

RKL Care Ltd

The Hollies Residential Home

Inspection report

19-23 London Road
Retford
Nottinghamshire
DN22 6AT

Tel: 01777707750
Website: www.holliescare.com

Date of inspection visit:
11 December 2019

Date of publication:
23 January 2020

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Hollies Residential Home provides personal and nursing care for up to 22 people across two floors. There were 17 people over the age of 65 using the service at the time of the inspection.

People's experience of using this service:

Quality assurance processes were not consistently implemented to help the provider and the registered manager to identify and act on areas which could pose a risk to people's safety. There was a lack of robust provider-led audits in place to hold the performance of the registered manager and other staff to account. Enough improvement had not been made since our last inspection. This was an ongoing breach of regulations.

There were not always enough suitably trained, skilled and experienced staff to support people at night. There was not a formal induction process in place and some staff had not completed all required mandatory training. Staff did not receive an appraisal of their work. This represented a breach of regulations.

Some further work was needed to ensure that 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. We did note there was an inconsistent approach to the assessment of people's ability to make decisions. We also raised concerns about the low number of Deprivation of Liberty Safeguard applications that had been made for people. We have made a recommendation to the provider about this.

The risks to people's health and safety were not always recorded within their records, although people told us they felt well supported and safe living at the home. Staff had a good understanding of how to identify and report any signs of abuse or neglect. The home was clean, although one communal room had a strong smell of urine and parts of the ground floor were cluttered. Action was taken after the inspection to address this. Improvements had been made to the way people's medicines were managed. Accidents and incidents were investigated, but records used to record these investigations and subsequent actions taken were limited.

People's needs were assessed prior to them moving to the home; however, this did not always result in detailed care plans and risk assessments to help to reduce risks to health and safety. Where people received support with their meals, staff did so effectively and in line with dietary requirements. Parts of the home required maintenance to ensure the home environment was safe for all. People had access to other healthcare agencies to help them to lead healthy lives. Visiting professionals praised the care provided by staff.

People liked the staff, they found them to be caring and respectful and they received personal care in a

dignified way. People's independence was encouraged and privacy respected. People's care records were person-centred and contained guidance for staff to support them in their preferred way. Innovative methods had been used to provide people with information in formats they could understand.

People were supported to take part in activities to reduce the risk of social isolation. People felt able to make a complaint and were confident their complaint would be acted on. End of life care was not currently provided; however, more detailed care planning was required to ensure people could receive this care in their preferred way if needed.

The registered manager had a good knowledge of their regulatory requirement to report concerns to the CQC. People told us they would recommend the service. People's views were requested and acted on.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was requires improvement (published 20 August 2018) and there were two breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below

Requires Improvement ●

The Hollies Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

The Hollies Residential 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

This inspection was unannounced and was completed in one day.

What we did before the inspection

We reviewed information we have received about the service since the previous provider's last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During the inspection

We spoke with six people who used the service and one relative and asked them about the quality of the care they or their family member received. We also spoke with two care staff, the activities coordinator, cook, domestic assistant, laundry assistant, administrator, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included all or parts of records relating to the care of four people as well as a range of medicine administration records. We also reviewed three staff files, training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were not always supported and cared for by enough qualified and suitable staff to keep them safe at night. This meant people's safety could be compromised.
- Three of the 17 people living at the home required two members of staff to support them with moving and transferring around the home. During the day, between the hours of 7.00am and 10.00pm there were sufficient numbers of staff in place to support and care for people.
- At night the number of staff on shift reduced to two. People's bedrooms spanned two floors with some situated in remote areas of the home. Should one of the three people mentioned above require the assistance of staff, there would be no other member of staff to support others within the home if needed. The limited number of staff could also pose an increased risk to people's safety should there be an emergency such as a fire. This could cause a delayed evacuation and could place people's safety at risk.
- We reviewed incident logs and found that 12 of the 24 incidents that people had experienced over the previous three months had occurred during the hours of 10.00pm and 7.00am. One person had experienced five of these.

The provider had not ensured that there were always enough staff at night to reduce the risk to people's safety. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they lived close to the home and were available in an emergency if needed to support the night staff. They acknowledged that this would not reduce the immediate potential risk to people's safety.
- Staff suitability to work with vulnerable people was checked before they started their role. This helped to reduce the risk of people being cared for by inappropriate staff.

Assessing risk, safety monitoring and management

- There was an inconsistent approach to the way risks to people's health and safety were assessed and recorded within people's care plans. We saw examples of detailed risk assessments in areas such as people's nutrition and how to evacuate them safely in an emergency. Fire risk assessments were also placed to ensure that the home environment was safe from the risks of fire. Regular testing of fire prevention equipment and alarms were carried out to reduce the risk to people's safety.
- However, where people had known health conditions that could pose a risk to their health or safety, this did not always lead to a detailed risk assessment being put in place. For example, a person had been diagnosed with dementia, but no risk assessment or care plan was in place to support them safely. Another

person's mobility was identified as a risk to their safety; however, the risk assessment lacked detail on how staff could reduce that risk.

- People did not raise any concerns with us about how staff supported them with their care. They felt staff understood their needs and cared for them in a safe way.

Using medicines safely

- At our previous inspection we found that people were not protected from the risks associated with medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in most areas of medicines management and the provider was no longer in breach of this regulation.

- People now received their medicines safely. People did not raise any concerns with us about their medicines.

- We observed staff administer people's medicines safely and in a way that reduced the risk of the spread of infection. We did note however, on one occasion the member of staff left a fridge unlocked which contained some medicines. People could have accessed these medicines that could have caused them harm. When we returned the fridge had been locked and in later medicine rounds the fridge was locked when not in use.

- People's medicine administration records were now completed appropriately. Handwritten entries were double signed to ensure they were completed correctly. Protocols for medicines to be given only when needed were now in place. Systems for the returning of unused medicines had improved. This meant people were now protected from the risks associated with medicines.

Preventing and controlling infection

- Staff had received training to help reduce the risk of the spread of infection in the home. People's bedrooms and most communal areas were clean and free from malodour.

- However, we did note a smell of urine in one of the communal lounges and this remained throughout the inspection. This would suggest that parts of that room had not been sufficiently cleaned. We raised this with the registered manager who told us they would address this and arrange a deep clean of that room.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. One person said, "I feel safe there's always staff around if I need anything." A relative said, "I know my relative is safe here, there's always someone around."

- Staff had received training to help them to identify the signs of neglect or abuse. Staff could explain how they reported these concerns and they were confident that the registered manager would act on their concerns.

- The registered manager was aware of their responsibility to ensure the local authority and the CQC were notified of any allegations of abuse or neglect. Records showed this had been done where required.

Learning lessons when things go wrong

- Accidents and incidents were investigated to help identify risk and to reduce that risk to people's safety.

- We noted the documentation used to record when an accident or incident had occurred was not sufficient to enable the registered manager and/or the provider to record their recommendations following an investigation. This meant they could not be assured that actions they told their staff to complete had been addressed, or, they could not provide written evidence to support the action. After the inspection we were sent a revised version of the accident/incident form which addressed this issue.

- Where there was any learning required from incidents, this was discussed with staff during supervisions, or collectively in team meetings.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience.

- People felt staff had the skills to care for them effectively. A relative said, "This place has a good reputation in the local community, the staff are so nice, welcoming and really care. [My relative] hasn't been here long, they have spent time with us all to get to know what [my relative] is like."
- Staff received an induction where they shadowed more experienced members of staff whilst also completing their training. Staff when deemed competent to carry out their role, were then permitted to work alone. However, there were no records in place to show what process had been followed to determine what staff had completed during their induction. This could lead to inconsistencies in staff knowledge.
- The provider had started to address this. We were shown a new, blank, induction template which all new staff would have to complete before working alone. This had not been used yet, but if followed, would offer reassurances that there was a consistent approach to staff induction.
- Most staff had completed the training the provider deemed mandatory for their role. However, there were gaps for some staff, with some of these having worked at the home for more than a year. The provider told us they would address the gaps we highlighted immediately to ensure all staff had completed the required training to carry out their role effectively.
- Staff received supervision of the role to ensure on-going competence. However, they did not receive an annual appraisal. Appraisals are important to ensure that staff performance over the whole year is assessed, and areas for development and improvement discussed. This will aid on-going development of the skills needed to carry out their role.

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 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.

- Where people were able to make decisions for themselves they felt staff always respected and acted on

their wishes. Where able, people had signed care records, or their verbal consent was recorded to show they had agreed and understood the decision being made.

- Some people had a mental capacity assessment which was used to assess their ability to understand decisions relating to their care needs. Each assessment referred to the decision as 'personal care'. Within that assessment other aspects of care such as people's medicines were also referred to. This is not best practice. For each decision made about a person's care needs a separate assessment should be in place, this is because people may be able to consent to one part of their care but not another. By having separate assessments, this will ensure people's rights are protected.
- Restrictions on two people's liberty had been authorised and staff provided care and support in accordance with agreed requirements. However, only two of the 17 people who lived at the home had formal DoLS in place. Having reviewed people's care records and observed people throughout the inspection, we felt more people may need DoLS in place to ensure their liberty was not unlawfully restricted. The registered manager told us they would review people's current needs and make DoLS referrals to the local authority if needed.

We recommend the provider reviews the Mental Capacity Act 2005 and ensures that the principles of the act are implemented appropriately to ensure people's rights and freedoms are not unlawfully restricted.

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

- The home was not fully adapted to meet all people's needs.
- The home was situated over three floors, two of which were accessible for people who used the service. The home had many narrow corridors, but we did observe people moving around the home safely, and in some cases, independently of staff support. We did note, a handrail was needed on one corridor to ensure people had something to hold on to should they stumble or fall.
- Some parts of the ground floor were cluttered which could pose a risk to people moving safely. After the inspection we were sent a revised cleaning schedule which now included reminders for staff to ensure communal areas were not cluttered.
- People's bedrooms were well presented, clean and included items that were personal to them. People had access to call bells to request support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Secure and accessible outside space was available for people.

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

- People's physical health, mental health and social needs were assessed prior to them starting with the service. These records were reviewed to ensure they remained in line with people's choices. People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- However, some care records did not contain reference to current standards and best practice guidance. It was not always clear what resources had been used to ensure care records continued to meet current standards. The registered manager told us they had confidence that people's care was provided in line with current best practice guidance, but they would review the way care records were formed to ensure this was made clearer.
- We did note that staff spoke confidently about people's care needs and people's views of the staff supported this.

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

- People received the support they needed to maintain a healthy and balanced diet and good nutritional health.

- People liked the food provided. They told us they always got a choice of options. One person told us they had asked for an item of food which was not in stock, so the cook went out and brought it for them.
- We observed lunch and people commented on the quality of the food. The meals looked appetising and people were given a choice. Where people needed support with their meals staff were available to support them, or to provide them specially adapted equipment to aid independence.
- Care plans and risk assessments were in place to help to reduce the risks to nutritional health. The cook was knowledgeable about people's dietary requirements and had planned meals accordingly. Where people's nutritional health was at risk, their food and drink intake was recorded and monitored and referrals to a GP or dietician were made for additional support.

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

- People had access to GP's, dentists and other healthcare agencies. The registered manager had a good awareness of oral healthcare and this formed part of the care people received. Oral healthcare training was planned for staff in February 2020.
- Two visiting nurses praised the care provided by staff and told us staff acted on recommendations they had made to ensure people led healthy lives. One nurse said, "I trust people are in really good hands here."
- The registered manager was aware of the need to ensure that all care records and risk assessments contained full details of people's health conditions. This will ensure they continued to lead healthier lives.

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 Good. At this inspection this key question has remained the same. 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

- □ People were well treated and supported. They found staff to be caring and kind. One person said, "The staff are great I would recommend it (the home) to anyone."
- □ People felt staff listened to them and provided care with kindness and compassion. Our observations supported this. We saw numerous examples where staff identified a person needed something such as a drink, a blanket or support with moving to another room. It was clear that people and staff had formed positive relationships. Staff supported people with a smile, and people responded well to this. People were put at ease and staff helped them to feel that they mattered.
- □ Staff spoke passionately about the people they cared for. One staff member said, "When people come in we gather as much information from them and their families about their routines likes and dislikes to make their time here comfortable, this is their home."
- □ People's diverse needs were discussed with them during their initial assessment stage to determine if they had any specific requirements of the staff that supported them. This could include any aspects of their religious or cultural backgrounds.
- □ The registered manager had ensured that people were not discriminated against because of their background or ability to communicate. For example, one person's first language was not English. To enable staff to communicate with this person in their preferred language they purchased a dictionary and staff learned key words and phrases to help the person feel involved. This meant their views could be acted on and respected. Staff also purchased culturally relevant food and drink for this person.

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

- □ People were supported to give their views about their care needs. We observed staff ask for and acted on people's views and choices throughout the inspection. People felt able to make decisions. One person told us staff knew what they wanted and ensured care was provided in their preferred way. A staff member said, "We talk to people about their care, how they like things, what interests they have."
- □ People were provided with a variety of ways to contribute to decisions about their own care. When people first started to use the service, care plans were formed with them and decisions made and agreed with them about how they would like their care to be provided. Regular reviews of people's care also took place to ensure that if people wanted to change the way their care was provided, this could be accommodated.
- □ Information about how people could access an independent advocate was provided for people. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard. At the time of the inspection, no advocates were used.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged wherever possible. We observed people moving around the home with walking aids; sometimes with staff support, but staff only intervened when needed. Care plans contained guidance for staff on the level of support people required and these were reviewed to ensure they were reflective of people's changing needs.
- People felt staff understood that their privacy was important to them. One person told us that people had been "wandering into my bedroom" and they had raised this with staff. A key was then provided for this person who could lock their bedroom when they were not in there. This made the person feel valued.
- People felt staff treated them with dignity and respect. One person told us they could have a shower whenever they wanted to, and staff were always respectful. We observed people were well presented, had clean clothes, hair and nails. This would indicate that people received good support with personal hygiene.
- People's care records were treated appropriately to ensure confidentiality and compliance with the General Data Protection Regulations.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Before people started to use the service, an assessment was carried out to ensure staff could provide them with the care and support needed.
- When the assessment was completed care, plans were agreed with people and staff were asked to read the care plans to ensure that people received care in their preferred way. People's care records included information that was important to them such as their likes and dislikes, and included information about the background, families and interests. This assisted staff with getting to know them better and to ensure they received person-centred care and support.
- Staff had a good understanding of people's care needs. They understood what each person needed and wanted, and we observed staff carrying out their role knowledgeably. Low turnover of staff has meant people were supported by a consistent team of staff, providing care in their preferred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with a variety of activities that were designed to reduce the risk of social isolation and to help people to build friendships with others. People praised the activities provided. One person said, "The activity staff member goes well beyond the call of duty, they sort out what people are interested in and try to find something for everyone."
- When people were unable or unwilling to take part in group activities, we noted time was spent with them on an individual basis. The activities coordinator said, "Not everyone takes part in things, so I spend time with them."
- People's religious wishes were respected and encouraged. A person's activity records stated they regularly received holy communion from representatives of their local church who attended the home. Another person told us members of their chosen church also visited to provide spiritual guidance and support. This helped people to take part in activities that were culturally important and relevant to them.

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.

- The registered manager had a good awareness of the AIS. Efforts had been made to provide documentation in formats that people could understand and were personal to them. Larger font

documentation was available where needed. These systems will help to ensure that people were not discriminated against because of a learning disability or sensory impairment.

- The registered manager told us they would continue to look for innovative ways to provide people with information in a format that was accessible and easier for them to understand.

Improving care quality in response to complaints or concerns

- People felt confident that if they made a complaint it would be acted on by staff and/or the registered manager.
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- End of life care had been discussed with some people although records to support this were limited. The registered manager acknowledged that more needed to be done to ensure that people's wishes were recorded appropriately, so they could receive the care they needed should they be near the end of their life. We will check to see if progress has been made at our next inspection.

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 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.

- At our previous inspection we found that the provider had failed to ensure effective systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had not been made and the service remained in breach of this regulation.
- The provider did not have effective auditing processes in place to assist them and the registered manager in identifying the areas of improvement we have referred to throughout this report. The provider was unaware of the environmental risks, the risk of the lack of staff at night, gaps in staff training and insufficient induction, the inconsistent implementation of the Mental Capacity Act 2005 and the lack of detailed analysis of accidents and incidents. This would suggest that governance processes in place were ineffective.
- The provider did not hold the registered manager's performance to account. Provider-led audits were in place, but again, they had not identified the areas of risk and concern we have referred to in this report. A robust, provider-led audit would assist the registered manager with identifying shortfalls and enable them to act on any issues raised.
- Impact on people's health and safety was low and people praised the quality of the care provided by staff. However, a failure to have robust and effective quality assurance processes in place could increase the risk to people's health and safety.
- The registered manager split their role between supporting staff to care for people and office-based role. They acknowledged that they spent too much time away from their office, which meant limited time for monitoring and reviewing of records relevant to the safe running of the home. We discussed this with the provider and they assured us they would work with the registered manager to ensure a more balanced approach, to enable them to address the issues from this inspection.

This meant the provider had failed to ensure that effective governance processes were in place to help to identify, monitor and act on the risks to people's health and safety. This is a repeat breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the provider sent us details of how they were going to make immediate changes to assessment and monitoring of risk at the home. We will assess the effectiveness of these systems at our next inspection.

- The registered manager had a good understanding of their role. They also understood the regulatory requirements of their role. When required, they ensured appropriate authorities such as the CQC and local authority were informed of any incidents or concerns about people's safety.
- Staff understood their roles and could explain how they contributed to providing people with the care they needed.

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

- People felt they were cared for in an environment that was homely, welcoming and person-centred. People praised the approach of the staff, and staff were focused on achieving positive outcomes for people.
- The provider did not currently have a published set of aims and values for staff to adhere to when providing care for people. This is important to ensure the provider's aims and vision are provided through high quality staff performance. The registered manager told us they would introduce this during the new induction procedure.

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

- People, relatives and staff were provided with the opportunities to give feedback about their care. A survey was sent or given to them in September/October 2019. No responses had been received at the time of the inspection. The registered manager told us they would raise this with people and relatives during the next 'resident/relative' meeting.
- People did comment that they were happy with the quality of the service provided and they felt the registered manager was approachable and would address any concerns they had.
- Staff felt able to raise any issues with the registered manager and that any concerns would be acted on.

Continuous learning and improving care

- Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates. Learning from incidents that had occurred was discussed with staff during supervisions to ensure that the quality of the service people received did not affect their safety.
- The registered manager met regularly with the provider to discuss how the home was progressing if there were any issues that needed addressing. The provider told us they would use these sessions to address the issues raised during this inspection.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had processes in place which ensured if mistakes occurred they were investigated fully and they apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning and development was implemented to help reduce the risk of incidents recurring.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all. This included professionals based at the location who provided people with a variety of support to regain their independence. As noted in previous sections of this report, two visiting professionals spoke highly of the care provided at this home.

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that effective governance processes were in place to identify, act on and reduce the risk to people's health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that there were always enough suitably trained, skilled and experienced staff to support people safely at all times.