

The Boltons Care Home Ltd

The Boltons

Inspection report

2-4 College Road
Reading
RG6 1QD

Date of inspection visit:
02 December 2019
03 December 2019

Date of publication:
30 January 2020

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Bolttons is a care home without nursing and provides a service for up to 27 older people, some of whom may have mental health needs. The services provided include respite care. At the time of inspection there were 23 people living at the service.

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

The registered manager did not always ensure the quality assurance system in place was used effectively to help oversee the service and ensure compliance with the fundamental standards.

The management of medicines was not always safe. The registered manager also did not notify the CQC of serious injuries, police incident or allegations of abuse in a timely manner.

The new provider had made improvements in relation to premises, infection control and keeping records for duty of candour since acquiring the service.

People reported they felt safe living at the service. Relatives felt their family members were kept safe in the service. The registered manager and staff understood their responsibilities to raise concerns and deal with incidents or allegations of abuse. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. There were contingency plans in place to respond to emergencies and the premises and equipment were kept clean.

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.

The staff team were up to date with their mandatory training. The registered manager had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff received ongoing support via regular supervision and appraisals and felt supported and maintained great team work.

People received effective care and support from staff who knew them well. People enjoyed the food and could choose what they ate and where to eat. People had their healthcare needs identified and were able to access healthcare professionals such as their GP.

People and relatives felt the staff were kind and caring, and the service had a calm atmosphere. The registered manager and the deputy managers were working with the staff team to ensure caring and kind support was consistent. People and their families were involved in the planning of their care.

The registered manager encouraged feedback from people and families. The staff team recognised and responded to changes in risks to people and ensured a timely response and appropriate action was taken.

The registered manager improved the way they kept accurate and legible records for when the duty of candour was applied. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 12 December 2018). Since the last rating was awarded the provider has altered its legal entity and was registered by CQC under the new legal entity on 2 August 2019. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was the first inspection of the service under the new legal entity. Although the previous requires improvement rating was not awarded to this provider, they had full knowledge of the service's inspection history and were responsible for maintaining and improving the service, including addressing any issues from the last inspection. The inspection was prompted in part due to the concerns identified at the previous inspection with the former provider. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

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

Enforcement

We have identified breaches in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 at this inspection.

Please see the action we have told the provider to take at the end of this 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 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 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 Boltons

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 two inspectors on the first day and one inspector on the second day.

Service and service type

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

The 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.

What we did before the inspection

Before the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. 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 four people who used the service and five relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, two deputy managers, and four care workers. We spoke with one visiting professional. We also observed interactions between people and staff and carried out a tour of the premises.

We reviewed a range of records. This included four people's care records and multiple medication records for all people who use the service. We looked at two staff files in relation to recruitment and five staff supervision. A variety of records relating to the management of the service, including quality assurance, safeguarding, maintenance checks, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further training data, quality assurance, policies and meeting minutes. We contacted nine professionals and received five responses.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People who had prescribed 'as required' medicine (PRN) did not have protocols in place for all those medicines. There were some instructions on the medicine administration record (MAR) chart for PRN medicine. However, it did not provide much details about what the medicine was for; symptoms to look out for; when to offer the medicine; as well as whether the person was able to communicate the need for PRN medicine, or whether staff should look for particular signs.
- Some people had protocols for PRN medicine to help with behaviour. However, it was not always detailed enough and specific to the person that could guide staff to prevent people getting anxious or distressed before administering PRN medicine as the last resort.
- Looking at daily notes, it was not recorded if staff tried to help people manage their behaviour before administering PRN medicine that would help them calm down. This meant it was not clear if the PRN protocol in place was followed.
- There were two people who were administered medicine covertly. We reviewed paperwork for the care plans in place. We saw the service had contacted professionals such as their GP and pharmacy to discuss the matter. Care plans had information detailing which medicine should be administered, when and how.
- According to the MAR charts one person refused their medicine very few times. Another person was given medicine covertly straight away. This meant the registered manager was not able to assess if the covert administration of medicine was necessary.
- Covert administration of medicine should be in place for the least period as possible and used as the last resort. The reviews carried out did not indicate if these aspects were considered or reviewed.
- Part of the best interest decision process a mental capacity assessment for both people had to be done. However, we were unable to find records of these. This meant that the service was unable to evidence that covert administration of medicines were needed for the two people because they could not consent to taking their medicines.
- There was one person who received time-sensitive medicine. Information on the MAR chart and prescription gave slightly different times to administer that medicine. We asked the management team which time was the correct one. We showed them the differing records. They were unable to advise of the correct time. We noted that the records were being altered without consultation with a medical professional.
- Although medicine audits were carried out regularly, these failed to pick up the issues we found during the inspection.

The registered person did not ensure the systems were in place or robust enough to demonstrate safe management of medicine. This placed people at risk of harm. This was a breach of regulation 12 (1)(2)(g)

(Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management (Premises)

- The new provider had taken steps to improve the safety of the premises and the registered manager carried out maintenance checks to ensure the premises were safe.
- The service conducted regular checks of the fire alarm system to ensure this was working correctly in the event of a fire including sprinklers and fire extinguishers. The staff carried out regular fire drills to help people and staff become familiar with procedures to follow in case of fire.
- A business continuity plan was in place with important contacts details protocols to follow in the case of emergency, including: power loss, disease outbreak or staff shortage.
- An external contractor completed an onsite water risk assessment in July 2019. All recommendations within the report were actioned.
- The valves on the hot water system, designed to protect people from the risk of scalding, had been checked in March and November 2019 to make sure they were functioning properly.
- The report for legionella water testing was carried out September 2019 and no bacteria were found.
- The service carried out other checks such as gas safety checks, lighting checks, and equipment checks and servicing, these were in date. The registered manager arranged visits to ensure lifts were serviced accordingly.

Preventing and controlling infection

- The new provider had taken steps to improve infection control practices in the service. We observed staff, including those who worked with food, using personal protective equipment (PPE) correctly to reduce the risk of cross contamination of food.
- Staff followed a cleaning schedule and used appropriate personal protective equipment to help protect people from the risks relating to cross infection. They ensured the service was kept clean, tidy and odour free.

Learning lessons when things go wrong

- When people had accidents, incidents or near misses, staff recorded the information on the forms including details and immediate action taken. It also included follow up action and any discussions with staff members and professionals.
- When people had falls, the management team also completed incident root cause analysis forms to review prevention measures. These were effective in preventing similar occurrences.

Assessing risk, safety monitoring and management (people)

- People were protected from risks associated with their health and the care they received. The registered manager and staff team assessed the risks and took action to mitigate them.
- Care plans provided guidance for staff on how to minimise risk without restricting people or their independence. As people's needs changed, risk assessments were also adjusted to reflect those changes.
- People's care plans had guidelines to ensure staff supported them to stay safe including with personal care, mobility, communication, emotional and behavioural support.
- The new provider had reviewed and changed the format of the care plans. The information and guidance were much easier to find so that people received safe and effective support.

Systems and processes to safeguard people from the risk of abuse

- People felt they were safe living at the service. Relatives also felt their family members were safe.
- Staff were aware of the safeguarding procedures and told us how they keep people safe and their responsibilities for reporting accidents, incidents or concerns.

- Staff knew there was a whistleblowing procedure and they reported they would be happy to use it if necessary.
- The registered manager understood their responsibilities regarding safeguarding people who use the service, addressing and reporting concerns to external professionals accordingly such as local authority.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs effectively and in time.
- The registered manager calculated staffing numbers on each shift according to the needs of people. If people's needs changed, the staffing numbers would be increased. Additionally, the provider and managers worked full-time hours within the service to support the staff team.
- People and relatives said there were enough staff around to help them. Staff felt there were enough staff on duty to keep people safe and carry out their duties.
- The registered manager had recruitment procedures in place to ensure suitable staff were employed.
- Staff recruitment files included a declaration of health and a Disclosure and Barring Service (DBS) check. A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.
- We found some discrepancies with previous employment information. It was not always clear the new provider had gathered details of why staff had left their previous employment in health or social care. We raised this with the registered manager and they provided further information of action taken after the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The new provider had taken steps to improve staff training and performance monitoring. Staff training records confirmed staff had up to date training to meet people's needs and ensure their safety.
- People and relatives thought staff had the training and skills required to supporting people.
- The registered manager had a system for monitoring staff training to ensure training was up to date. They had an oversight of staff member's practice and performance. When new staff started they had an induction that included mandatory training and a period of shadowing experienced staff before working on their own. Staff were competency checked prior to be signed off as working independently.
- People were supported by staff who had regular supervisions (one to one meetings) with the registered manager.
- Staff felt supported by the management team and enjoyed their work. Staff were confident they would receive support from them when needed.
- Staff thought the team worked and communicated well ensuring people were looked after appropriately.

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

- The new provider had made a number of improvements to make the environment more dementia friendly. The design of the premises was improved to suit the needs of the people with dementia.
- There was dementia signage indicating where the doors led to, for example, bedrooms, the toilet or dining room door. Some signs were faded and would be beneficial to be changed.
- People were assisted to locate their rooms using their photographs that were placed on their bedroom doors.
- Toilet seats had been changed to different colour such as red or blue to stand out against the décor in the lavatories.
- We observed aids such as coloured crockery to support some individuals when eating, were available to use.
- People were able to walk around the corridors and there were a couple of areas to sit down for quiet time.
- The service purchased special frames to highlight all light switches. This would help people to find and use light switches independently.
- Communal areas like the dining rooms and lounge presented a light, bright environment where people moved around freely. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors.
- People were able to use the outside area such as garden for spending time in fresh air, to have outdoor meals weather permitting or enjoy outdoor activities.

- The provider has had plans for some changes to the premises where they would also incorporate other dementia friendly features.
- We noted there was calm atmosphere and people were not rushed to do things. Relatives agreed it was a nice and homely place for their family members to live in.

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

- People could make choices about what they had to eat. We received positive feedback regarding the quality of food provided. People said, "Yes, [the food] is always nice" and "[Yes, I enjoy the food] and my favourite is egg and chips."
- Relatives added, "The food I have seen, it's been very good. Plenty of drinks, hot and cold, and there is a choice," and "[Relative] loves the puddings and food is fine."
- We observed positive and respectful practices during meal times. People were offered a choice from the menu for their meals and they could choose where they wanted to have their meals. For example, in the dining room or in their bedroom.
- If people did not want the meals available, they were offered alternative options.
- Everyone ate at their own pace. We observed staff offered drinks to people and there were drinks available throughout the day.
- One visiting professional said, "Yes, [the management team] were always great when I visited and very attentive to their residents. They implemented dietary changes that were advised and improved the food first approach within the home to reduce the use of prescribed supplement drinks."

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

- People's care plans were based on a full assessment of the person's needs and the person and their family had been involved in drawing up their plan. The care plans were kept under review and amended when changes to people's needs were noted.
- Staff followed the care plans to ensure people were supported according to their wishes and help with outcomes they wanted to achieve.
- Professionals said there were no issues with the service and the registered manager worked together with external agencies to improve people's wellbeing and health.
- One professional added, "Yes, I feel the service is effective. The staff is responsive and up to date with appropriate training. The care is good as far as I understand as [a visiting professional]."

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

- The registered manager involved people, their families and other professionals to ensure people received effective health care support.
- The service communicated with and involved social workers, the GP, mental health team and consultants, community nurses, dieticians, occupational therapist, physiotherapist, and speech and language therapists to make sure people's health needs were met.
- Records confirmed people had access to health and social care professionals and attended appointments when required. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or relevant health care professionals.
- Each person had an oral health care assessment completed. People's oral care was maintained.
- People had access to oral care supplies such as toothbrushes, toothpaste and mouthwash. When needed, the staff had assisted people to see the dentists.
- One professional said, "I came to visit here many times and I never had any concerns. Staff are aware of how to support people and their behaviours, and they utilise our team appropriately [when they need support]. I am always welcomed as a professional and I believe the service is managed well."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager ensured applications were made to the funding authorities for the required annual reviews of any DoLS assessments and authorisations. They had submitted appropriate applications for DoLS to the local authority.
- People's rights to make their own decisions, where possible, were protected.
- Staff sought people's consent before providing any care or support. We observed staff were polite and respectful towards people and their decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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

- People were comfortable with staff and responded positively to them. People agreed staff were caring and kind, and said, "Oh yes, [they are caring and kind]" and "[The staff] are nice."
- Relatives said, "I really do [think the staff are caring], I tell everyone. Staff are so lovely, very gentle and caring", "They are very good, and staff retention is good, [they have] a consistent team" and "They always take an interest in [relative's] previous life. They are lovely staff, always happy."
- People's families were welcomed to visit the service whenever they wanted to.
- Staff understood the importance of treating people with respect. They said, "My residents always come first. I respect them and their dignity as it is very important to them", "Explain things to them, talk to them and listen" and "Give them as much choice as possible and always ask for their consent."
- Professionals agreed the staff were caring and kind, and successfully developed positive caring relationships with people using the service. They said, "Yes, very caring and homely staff" and "Yes, the carers seem to have good relationships with the residents."

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

- People and where applicable relatives were involved and well informed about the care plan and changing needs.
- The registered manager and the staff team had drawn up support plans with people, using input from their relatives or representatives and from the staff members' knowledge from working with them in the service.
- People's records included information about their personal circumstances and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on their doors, respecting their wishes for time alone and preserving dignity during personal care.
- People had their pictures placed on their bedroom doors. There was a notice on each door reminding people about dignity, respect and requested that they knock before entering. Where people did not want the picture on the door, their wishes were respected.
- People were encouraged to be as independent as possible by giving people choices and staff understood this was important to people.
- People's bedrooms were personalised with various items important to the person. The service layout allowed people to spend time on their own if they wished. We observed people and their appearance. They

looked well cared for with clean clothes, hair done, and people wore appropriate footwear.

- People's right to confidentiality was protected. All personal records were kept locked in the office and were not left in public areas of the service. Staff understood the importance of keeping information confidential. They would only discuss things in private with the person or other appropriate people when necessary.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as good. Planning personalised care to ensure people have choice and control and to meet their needs and preferences

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

- People had their needs assessed before they moved to the service. Information had been sought from the person, their relatives and other professionals involved in their care. This information was then used to compile the plan of care and support.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, personal interests and dietary requirements. These needs were recorded in people's care plans. Staff understood each person living in the service was an individual and required personalised support.
- We found and spoke with the registered manager that whilst care plans were person centred in most areas, some information could be more specific and individual to the person. For example, describing their specific condition or ailment and then ways to support and help them.
- Professionals we spoke with said the service provided personalised care that was responsive to people's needs and reflected their personal and cultural preferences. One professional said, "Yes, each resident is treated individually, getting care tailored to their needs."

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 reviewed and updated information about people's communication needs following the AIS. There was guidance in communicating with people in a manner they could understand.
- We asked the registered manager to add some detail about people receiving information in the way they could understand and this was addressed.

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 programme to engage people in activities, maintain their social skills and achieve emotional wellbeing. Activities were listed and available to people, visitors and staff throughout the service.
- We observed some activities and saw people enjoyed getting involved, conversing with others in between. During the morning and afternoon activity sessions people were encouraged to join in if they wished.
- The people living at the service were able to mobilise independently or with aids such as walking frames or wheelchairs around the communal areas, their rooms, and the outdoor areas.

- We observed people were encouraged to get involved in various activities a lot more than at the last inspection. People were able to spend their time in the communal areas or their rooms.
- People were supported to develop and maintain relationships with people that mattered to them. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and would use them as an opportunity to improve the service. There had been one complaint since the last inspection and it was appropriately recorded, investigated and addressed.
- Relatives and people could raise any concerns with the management. One relative added, "They listen, and they do something about it."
- The staff felt they could approach the manager with any concerns should they need to.

End of life care and support

- There was one person receiving palliative care and they had arrangements in place.
- Other care plans we looked at would benefit from more detail specifically exploring people's wishes in regard to the end of life care, specific requests or preferences relating to protected characteristics, culture and spiritual needs; or if they did not wish to engage in such conversation at this time.

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.

This is the first inspection for this newly registered service. This key question has been as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered manager did not ensure CQC was consistently notified of reportable events within a reasonable time frame, although had notified other agencies, including safeguarding, social services.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time. We asked the manager to submit notifications retrospectively.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager had a quality assurance system in place that included different audits, so they could assess and monitor the service delivered.
- However, the registered manager did not ensure their quality assurance systems were always used effectively to promptly identify areas for improvement. For example, the audits had not identified the concerns around management of medicine and submitting notifications and prompt action had therefore not been taken to address these shortfalls.
- The provider's quality assurance processes were not always effective. Failure to identify and act on these issues could potentially place people at risk of harm or abuse.

The registered person had not always operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new provider had full knowledge of the service's inspection history, their monitoring and addressing some of the issues from the last inspection. We found they had made improvements regarding premises safety, managing infection control, exploring and reviewing information to ensure they followed the most current practice guidance when supporting people and staff.
- It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered

manager in place and there was one during our inspection.

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 new provider had made improvements to keep accurate records of actions taken when a notifiable safety incident occurred. When serious injuries happened, people were supported to go to hospital to treat injuries. The registered manager updated the support plans following changes to people's care and support needs.
- The registered manager created and used a new form to record information about keeping people and others acting lawfully on their behalf informed.
- The registered manager followed provider's policy to complete all the actions set out such as provide step-by-step account of events, have face to face to meeting and offer an apology.

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

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service.
- The staff were positive the service was managed well and were confident suggestions made were taken on board.
- Staff felt they worked well as a team and had good communication between each other. They felt the management team was supportive and staff felt comfortable going to them with concerns.
- The management team worked alongside staff which gave them an insight into their practice and how best to support the people. They also displayed to the staff team appropriate values and behaviours towards people.
- There was a management structure in place, which gave clear lines of responsibility and authority for decision making about the management.
- Staff were happy working at the service and there were good relationships with each other.

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

- The provider carried out annual surveys of people who use the service, relatives, and professionals. The annual survey for 2019 had been completed to find out what was working well and not so well.
- The management team reviewed all the responses and worked on the actions identified from the analysis.
- The staff team had meetings and discussed different topics including practice at the service, care and support of people, care planning, safeguarding, medicines and activities. People using the service had also had some meetings.
- People, relatives and staff felt the management team was visible in the service and approachable. People and those important to them had opportunities to feedback their views about the service and quality of the service they received.

Continuous learning and improving care; Working in partnership with others

- We saw people and staff had good relationships with each other. We observed staff were respectful towards people. The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge. One professional said, "Yes, the team were very engaging with myself, and the Care Home Support Team nurses who provided training and support."
- People's care plans contained records of visits or consultations with external professionals. Those seen included GPs, community nurses, hospital consultants, dietitians, chiropodists and members of the community mental health team. People also could maintain links with local community such as local churches and amenities.

- Community professionals thought the service demonstrate good management and leadership; delivered good quality care and worked well in partnership with other agencies. Two professionals added, "Yes, the owners look to lead from the front, and there is a manager with a good support team" and "Definitely – [the management team] do a great job of managing and leading their team."

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered person failed to notify the Commission of notifiable events, 'without delay'.</p> <p>Regulation 18 (1)(2)(a)(b)(e)(f)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure safe care and treatment. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

How the regulation was not being met:

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A).

Regulation 17 (1)(2)(a)(b)(c)(d)