

Nazareth Lodge Limited

# Riverside Nursing Home

## Inspection report

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Date of inspection visit:  
08 September 2022  
28 September 2022

Date of publication:  
01 December 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Riverside Nursing Home is a residential care home providing personal and nursing care for people aged 65 and over, including people living with dementia. The service is registered to support up to 39 people. At the time of the inspection there were 29 people living at the service.

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

The provider, current management team and the staff team had clearly worked hard to improve the service. Many planned improvements were ongoing.

The provider did not consistently assess, mitigate and monitor the risks people faced to their health and wellbeing.

People's care needs were assessed. Care was planned, but people's care plans were not always followed by staff.

The governance systems had been significantly improved however they were not entirely effective and had not identified some shortfalls found at this inspection. We have made a recommendation about reviewing the governance systems currently in use.

People's medicine management was safe. However, improvements were needed to ensure there were clear instructions for staff to follow in relation to 'as and when required' medicines and to ensure medicines had been dated when opened.

Risks relating to infection prevention and control (IPC), including in relation to the COVID-19 pandemic, were assessed and managed. Staff followed recommended IPC practices and safe visiting was supported.

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.

People felt safe and were comfortable and relaxed with staff who supported them. Relatives told us they felt their family members were safe and overall were well cared for. Throughout both inspection visits there were kind and caring interactions between staff and people.

There were enough staff to meet people's needs. The staff team knew people well and they were recruited safely. Staff training and support had been improved. Staff morale and teamwork were good.

Relatives expressed concern about changes in management. They felt the home needed more stability over a period of time. Relatives also had mixed views on involvement, such as knowledge of care plans or in giving feedback about the home. Relatives were generally happy with care provided overall.

There was an open, improving culture being created within the home. People, staff and relatives told us both the management team and staff team were open, approachable and helpful.

The provider, service manager, care consultant and nursing staff all took action in response to our feedback and findings during our visits.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 February 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 remained requires improvement based on the findings of this inspection.

#### Enforcement

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

We have found breaches in relation to risk management and care planning at this inspection. Please see the safe and effective sections of this full report.

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 Riverside Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Riverside 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 Health and Social Care Act 2008.

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 one inspector, one special advisor (a nurse) 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.

Riverside Nursing 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. Riverside Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 August 2022 and ended on 29 September 2022. We visited the service on 7 September 2022 and 28 September 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 professionals who work with the service. We reviewed the action plan the provider submitted to CQC following the last inspection. 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 met all of the people who lived at the home and spoke with nine of them about their experience of the care provided. We also spoke with two relatives visiting the home to ask them about their view of the service.

We spoke with 11 members of staff including the provider, the care consultant (who was working as the 'acting care manager'), registered nurses (including the clinical lead nurse), care workers, activity staff, the chef and the service manager (who was responsible for the home's general administration and organisation of auxiliary staff).

We reviewed a range of records. This included nine people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, maintenance records, cleaning schedules, staff rotas, monitoring charts, fire documents and external servicing records were also reviewed.

An Expert by Experience contacted people's relatives by phone to gain their views on the quality of the service. They spoke with 12 relatives. Following our visits, we continued to seek clarification from the provider to validate evidence found. We looked at the information sent by the provider. This included the current improvement plan for home, audits carried out by staff, health and safety checks, minutes of staff and residents' meetings, staff training records and the infection prevention and control policy.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

### Assessing risk, safety monitoring and management

- Not all risks to people were well managed. Best practice in relation to providing safe care was not always followed. Two people had pressure damage to their skin. One person's wound had been a long-term issue. They had this wound when they moved into the home in the Summer of 2022, but staff had not requested any specialist advice or support despite them noting it was not healing. Best practice included specific bandaging; staff had not followed this practice, despite a bank nurse informing them. Specialist nursing advice was sought after our first visit and the person started to receive more appropriate treatment in line with best practice.
- Risks management relating to care for people with diabetes needed to be improved. Care plans for people with diabetes did not contain any specific individual blood glucose targets or actions to take if results were outside of these targets (or who to contact for advice). Care plans did not identify or follow best practice guidelines to ensure people had regular assessments for possible physical deterioration caused by their diabetes.
- No formal review of incidents, such as safeguarding incidents or altercations between people who lived in the home were being carried out when we visited. One relative said, "There have been hitting incidents. I witnessed mum being hit by another resident who can be aggressive and I've been told that mum hit another resident."
- The lack of regular risk reviews was discussed with the provider who confirmed they did have a 'post incident analysis form' which should be used. They were not being used and this was confirmed by the service manager. The provider confirmed they would ensure this form was now used for all incidents so they could be reviewed to ensure people received safe care and risks reassessed when necessary.

The provider had failed to ensure care and treatment for people was always provided in a safe way. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans contained plans for staff to follow to reduce people's risks, provide effective care and keep them safe. Care plans were in the process of being reviewed and improved by senior staff. This would include a review of all risk assessments which were in place to ensure they were accurate, up to date and were in line with current best practice.
- Where people were at risk of skin damage, appropriate equipment was in place, such as pressure relieving mattresses and cushions. Records showed staff checked pressure mattresses daily to ensure they were set correctly and in working order.
- At the last inspection we found not all equipment used in the home was safe, which meant people were

not always protected from the risk of avoidable harm. The arrangements for monitoring and reviewing risks relating to equipment were not robust. At this inspection we found improvements had been made.

- We ensured that all the necessary safety checks on equipment or appliances used in the home had been carried out. They had been. These included checks on the safety of gas and electrical appliances.
- The provider had systems in place to check the safety of the premises. The environment had improved to make it safer and more accessible for people with mobility issues. Fire safety measures were in place, including personal evacuation plans to make sure people could be safely evacuated in an emergency.
- Several people required a modified diet to prevent difficulties with swallowing. Staff, including kitchen staff, were aware of each person's requirements and preferences. This helped to ensure risks were reduced and people received the diet recommended for them.

#### Staffing and recruitment

- At the last inspection we found recruitment records did not always contain the required information to demonstrate the provider had followed safe recruitment practices to ensure prospective staff were suitable to work at the home.
- At this inspection we found the improvements required in the recruitment process had been made. The records we looked at showed the newest staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and obtaining satisfactory references from previous employers. Nurses' registration with the NMC (Nursing and Midwifery Council) were also confirmed before they worked in a nursing role.
- People and staff told us there were enough staff; people spoke highly of the staff, the provider and care consultant. One person said, "All the staff are very good. I have a buzzer here. They [staff] come pretty quickly if I press it." Another person told us, "I would say the staff here are first class." Relatives told us they didn't know if there were always enough staff and some worried about staff changes.
- Call bell response times were audited every month to ensure people were receiving care when they requested it. We noted that response times had improved over time and people were not waiting for long periods for assistance.
- There was a good staff presence throughout our visits. People received care when they needed it and did not have to wait. Staff had time to chat to and interact with people as well as providing care. One staff member said, "The staffing levels are very good here. I never feel like I am rushing around or under any stress."

#### Preventing and controlling infection

- At the last inspection we were not assured that the provider was preventing visitors from catching and spreading infections, that staff used PPE effectively and safely or that the provider's infection prevention and control policy was up to date. We signposted the provider to resources to develop their approach. At this inspection we found the required improvements had been made.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Using medicines safely

- People told us they received their prescribed medicines at the right time, Staff looked after people's medicines; no one currently managed their own medicines.
- Relatives said their family members were well supported with their medicines. Comments included: "Yes, she gets the tablets as prescribed by her doctor", "Yes, she takes quite a lot, morning, lunchtime, teatime, bedtime" and "Yes, my husband does for his [health condition]; this has to be given at specific times and it's managed well."
- An electronic system was used to record all medicines administered. This enabled the management team to identify any errors immediately and take action.
- Staff who administered medicines had received training and had their competency assessed.
- Medicines were stored safely, including medicines requiring extra security. There were suitable arrangements for ordering, receiving and disposal of medicines.
- We found some improvements were needed. There were no clear separate instructions for staff to follow in relation to 'as and when required' medicines (known as PRN) which should be in place to ensure people were given these when they needed them. Also, some medicines which should have been dated when opened (to ensure they remained safe and effective) had not been. Both matters were discussed with the clinical lead nurse during our visits who agreed to improve these areas immediately.

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

- People were comfortable and relaxed with the staff who supported them. People said they felt safe and staff treated them with kindness and compassion. Comments included: "It is definitely safe. I have got no worries at all", "I am well looked after. I have never been unhappy here or mistreated" and "It is a safe place to be. I have never had any concerns."
- Relatives told us their family members were safe living at Riverside. Comments included: "Yes, mum is safe and is very happy", "As far as I'm concerned, [my wife is] safe and comfortable" and "Yes, my husband is safe. I'm very happy with the care; it's second to none."
- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm. There was information for people, visitors and staff about raising concerns on display throughout the home.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns and were confident that action would be taken if they reported any concerns.

#### Learning lessons when things go wrong

- Staff recorded and reported accidents and 'near misses'.
- The service manager oversaw the monthly review of all accidents. This looked for patterns and trends and if any changes needed to be made to try to prevent recurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

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

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

- People's care plans needed significant improvement. This was confirmed by the care consultant who had already started this work. There was a plan to involve people and their relatives where this was appropriate. The care consultant told us, "Care plans are my biggest focus now. We need them to be much more specific and person centred." This is to ensure they explained to staff how people may be personally affected by conditions such as dementia and to ensure they clearly reflected people's current or changing needs. One staff member said, "There is a huge amount to do. I work many evenings on care plans, they require personalisation." This work was ongoing and would take some time to complete.
- Care plans were not always followed by staff. A speech and language therapist had written eating and drinking plans for some people; these were not always being followed. For example, one person should use "an open cup" but they used a spouted beaker during the inspection visits. This was not justified by either the person's risk assessment and contradicted the speech and language therapist instructions. The care consultant told us, "Carers don't always read the care plans."
- There was no clear guidance of how staff were to care for people with diabetes. For example, there was no specific plan for the need to rotate the medicine injection site. All of the care planning issues were raised with the care consultant and the clinical lead nurse who took immediate action to ensure these care plans were updated and followed.

The provider had not ensured people always received appropriate care which met their needs. This is a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had their needs assessed before they moved into the home. Assessments showed the service took account of best practice guidance. For example, in relation to nutrition, prevention of falls and pressure ulcers.
- Staff said they were able to refer to care plans and any updates were discussed regularly at the daily handovers. The care consultant had also introduced 'snapshot' sessions with staff to test and support their knowledge of the care a person required and how this should be provided.
- There was a system called 'resident of the day'. On the person's designated day, their care records were reviewed, staff would speak with the person and their relatives, their bedroom would be deep cleaned and cupboards tidied. Staff told us this system worked well.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had not ensured staff had the appropriate support and supervision to enable them to carry out their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People told us they believed staff were well trained to care for them. People knew there was a mixture of nurses and care staff with different skills and responsibilities who provided care.
- Relatives were generally happy with the knowledge and skills of staff and thought this had improved. One relative told us, "Yes, I've seen them in action and have confidence in them." Two relatives thought some areas of staff knowledge could be improved upon further. One relative said, "I don't think they have the insight into dementia and mental health which they should have." Another told us, "They now have an external trainer in to upskill the staff, who are lovely people, but are not always proactive."
- The training records showed staff were receiving training specific to their role and there was an induction process in place for all new staff. There had been a focus on improving training since our last inspection. The care consultant had delivered some staff training, especially clinical training for nursing staff. One staff member said, "[The care consultant] now teaches us practical skills monthly. I am much happier we are all getting suitably trained." There were planned updates of all core training when these were due to expire.
- Staff felt well supported by both the care consultant and the service manager and staff were now receiving regular supervisions sessions (a one-to-one meeting with their supervisor). This allowed staff time to discuss their role, any concerns they had and to identify how they could develop or improve their practice. One staff member said, "The training and support I have had in the last six months has been very good."

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

- People saw health professionals, such as their GP or dentist. Other specialists such as tissue viability nurses, speech and language therapists and mental health services supported people where this was required. One person said, "The health care is good. I see my GP if I need to."
- Information and advice from health professionals had been included in care records. For example, recommendations made by the speech and language therapy team
- Relatives said people received the right care and support from staff and had access to other health care services and professionals. One said, "Yes, the medical team is on the ball."

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

- People were supported to eat and drink enough to maintain a balanced diet. People told us they liked the meals and drinks served in the home. One person said, "The food is excellent." Relatives were also complimentary about the meals. Comments included: "[Name] likes his food; the chef does a good job" and "Mum enjoys the food."
- Care plans contained information about people's food preferences and specific instructions around their diets. Staff were knowledgeable about people's nutritional needs and any specialist diets. One relative said, "The menus and food are brilliant. My wife has a weekly modified menu tailored to her needs."
- Staff supported people to eat and drink in a relaxed way. They chatted with people whenever they supported people with eating and drinking. People were able to have their meal wherever they chose. Some people ate in the main dining room; others chose to eat in their bedroom. One relative said, "They get her out of bed and down to lunch every day to give her a change of environment. She enjoys the food." Another relative told us, "They try to encourage her to go to the dining room for meals, but she chooses to eat in bed."

She eats well."

- There were systems in place to monitor people's food and fluid intake when this was required as part of their health care support.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. People were asked for their consent before staff assisted them. For example, we saw staff asking people if they needed any help and asking for their consent before providing care.
- Relatives felt consent was sought but some did comment their family members were living with dementia so may not always understand what staff were asking. One relative said, "Yes, they do this [ask for consent], I've seen this in action."
- Staff knew how to help people to make decisions if they did not have the capacity to make a decision for themselves. When a person lacked capacity to make a decision, a best interest decision was made on their behalf.
- Some people's relatives had the legal power to make decisions on their behalf. Where this was the case, the provider obtained a copy of the legal document which confirmed this. These relatives were consulted when decisions needed to be made. One relative said, "Yes, I was asked to consent to her having the latest COVID booster."
- The care consultant had made applications for people to be deprived of their liberty where they needed this level of protection to keep them safe.

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

- People said Riverside was homely, clean and well maintained. One person told us, "I have a nice room, just decorated, new carpets and a lovely view." People could personalise their bedrooms and we saw they were supported to decorate their rooms with items of personal significance.
- Relatives said the home was clean, accessible and well maintained. One relative said, "Yes, it's all spic and span and [their family member] has a pleasant room overlooking the garden."
- The provider had continued to make improvements to the environment since our last inspection. These included: improving the lighting throughout the home, purchasing new furniture including specialist chairs for people who needed them, redecorating the whole home, purchasing new equipment for the kitchen and laundry and upgrading the call bell system to enable devices people could wear and pagers so the home was quieter for people.

- There was a lift for people to use to move safely between the floors, to access the communal areas and the levelled and redesigned garden area.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

At the inspection in May 2021, we found the service had not been consistently led and the governance systems in place had not been fully effective in identifying shortfalls in the quality of the service and then improving the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection not enough improvement had been made and the provider remained in breach of Regulation 17.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- At the last inspection we found the provider had made improvements, but systems were still not effectively and consistently operated to assess, monitor and improve the quality and safety of the service and ensure regulatory requirements were met.
- At this inspection we found there were a wide range of audits being carried out to monitor the quality of the service. These included medicines, care plans, staff training, call bells, infection control, accidents, complaints and health and safety. These were now embedded but needed to be refined as they had not identified all of the concerns we found during our inspection.
- The service had not had a registered manager in post since January 2021. The provider had recruited managers in the interim, but none had remained in post long enough to complete their registration with us.
- An experienced care consultant, (who is also a registered nurse), had been supporting the provider since 2021. They have been working in the home three days per week, effectively working as the 'acting care manager'. A new permanent, full-time manager had been recruited between our first and second visit. They will start work as soon as their employment checks have been completed. The care consultant will continue to support them. It is therefore hoped there will be a stable, consistent management team going forward to oversee the safety and quality of the service and the improvements which are needed.
- Relatives raised concerns about the number of changes in the management of the home. They felt the home really needed a period of stability in this area. There were however some very positive comments about the service manager. One relative told us, "There have been lots of changes in managerial staff in the past. The new [service manager] is brilliant." Another said, "Yes, I think it is [now] well managed, but management stability is needed."
- The care consultant, service manager and the provider were open and honest about the improvements

since the last inspection and others which are still needed or in progress. The care consultant said, "There have been lots of improvements here, but we still have some way to go. I have a good relationship with [the provider]; we want to be the best home in the area."

- The provider was at the service each day, working as part of the management team. They also undertook unannounced night and weekend visits to ensure there was a consistency in care delivery and good support for staff.

We recommend the provider reviews good practice guidance to ensure the governance systems in place are fully effective in identifying shortfalls in the service and in improving the quality of the service.

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

- People told us they were well cared for and were comfortable at the home. Comments included: "I have lived here for two years; it's very nice and friendly", "No complaints at all. I am well cared for" and "I'm quite happy here. We are well looked after."
- Relatives spoken with said they were happy with the care their family member received. There were mixed views about how involved they felt in their relative's care, but they did feel their views were listened to when they had been involved. Comments included: "I'm very happy with his care. God bless them they are doing their best" and "We're happy and have recommended the home to a friend."
- One relative was not completely happy various aspects of the care provided or with communication. They had raised issues with the service manager and had also made a formal complaint to the provider. They told us, "I raised a formal complaint which has been investigated. They were open about this, accepted my concerns and did not try to cover it up". They also commented, "The staff are lovely."
- Staff told us morale and teamwork were good. It had been a difficult time, with lots of changes being implemented and new staff joining. They did feel the service had improved, needed further improvement and were confident it would continue to do so.

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 care consultant, service manager and provider understood their responsibilities to be open, honest and apologise if things went wrong.
- The provider had made sure we received notifications about all important events so we could check appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- Relatives had mixed views about being able to share their views on the home. Comments included: "We've had meetings and questionnaires and get a weekly newsletter about what's happening", "Not formally [asked for my views] but do speak all the time [with staff]" and "No, I haven't been asked [for my views] but I feedback anyway."
- People spoken with told us the owner and care staff asked if they were happy. People told us they were happy with their care and with the home in general. One person said, "I am quite happy. The staff will do anything for you." There were monthly 'resident's meetings' which people could choose to attend; records showed six people had attended the last three meetings. People said they could share their views and felt they were listened to
- People living at the home had a mixture of communication abilities. Some people were able to say if they were happy or not. Other people, such as those living with dementia, used their response to things or

communicated through their behaviour so this was monitored by staff.

- Regular staff meetings and one to one supervision meetings with staff were held to share information and ensure staff had opportunities to discuss their work and share their ideas. An employee of the month scheme had been introduced which recognised and rewarded staff for good practice with a small gift.
- The staff worked in partnership with other professionals, such as speech and language therapists and GPs to help ensure people's individual needs were met. However, the provider needed to ensure treatment plans were embedded in care delivery.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care   |
| Treatment of disease, disorder or injury                       | <p>The provider had not ensured people always received appropriate care which met their needs.</p> <p>This is a breach of regulation 9(1) (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  |
| Treatment of disease, disorder or injury                       | <p>The provider had failed to ensure care and treatment for people was always provided in a safe way.</p> <p>This is a breach of Regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |