be good. I don't think residents have enough to do. As it's dementia I feel like they could have more one to one and stimulation."
- On the second day of the inspection we observed a visitor delivering an indoor golf game. The activity coordinator was organising pom-pom making for the craft stall. We overheard staff comment that the game had arrived so, "The men can do something as they don't like making pom-poms."

We recommend the provider looks at current best practice and guidance on delivering meaningful activities for people living with dementia.

#### Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- People and their relatives had access to the policy and knew who they could talk to. One person said, "[The registered manager] is very approachable I can talk to her if I want to." A relative told us, "I raised something once and it was dealt with straight away."
- However, one person and their relative said they felt their concerns had not been managed well. They felt issues they had raised continued to happen despite being told they had been resolved. We spoke with the registered manager who said they were aware of the concerns and were looking into them.
- Following the inspection, the relative made further contact with CQC to discuss the inspection and their concerns. We raised the concerns with the nominated individual and an investigation was carried out. Following the inspection measures had been put in place to address the concerns raised.
- Records showed the provider responded to complaints within the time frame of their policy and procedure and sought feedback once completed.

#### End of life care and support

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as escalation planning at end of life and resuscitation decisions had been undertaken.

- Staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

# 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 now deteriorated to requires improvement. This meant the service management and leadership could be inconsistent. Leaders and the culture they created did not always identify when things went and when improvements needed to be made.

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

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of people. One staff member said, "We try to get to know what the residents want and like and work to that, so they are happy."
- Where shortfalls in care plans and medicines records had been discussed, these were identified as poor recording rather than poor provision of person-centred care. All staff demonstrated that they were aware of people's specific needs and were providing the care and support they required in the way they preferred.
- 'Resident profiles' demonstrated a person-centred approach in the administration of medicines, recording people's suitability and preference for medicines administration. However, this was not available at the point of administration for all people.
- People within the home were supported to take their medicines in a way that met their individual needs, responding to change on a regular basis.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Most people spoken with and staff told us the service was well managed. One person said, "[Registered manager and deputy manager] are very approachable the office door is always open." Another person said, "I speak with [registered manager] regularly and communication is good."
- There were quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed with staff at the time and further training was arranged.
- During the inspection we identified fluid charts were not being maintained correctly. When we spoke with the registered manager they showed us their audit which had also identified the shortfall and the measures they had put in place to improve the recording of fluid intake.
- However, the audits in place had failed to identify some of the shortfalls highlighted during the inspection. This included the poor documentation around the management of medicines and conflicting guidance in care plans when needs changed.
- The audits had also failed to identify that staff were still washing and dressing some people early morning and putting them back to bed fully clothed.
- We also found that when some shortfalls were identified measures had been put in place to rectify them, but they continued to happen. For example, during an internal inspection in April 2019 it was identified that

repositioning charts included the pressure mattress setting as 30-60kg. It was agreed that this was too wide a range and needed to be more specific. During the inspection we found reposition charts still referred to the mattress settings as 30-60kgs. We discussed this with the registered manager who said they would take up with staff and get the forms changed.

We found no evidence that people had been harmed however, systems had failed to identify shortfalls and drive improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advice or support was needed.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff felt supported and received regular supervisions and appraisals. This provided staff with the opportunity to discuss their practice and identify any learning requirements.

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

- People and their families could comment on the service provided. The registered manager and provider carried out satisfaction surveys and met with people at resident and relative meetings.
- A record of action taken was recorded as "You said We did." Examples were, "You said we don't contact you as much as we used to." "We did, Nurses aware they must contact families monthly when doing resident of the day." "You said, Activities not happening residents sat around in chairs." "We did, Fifth person on first floor for activities now."

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other managers within the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others

- The service had good working links with other organisations in the community to support people's preferences and meet their needs.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people.
- Processes and systems in place for ordering medicines were effective and well managed between the service, GP practice and community pharmacy.

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 registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.



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
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services were placed at risk of harm because of unsafe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place failed to identify shortfalls and drive improvement.