

Regal Care Trading Ltd

Linden Manor

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Linden Manor is a residential care home providing accommodation for persons who require nursing or personal care to up to 28 people. The service provides support to older people, people with dementia, people with physical disabilities and people with sensory impairment. At the time of our inspection there were 22 people using the service.

Linden Manor is a Victorian property converted into a residential home, with accommodation over three floors which can be accessed via a lift. There is a communal lounge and dining area.

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

Improvements were required around assessing and monitoring risks to people, safe medicines and infection control. The registered manager made some improvements during the inspection to reduce risks to people.

The provider's systems and processes to monitor the quality and safety of the service required some improvement to ensure they were effective in identifying and actioning concerns. However, the provider and management team were open and transparent throughout the inspection and made immediate improvements to safety during and after the inspection.

People were protected from the risk of abuse and told us they felt safe. Staff knew how to raise concerns and were confident to speak up.

The home was clean and free from odour. Personal Protective Equipment [PPE] and infection control guidance was available throughout the home for staff, people and visitors.

There were enough regular staff members available to meet people's needs. Staff knew people well and worked as a team to cover holidays and sickness to ensure continuity of care for people. Care staff received regular training and supervision to ensure they had the skills they needed.

Accidents and incidents were monitored and lessons learned when things went wrong.

People's needs were assessed prior to them moving into the home to ensure their needs could be met. People had access to healthcare monitoring and healthcare services as and when required.

People had enough to eat and drink and specialist dietary requirements and preferred choices were met.

The home had been adapted to support people with varying care and mobility needs. There was a lack of dementia friendly signage but this had not impacted on people currently in the service.

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

this practice.

People were treated with respect and told us that staff were kind and caring, Staff spoke fondly of people in their care and we observed positive relationships. People's religion and culture were included in care planning and people were supported to take part in religious activities and celebrations for their choosing. People's individual communication needs were assessed and planned into care.

People were supported to be independent and make their own choices. Care plans were written in a person centred manor and included people's likes, dislikes, personal and work history and hobbies. People enjoyed group and 1:1 activity of their choice and were supported to maintain relationships with their relatives', friends and the local community who were all welcomed into the home.

There was a positive culture in the home with staff and management working together and with other healthcare professionals to get the best outcomes for people. Feedback was sought via regular meetings and questionnaires with people, their relatives, staff and healthcare professionals we saw that this was positive.

People's end of life wishes were assessed and planned into care; staff could access information quickly to guide them in an emergency.

The provider had a complaints process and relatives told us when they raised concerns these were resolved. People, relatives and staff spoke well of the management team and felt well supported to voice concerns and share ideas.

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 1 April 2023). The service remains requires improvement. The service has been rated requires improvement for the last 3 consecutive inspections.

The provider was issued with a warning notice at the last inspection. At this inspection we found the provider remained in breach of regulation.

Why we inspected

The inspection was prompted in part due to concerns received about care and support in an emergency. A decision was made for us to inspect and examine those risks. We also followed up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Linden Manor on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the managerial oversight of the safety and quality of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 ●

Linden Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors

Service and service type

Linden Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Linden Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 September 2023 and ended on 23 November 2023. We visited the location's service on the 19 and 20 September 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 4 relatives of people using the service, about their experience of the care provided. We spoke with 3 care workers and 2 registered managers', 1 cook, 1 laundry person, 1 maintenance person, 1 activities person and the nominated individual for the service. 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 6 people's care records and a variety of records relating to the management of the service, including policies and procedures. We looked at 3 staff files in relation to recruitment.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to assess the risks to the health and safety of people using the service, manage medicines safely and ensure staff had the skills and competence to support people safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1).

Assessing risk, safety monitoring and management

- Individualised risk assessments, measures to mitigate risk and associated care plans were mostly in place and contained detailed information on people's needs. However, we found some risks to people that had not been identified. One person had returned from hospital with a urinary catheter, their care plan had not been updated to reflect this or include guidance for staff on the measures to mitigate the risk of urinary retention and infection control. Staff were providing appropriate care and there was no evidence of harm to the person.
- Staff monitored people's diabetic risks regularly. However, we found diabetic care plans did not contain guidance for staff on the signs of deterioration that may require urgent medical intervention. This meant there was an increased risk of harm.
- The potential risk of scalding from exposed hot water pipes and poorly fitting radiator covers had not been identified by the provider. This meant people were at an increased risk of scalding.

We discussed our findings with the registered manager who took prompt action to improve safety by the end of the inspection.

- The provider ensured that environmental checks such as, gas safety and legionella were completed regularly and they had ensured people were safe from the risk of crushing from heavy furniture or falls from height.

Staffing and recruitment

- The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks to ensure no previous concerns about employment or character had been raised and to check for criminal convictions. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We found that some staff files did not contain a full work history, we have reported on this further in the well-led

section of the report.

- There were enough staff available to meet people's needs. We observed that people were attended to promptly when they needed assistance. Staff told us that they worked together as a team with the manager to ensure sickness and absence was covered. A regular number of agency staff were used to support staffing levels who had gotten to know people well which helped with continuity of care. A relative said, "Plenty of staff, normally quite adequate amounts of staff".

Using medicines safely

- Medicines were not always managed safely. We found inconsistencies in how staff were recording the administration of pain relief via a patch. There was a risk that old patches would not be removed which could lead to potential overdose or skin irritation. There was no evidence of harm.
- Medicine risk assessments were in place, however, we found 1 person who was prescribed a medicine that put them at an increased risk should they have an injury. This was not included in their medicine risk assessment. This meant the person was at risk of not receiving appropriate support, monitoring and treatment. This was corrected during the inspection.
- People receiving as and when required medicines had protocols in place to guide staff on when the person may require the medicine. However, we found 1 person had been given a regular dose of medicine and staff had not recorded the reason for giving it. This meant that the medicine could not be monitored for trends and patterns of use to share with the GP at medicine reviews. Staff were able to tell us the reason why the medicine was given frequently so it is unclear why this was not being recorded. The registered manager contacted the GP during the inspection for guidance and the prescription was changed to a regular medicine.
- The medicine room was clean and tidy. Staff ensured regular stock checks took place and there was a safe system for disposal of discontinued medicines. There was a quick reference notice board for staff guidance that reflected people's current needs.

Preventing and controlling infection

- We found staff practice in preventing and controlling infection required improvement. During the inspection, we found 3 different people's unlabelled moving and handling slings on the same hook in 1 person's bedroom. This meant there was a risk of cross contamination. The slings were taken for laundering during the inspection and a staff member has since confirmed, "Everyone has their own slings, they are kept in their own rooms".
- We were assured that the provider was using PPE effectively and safely. Staff told us there was always enough PPE.
- The home was visibly clean and odour free. However, we found some gaps on cleaning records. This meant there was a risk some cleaning tasks had not taken place as required. People told us their rooms were cleaned regularly and a relative said, "I think that's the first thing that strikes you when visiting, no smells and they're always cleaning. They are always making sure it's clean, you know it's clean and they keep [persons] room clean." Another relative said "[The] home is clean and well looked after."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Staff were trained and understood the principles of safeguarding. Staff knew the signs of abuse and how, where and when to report concerns. The provider had a safeguarding and whistleblowing policy and procedure that staff could access electronically at any time for information and guidance.
- We observed people to be relaxed around the staff team and people told us the staff were nice. Family members told us their relatives were safe. One relative told us that when their family member raised a concern it was well managed by the management team.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. People were able to receive visitors into the home, there was no restrictions in place and feedback from relatives was positive and confirmed this. We observed visitors welcomed into the home during the inspection.

Learning lessons when things go wrong

- There was a system in place for reporting and recording incidents and accidents. Staff had a good understanding of the providers systems and processes. One staff member told us about follow up checks post falls. They said, "We record the fall on the pod [electronic recording device] then we monitor the person regularly for 72 hours. There are flags on the pod that flash up to remind us to do the checks".
- Where people were at risk or had experienced falls, measures were put in place to mitigate further risks such as lowering people's beds and placing falls alarms mats to alert staff that people were moving and may need assistance.
- There was evidence of lessons learned from incidents. For example, following a recent incident the provider had taken local authority advice and implemented a quick visual reference for staff guidance in an emergency. This meant emergency healthcare could be started quickly and medical professional support promptly sort.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment of people's needs was completed before people moved into the service. This was to ensure the provider was confident people's needs could be met and staff had the appropriate skills and training to support them.
- The assessment process included the use of recognised assessment tools to give a baseline of people's overall health and care needs. For example, their falls and nutritional risks and care and support needs.

Staff support: induction, training, skills and experience

- There was an induction and training program in place for new starters which included shadowing other staff and supervision from the management team. One staff member told us that they were currently completing the care certificate and felt the training they had received had given them the skills and confidence to do the job. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Care staff received regular training updates and had access to an online training system as well as policies and procedures that they could refer to for information at any time. Staff told us they felt well supported. One staff member said, "Every 2 or 3 months I have supervisions, they are 1:1, I find them helpful, we talk about concerns, I can talk about anything."

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

- People were well supported with food and drink. There were regular meals and snacks provided which included fruit as well as sweet treats. People's likes and dislikes were recorded and where people had food allergies these were managed safely.
- Staff completed food charts to monitor and ensure people were eating well and this helped the registered manager maintain oversight of people's nutritional needs. The cook used creative and inviting ways to encourage people with a low appetite to eat and drink enough. This included adding fortified products to mousses and cakes. People were complimentary about the food. One person said, "Foods nice, you can choose, they make nice cake." Another person told us, "Foods nice, very good, good choice."

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

- People were supported to access healthcare appointments as and when needed. Referrals had been made to healthcare professionals such as GP's, dieticians and speech and language therapists appropriately. We saw visiting health care professionals during our inspection who spoke positively of the

management and staff team. A relative told us, "I feel [person] is well catered for with health care professionals." One person told us how they were being supported to access a support service, they said, "[Staff member] has been very good, they understand."

- Staff demonstrated a good knowledge of which services to contact when concerned about people's health and wellbeing. For example, 1 staff member told us how they monitor people's blood sugar levels, what the acceptable range should be and who they would contact for advice.
- A hospital handover document was easily accessible to provide to ambulance crews in the case of an emergency. This was to ensure a smooth transition into emergency services. A staff member told us, "We have hospital packs to print off, all staff can access them, night staff also have access."
- A senior staff member talked us through a recently implemented monitoring system for recording information on people who were presenting as unwell such as their temperature and blood pressure. This was directly linked to healthcare professionals who could monitor people's health, give staff guidance and make clinical decisions promptly including emergency support.

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

- The home lacked dementia friendly decoration and signage however, this was not impacting on people currently in the service and people who were mobile were well orientated. The day, date and month was displayed in a prominent area for people and there were clocks around the home.
- The home was an old building that had been adapted to meet people's needs. For example, a lift and handrails were in place and bathrooms were suitable for people with mobility support needs. People had decorated their rooms with personal items which made them more homely. The hallway accessed by people was decorated with the history of their home, including photographs of the original family that lived there for people's interest.

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

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

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

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

- People were supported in the least restrictive way possible and in their best interest. Individualised mental capacity assessments were in place to reflect the decisions that people could not make for themselves, with evidence of family and professionals' involvement.
- Staff and management understood mental capacity and how to support people well. There was evidence of best interest decisions including relatives and health care professionals.
- DoLS had been applied for where required and the registered manager maintained good oversight of this process and ensured they were re applied for when needed.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 well treated and supported by a regular staff team that understood their needs well. We observed that people were comfortable in staff company, there was exchanges of smiles, laughing and gentle banter. People told us that staff were kind and caring. One person told us they liked the home as the staff are nice. Another person said, "Staff are kind to me it makes a difference". A relative told us that the standard of care is very good and staff are attentive.
- Care planning included people's religion and culture. Where people wanted to be involved in religious celebrations this was well supported. People had taken part in religious celebrations such as Christmas and Easter. The service encouraged cultural awareness through theme days which were held and included food, music and decoration from all cultures such as Italian and Indian. Staff were trained in equality and diversity and the provider employed a workforce that reflected the diversity of the local community.

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

- We observed that people were supported to make their own decisions as much as possible. For example, people were choosing which activities they would take part in, where they would spend their time in the home, what they would wear and how to decorate or organise their rooms.
- People and their family members were invited to meetings where they could raise concerns and share ideas. Where people may not be able to input into their own care plan, this was discussed with family members. One relative told us, "I haven't seen care plans. But they are discussed."

Respecting and promoting people's privacy, dignity and independence

- We could not be sure that a bathroom window blind would promote people's privacy after dark. We discussed this with the registered manager who agreed to ensure a replacement was sought immediately.
- We observed staff to knock on people's doors prior to entering their rooms and close doors when providing care. A relative told us, "They [staff] don't carry out care tasks in front of family, they respect privacy, they always close the door when changing." Care records were stored securely on electronic systems.
- Staff understood the importance of ensuring people had their own clothes to ensure their dignity and care was taken with laundry to avoid damage. A staff member told us, "Wash symbols are printed on the wall so we don't damage people's things."
- People were encouraged to be as independent as possible with mobilising, washing and dressing. One person told us how staff let them do things for themselves and only help where it is needed.

Is the service responsive?

Our findings

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

- Care plans were written in a person centred manner and included people's likes, dislikes, work and personal history. They were reviewed and updated regularly and gave staff good guidance on people's holistic needs. Care notes reflected that people were receiving their care as planned.
- People had choice and control over their care. For example, people were choosing what time they got up and went to bed. One person talked to us about their preferred time to go to their room in the evenings to relax before bed.
- Care was delivered in a person-centred manner by a regular team of staff who knew people well. One staff member was able to tell us of several people's preferences from how people took their tea to their preferences on activity. Staffing was planned so that regular staff worked with people. This meant good continuity of care and people were able to build positive relationships with staff. Where people had expressed a preference for care from specific staff this was accommodated by the management team.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and planned into care. Some records had been produced in pictorial format to support people with higher communication needs. The provider could have records printed in different languages should the needs arise.
- Staff had person centred guidance on how to communicate with people. For example, 1 person used a facial expression to signal they did not want to talk anymore, another person had picture charts to aid their communication. Care plans included if people wore glasses and people could access optician appointments. One relative told us, "[Registered manager] has said they will arrange opticians, they've been very helpful."
- People had access to talking books, magazines and newspapers to ensure they could keep up to date with current news. One relative told us that staff had asked them what books their relative enjoys and a member of staff read to them.

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 well supported with person centred activities. We observed that although an element of pre planning for activities took place, a full time activities coordinator with good knowledge of people's

preferences ensured people chose what they wanted to do and had 1:1 time if they preferred. For example, 1 person enjoyed their hobby out in the community by using 1:1 time for support.

- We observed people were enjoying each other's company during a group activity that was relevant to them. The provider outsourced regular entertainment such as singers which people told us they enjoyed. A relative told us, "They [provider] try and cater for all [people]."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and there was a system in place for recording complaints and monitoring for trends and patterns. Relatives told us they would be confident to make a complaint should they need to. One relative told us they had raised a couple of minor concerns, they said, "The issues have all been sorted now, they did listen and make the changes." Another relative told us they had raised an issue that the registered manager was helping with.

End of life care and support

- The provider did not offer a specific end of life service. However, people could be supported to remain in their home for end of life care should they wish. Care plans had been developed with people and their families, to ensure peoples end of life wishes could be met. A relative told us they had been consulted on end of life care and support for their loved one.

- Staff could quickly access peoples end of life decisions in an emergency via the electronic handheld devices, there was also a discreet symbol for staff guidance as a back up measure.

Is the service well-led?

Our findings

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

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

At our last inspection we found no evidence that people had been harmed however, the oversight and governance of the service was not effectively managed. This placed people at risk of harm. This was a breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- System and processes to monitor the safety and quality of the service were mostly in place but had not been effective in identifying the risks we found during inspection. For example, provider and managerial audits had not identified that care plans did not include guidance for staff on deterioration indicators for people with diabetes. Infection control risks had continued to be unidentified and unactioned.
- Management and senior team members were recording information that would suggest people were at potential risk of harm but had either not recognised or not taken action to reduce the risk. For example, where medicine room temperatures had exceeded the safe temperature for medicine storage there was no evidence of action taken or professional guidance sought.
- Care for people at risk of pressure sores was not always well managed, we found 1 person's mattress to be on the wrong setting for their weight putting them at increased risk of developing sores. There was no guidance for staff on how to ensure the mattresses should be set to meet people's needs. We found no evidence of harm caused to people.
- The provider and registered manager had failed to ensure systems and processes were improved enough to ensure compliance with the previous warning notice within the specified date as per the regulatory requirement.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17(1).

- Statutory notifications had been submitted to Care Quality Commission to ensure we were aware of significant incidents and the provider was displaying a current CQC rating as per the regulatory requirements.
- The provider and management team were open and transparent throughout the inspection and where they could make immediate improvements they did this and improvement work continued post inspection.

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

- Care delivery was mostly person-centred as people received care from staff that knew them well and were committed to ensuring as much independence and choice as possible. Improvements were required in ensuring risks to people were better monitored and mitigated to achieve truly effective person centred care.
- Where people wanted to move to be nearer family or become more mobile and return home to their own houses, this was supported through physio and liaising with families and local authorities. Relatives told us they felt welcome and included, one relative said, "They [staff] always say hello and acknowledge family, will offer a cup of tea, they go out of their way to accommodate us."
- Staff told us there was a positive culture within the home and it was a good place to work. One staff member told us, "We all work as a team, doesn't matter what department. Lovely vibe throughout. Some days are harder than others, but that's everywhere. I look at it as a home from home. It's the resident's home, we like to make it nice for people." We observed staff to encourage people to do things for themselves as much as possible, staff were patient with people while they mobilized independently and made their own way around the home.

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 provider understood the duty of candour. We saw that incidents and accidents were shared with family members with an explanation of what had happened and what preventative measures had been put in place. There was evidence of family meetings to give the opportunity to ask questions directly to the management team and get answers to their concerns.

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

- People, relatives and staff were invited to and attended meetings with the management team where they were able to raise concerns or share ideas. A staff member said, "Every month we have a staff meeting, there is also a noticeboard with information." We saw that effort was made so that all staff could attend and when they couldn't, they received copies of the minutes. Staff told us they were confident to speak up and felt listened to and well supported by the management team.
- Relatives spoke positively of the staff and management and the care provided, they felt welcome in the home. One relative said, "[Registered manager] has always said if we've got a problem, tell them and they'll amend it straight away."
- Feedback via questionnaires was sought from people, their relatives, staff and visiting professionals and we saw that the majority was very positive. One relative had commented, "[Person] is cared for, appreciated and respected, appreciate everything you all do and very well led." The provider was in the process of improving the pictorial format questionnaires to include a section for written comments for people able to add more detail.
- The home and people were part of the local community; a neighbour visited the home whilst we were there and took part in an activity with people. A local children's nursery visited the home, a staff member told us people really enjoyed spending time with the children.

Continuous learning and improving care; Working in partnership with others

- The provider had not always learned from previous enforcement action and concerns in this home. The provider failed to implement organisational learning following raised concerns with recruitment practices. At this inspection we found that the provider was not ensuring full work history was recorded for staff since leaving school as per the regulatory requirement. There was no evidence that people were at risk as other

recruitment checks were in place.

- There was evidence of partnership working with multiple agencies for a serious incident and evidence of lessons learned and improvements made to prevent future incidents.
- The provider worked in partnership with a local health centre professional who supported people with understanding and making decisions around end of life wishes.