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North Hill House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

North Hill House is a 'care home' that provides personal and nursing care plus accommodation for a maximum of 35 adults, of all ages, with a range of health care needs and physical disabilities. At the time of the inspection 31 people were living at the service.

Since the last inspection the service had increased the numbers of people it could support from 31 to 35 people. All structural building works had been completed. People have their own bedroom with en-suite facilities, there is one double room available if people request this. People have access to communal lounges, a dining area and garden.

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

Since the last inspection the provider had still not fully addressed non-compliance in the area of governance, and continued to develop, implement and embed new records and systems to improve the quality of the service. The provider had implemented a framework for quality checks, but this had not picked up many of the issues we observed. For example, due to the different formats of care plans they varied in the quality of information and were not always completed in a timely manner. We also found failings in other records such as risk assessments and medicine records. The lack of maintaining accurate care records meant that staff did not have information, direction or guidance in how to meet people's needs.

Health and social care professionals confirmed they had seen some positive changes to the service and people's care needs were being met but records still required improvement.

Since the last inspection a senior member of staff was allocated the tasks of overseeing staff training, supervision and appraisal. Staff told us and records demonstrated that staff were now in receipt of up to date training and support.

The homes manager and provider had been working with the local authority Quality Improvement team and an external consultant to embed positive changes.

The management team encouraged staff to be more involved in raising ideas in how the service could run better and had recently set up 'project groups' to look at how the home was run and how it could be improved.

Staff morale was good, and everyone was committed to ensuring people received care and support based on their preferences and choices.

People told us they felt safe and liked living at North Hill House, enjoyed the range of activities and felt well cared for. People said they were always treated with respect. Care staff were eager to be involved in the social aspects of people's lives, which demonstrated their commitment to people's overall wellbeing.

Health and social care professionals were complimentary about the care that people received at North Hill House.

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.

Staff recruitment processes and staffing levels ensured people's needs were met. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People were involved in menu planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices.

People received support from staff who cared about them. People were supported to express their views in the way they wanted to. People and their families were given information about how to complain and details of the complaint's procedure were displayed at the service. The management and staff knew people well and worked together to help ensure people received a good service.

People, their relatives and staff told us the management of the service were hands on, approachable and listened when any concerns or ideas were raised.

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

Rating at last inspection

The service was previously rated Requires Improvement for the key questions of Safe, Effective, Responsive and Well Led (report published 18 April 2018). Five breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We asked the provider to complete an action plan to show what they would do and by when to improve.

We returned and inspected the service on 24 January 2019. At this inspection we found improvements had been made and the provider had complied with some of the breaches in regulation. The service was rated Requires Improvement for the key questions of Effective, and Well Led (report published 13 March 2019). Two breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. They were repeated breaches from the previous inspection, although we found the seriousness and risks associated with the breaches had been reduced.

We met with the provider to discuss the shortcomings of the service and how they would be addressed. The provider completed an action plan to show what they would do and by when to improve.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement/improvement action we have told the provider to take.

At this inspection we found some improvements had been made. This report identified that the service remains an overall rating of Requires Improvement for the key questions of Safe, Responsive and Well Led.

We have identified a continued breach in relation to governance and that the provider had not maintained accurate records of the care and treatment provided to people. We identified a new breach in that whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

North Hill House

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

This inspection was carried out by two inspectors and a Specialist Advisor who had experience of this type of service.

Service and service type

North Hill House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service is owned by a sole provider and as the 'registered person', the provider is responsible for the day to day running of the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the action plan that the provider had sent to us following the last inspection. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with ten people who used the service and two relatives. Some people were not able to tell us verbally about their experience of living at North Hill House. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also had discussions with nursing staff, staff members and the home manager and registered provider.

We reviewed a range of records. This included eight people's care records and a sample of medicines records. We looked at one staff file in relation to recruitment and staff supervision records. A variety of records relating to the management of the service, including policies, procedures and staff training records were reviewed.

Following the inspection

We also received feedback after the inspection from the local authority and two health and social care commissioners.



Is the service safe?

Our findings

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

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

Using medicines safely, Assessing risk, safety monitoring and management

- We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that medicines were always managed safely. For example, some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. There were no 'as required' protocols in place, so staff did not have clear guidance to know when to administer as required medication to people.
- Medicines records did not provide sufficient information, guidance or direction for staff in how to provide specific caring interventions. For example, there was no guidance for staff included in the care plan regarding continence care for catheter use for individuals. Likewise, there were no topical Medication Administration Record (MAR) sheets for creams or a body map where creams should be applied for people.
- Staff completed checks and the home manager had implemented a monthly medicines audit. This was being developed and needed some further improvement to ensure that all checks were being completed accurately. For example, we saw creams in people's rooms had not been dated upon opening.
- The nurses clearly understood the process of reporting a medicines error. However, we were unable to find evidence they were being effectively documented and audited.
- As staff knew people well, they were aware of the risks for people, for example what equipment people needed to use to ensure their safety when mobilising around the service, how many care staff were needed to support a person when they needed support to transfer from bed to chair. However, the risk assessment records did not evidence how the risk was assessed and the risk assessment findings were not then consistently transferred to the care records.
- Where it had been identified that people were at particular risks, such as choking, guidance from relevant professionals had been sought. However, this had not been transferred to the care plan and no risk assessment was in place. The risk information was not recorded sufficiently which meant staff had limited written guidance in place to help them support people to reduce the risk of avoidable harm.

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

- People were given their medicines safely by trained staff. Staff recorded when medicines were administered to people on Medicines Administration Records (MARs).
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines

would be safe and effective.

- Staff received training in medicines management to ensure ongoing safe practice.
- Lifting equipment had been regularly serviced and staff understood how to support people safely to move around the service.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- Staff demonstrated they were aware of what constituted safeguarding and what actions they needed to take if they suspected a person was at risk of abuse. Staff had received safeguarding training.
- People told us they were happy living at the service and relatives said they felt their loved ones were safe.

Staffing and recruitment

- People and staff told us there were enough staff available to meet people's needs and keep them safe
- The staffing rota demonstrated staffing levels were sufficient to ensure people's current needs could be met. However, staff voiced their frustration when there was staff sickness as they felt this could impact on the care, they provide to people. For example, they were not able to spend as much individual time talking with people.
- Agency staff were used to cover the majority of sickness and staff vacancies. The home manager also covered for nurse absence due to sickness, a care staff member commented "He [home manager] came in at the weekend as the nurse was sick, he came in and helped us as well."
- People told us staff responded to their calls for assistance promptly. A person said, "If you ring the bell they come straight away." The provider was planning on introducing a new call bell system in the home now all the building works had been completed.
- The provider had an ongoing recruitment campaign. Some new nurses and care staff had been appointed since the previous inspection. Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks.
- Staff had completed infection control training. Hand gel and personal protective equipment, such as gloves and aprons, was available throughout the building.
- The laundry area had been redecorated and refurbished. Domestic staff were aware of infection control practises and were pleased with the environmental changes. People confirmed that their laundry was washed and now returned to the individual correctly.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.
- Areas of concern found at the last inspection were being addressed and some improvements were noted at this 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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection it was identified that the provider was not ensuring staff were suitably trained. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

Staff skills, knowledge and experience

- Following the last inspection, the provider had addressed the training needs for staff. A system had been implemented that monitored each staff member's training. Staff were also provided with dedicated time to do their training. This ensured training was regularly refreshed and updated, so staff were kept up to date with best practice. Staff said; "There is plenty of training now." Nursing staff confirmed, and records showed that they had attended up dated training in areas such as Syringe driver, catheter care, sepsis and Verification of Death.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff new to the care sector were now supported to complete induction training in accordance with current good practice. Staff were also undertaking The Care Certificate to induct staff who had not worked in care before. New staff shadowed experienced staff until they felt confident and their competence was assessed, before they started to provide support independently.
- Staff confirmed they were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meetings were held. This enabled staff to raise any issues and share ideas.

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- People, or if appropriate their representative, were asked about any support they required related to protected characteristics under the Equality Act 2010.

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

- People were provided with healthy meals which they enjoyed. People were all complimentary about the quality and quantity of food, comments included "The food is fantastic."
- Lunches were a sociable occasion with general conversation. The lunch theme on the day of the inspection was celebrating St David's day and had music from the Welsh choir playing and a traditional

welsh dish for lunch. People had a choice of menu and could request an alternative if they wished.

- All staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. People were involved in menu planning where possible.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.

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

- People's health conditions were well managed, and the staff contacted other organisations to help provide support when needed, for example GP, consultants and physiotherapist. For example, nursing staff spoke on several occasions to external health professionals requesting a blood transfusion for a person. Since having the transfusion, the person's health had improved significantly. A relative commented "If it was not for the persistence of nurses here, [person's name] would not have had the transfusions."
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. People's bedrooms were personalised with their own possessions and decorated to their taste.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- The provider continued to invest in the environment. Since the last inspection four new bedrooms were now registered for use on the top floor and a lift installed to reach all three floors of the service. An ongoing schedule of work to continue to maintain and upgrade all areas of the service was in place. People and staff told us they were pleased with the changes to the environment and had been consulted about the changes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been completed for some people where appropriate and, where required, appropriate applications had been made to deprive people of the liberty within the law. The Home Manager kept clear records of which were awaiting authorisation and when they needed renewing.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible, friends and relatives who knew the person well were involved in the decision-making process.
- People told us staff always asked for their consent before commencing any care tasks.

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. 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

- There was a relaxed atmosphere in the service and staff were friendly, chatty and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People's comments included; "Very happy here - been here four years. I wouldn't want to be anywhere else", "I didn't think places this good existed" and "Staff are wonderful. It's like a family here." Relatives were also positive in how their family member was cared for.
- Health and social care professionals were positive about how people's care needs were met by staff. Comments included "Residents are always well presented and appear happy and relaxed in the care of North Hill".
- Staff knew what was important to people and how to offer people comfort and reassurance.
- Staff had background information about people's personal history. This meant they were able to gain an understanding of people and engage in meaningful conversations with them.
- People's personal relationships with friends and families were valued and respected. Relatives told us they always felt welcomed when they visited the home and staff were on hand to answer any queries.

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

- People were involved in day to day decisions and had control over their daily routines. Those able to say felt able to speak with staff about anything they wished to discuss. People were able to choose how they spent their time. We saw that some people chose to spend time in their own rooms, while others preferred the lounge and dining areas.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.
- Some people felt able to share their views with the home manager. Resident meetings were not currently held but some people showed an interest in these resuming. This would provide people with an additional opportunity to express their views and experiences.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully, and the staff spoken with were committed to provide the best possible care for people.
- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence and we observed this throughout the inspection. For example, ensuring that doors were closed when providing personal care.

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 changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff were knowledgeable about people and their needs. The provider had sought external guidance in the format of the presentation of care plans. However, this has led to at least three different formats being used which led to inconsistencies in the quality and detail of the care plan. For example, one person recently admitted to the service for end of life care, did not have a care plan in place so staff had no information, guidance or direction in how the person wished for their care to be provided. A health and social care professional feedback 'The only negative feedback would be that care plans are not always completed in a timely manner from date of residents admission'.
- We also found that the information contained in some care plans did not reflect what was outlined in the risk assessment and other care plans were sparse in detail. Care plans were not regularly reviewed or updated to reflect current care needs This is detailed in the Safe and Well led section of the report.
- Staff knew people and the care they required well, however they told us they no longer read the care plans as they found the information in them hard to find.

We found no evidence that people had been harmed however, the lack of maintaining accurate, records of the care and treatment provided to people meant that staff did not have information, direction or guidance in how to meet people's needs, which could place people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us the standard of care they received was very good.
- The content of daily notes were written in a respectful manner and provided an overview of the care people had received and captured any changes in people's health and well-being.
- Feedback from health and social care professionals were positive in that staff knew the people they supported well. One commented 'Both care and nursing staff are welcoming and demonstrate sound clinical knowledge of their residents.'

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.

- Some care plans contained information about the individual support people might need to access and

understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.

- Staff knew how to communicate effectively with people in accordance with their known preferences.

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 supported to maintain relationships which were important to them, with friends and relatives.
- People were complimentary about the activities provided by the home. People told us "There's enough to do" and "The activity lady is very good - I enjoy the quizzes and the themed country meals." People who were cared for in their rooms told us the activity person spent individual time with them in their rooms, talking or reading.
- An activity co-ordinator was employed to help organise a range of activities. People were encouraged to make suggestions of activities they would like to be see provided. Photographs demonstrated that people participated in a range of activities. Such as craft sessions, cake decorating, quizzes and board games. The service also held each month an international day where they celebrated the culture of different regions from around the world.

Improving care quality in response to complaints or concerns

- There were known complaints systems and procedures in place. People's concerns and complaints were listened and responded to.
- People and relatives said that they felt able to speak to the management team at any time.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- When people were receiving end of life treatment their care plans currently lacked detail in how the person wished to be cared for and supported. This was discussed with home manager and provider. However, relatives told us that they were satisfied with the care and support their family member had received.
- There were positive links with external professionals, such as GPs and community nurses to support care at this time.

Is the service well-led?

Our findings

Well-Led – this means 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.

At our last inspection there was a lack of robust governance arrangements, which demonstrated a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- Since the last inspection the provider had still not fully addressed non-compliance in the area of governance. They had continued to develop, implement and embed new records and systems to improve the quality of the service and had implemented a framework for quality checks, but this had not picked up many of the issues we observed. For example, due to the different formats of care plans they varied in the quality of information and were not always completed in a timely manner as referred to in the Responsive section of this report.
- Whilst people were receiving care that met their needs, there were significant failings in the management of people's records which could place people at risk of harm. For example, care plans did not inform, direct or guide staff in how a person's care needs should be met.; risk assessment records did not evidence how the risk was assessed and the findings were not then consistently transferred to the care records; medicine records did not have clear guidance for staff to know when to administer as required medication to people: some Medicine Administration Records (MAR) sheets had medicines written by hand and had not been witnessed by two staff members to ensure that the information written was accurate: there were no Topical MAR sheets for creams or a body map where creams should be applied for people.; the administrator was ordering medicines which is not in line with NICE guidance. Records of repositioning for people who have pressure relieving equipment did not state what the pressure mattress should be set at or have weight charts in place.
- The home manager acknowledged that he did not have oversight of the tasks that had been delegated to a member of staff who had now left the service. Therefore, the duties this member of staff had were not allocated to other staff members, for example care plans had not been written or updated.
- Though some changes and improvements had been made these had not yet been embedded into the service. The PIR states 'Further improvements to care planning tools and systems are being planned'. In discussion with health and social care professionals they confirmed there had been some positive changes to the service and people's care needs were being met but records still required improvement.
- Notifications were sent to CQC when required to report incidents that had occurred and required

attention.

We found no evidence that people had been harmed however systems to assess, monitor and improve the quality of the service provided had not been sufficiently implemented. There was a lack of clear oversight of the service which had resulted in failings in the quality and delivery of care. The provider had not maintained accurate records of the care and treatment provided to people. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- People, relatives and staff expressed confidence in the management team and would not hesitate to report any concerns.
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. Families confirmed they were contacted in a timely manner when necessary.
- Staff told us the service was well managed and they felt valued. Staff told us staff morale "had risen", they felt listened to and were pleased to be more involved in project groups in the home to improve service provision for people and staff.

Continuous learning and improving care

- The provider had taken some action to make improvements to the service in respect of staff training and was therefore no longer in breach of this regulation. However, they had not yet implemented all the required improvements to the service.
- The management team kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.

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 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 HSCA RA Regulations 2014 (Safe Care and Treatment)
	Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	Systems to assess, monitor and improve the quality of the service provided had not been sufficiently implemented. There was a lack of clear oversight of the service which had resulted in failings in the quality and delivery of. The provider had not maintained accurate records of the care and treatment provided to people.