

Ashdown Care Limited

Ashdownne Care Centre

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

About the service

Ashdowne Care Centre is registered to provide accommodation with nursing or personal care, for up to 60 people. There were 53 people using the service on the first day of our inspection. The service is in the town of Tiverton. It comprises of two detached, two storey buildings linked by a corridor. The home is divided into two units, one in each building, Ashdowne and Pinnexmoor. The Ashdowne unit is primarily used for people with physical disability and the Pinnexmoor unit is for people with dementia or a mental health need. Each of these units has its own staff team, communal spaces and secure outside garden for people to use as they choose

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

There were not always enough staff on duty to meet people's needs on the Ashdowne unit at the home.

The provider had checks and audits in place to assess the safety of the service. They had produced a Service Development Plan which identified and reviewed concerns and the actions being taken. The provider was working with the local authority quality assurance and improvement team (QAIT), health and social care community services team and Eastern Care services regarding further and ongoing development.

We observed that improvements had been made by the new manager and operations manager, but these systems need time to embed to ensure they lead to improvements in people's care and support.

Staff completed individual risk assessments promptly when people came to the home and put in measures to reduce risks as much as possible. A new call bell system had been put into place on the Ashdowne unit and people in communal areas had access to call bells. The provider had appropriate checks and maintenance systems in place to ensure the home and equipment was safe for people.

People, relatives and staff spoke positively about the new manager who started work at the home in January 2019. They said they felt able to raise concerns and were confident that these would be addressed. Improvements had been made to the management of complaints which were being dealt with in line with the provider's policy.

Staff said they felt well supported in their roles. The manager had a supervision schedule in place to ensure staff received regular supervisions and appraisals. Where there were gaps these had been scheduled. The manager and provider's operations manager had identified that not all staff had completed all the mandatory staff training and were working with staff to complete the required training. All staff completed the provider's induction when they started work at the home.

People said they felt safe at the home. Staff continued to be aware of the signs of abuse and reported concerns internally. There was good communication amongst the staff to ensure key information was

shared. Staff knew their responsibilities for reporting accidents, incidents or concerns. The management team were committed to driving improvement and learning from accidents and incidents.

Medicines were safely managed. There were appropriate control of infection processes in place which meant people lived in a home which was clean.

People were very positive about the staff and told us that they were treated with dignity and respect and their visitors could visit at any time. They said staff were caring and hardworking. People's care plans included information for staff about the support they required to meet their needs.

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 positive about the food they received. Comments included, "I never feel hungry here, I get plenty to eat here." There were opportunities for people to engage in activities.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to deploying sufficient staff to meet people's needs. Details of action we have asked the provider to take can be found at the end of this report.

More information is in the full report.

Rating at last inspection and update: The last rating for this service was requires improvement (published 24 October 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Following this inspection, the ratings for the service remains unchanged.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

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.

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 ●

Ashdowne Care Centre

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

An inspector visited the service on the first day of the inspection with a specialist advisor and two experts by experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector visited on the other days.

Service and service type

Ashdowne Care Centre 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 did not have a manager registered with the Care Quality Commission (CQC). 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. An application had been submitted to CQC in April 2019 by the manager to become the registered manager of Ashdowne Care Centre which is being processed.

Notice of inspection

This inspection was unannounced on the first and second day. We announced the third and fourth days of the inspection, so the manager was available to support the inspection.

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. 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. We also reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and four relatives about their experience of the care provided. We spoke with 16 members of staff including the manager, the unit leads, a registered nurse, care workers, the administrator, the receptionist, maintenance person, two activities coordinators, housekeeping staff, kitchen staff and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and induction. A variety of records relating to the management of the service, including policies and procedures, supervisions/appraisals, complaints, quality assurance, quality monitoring and maintenance records were reviewed.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed meal time experiences and used the SOFI to observe how staff interacted and cared for people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvements because the provider had not done all that was reasonably practical to mitigate risks to people. At this inspection this key question has remained the same because some aspects of the service were not always safe.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People received the care and support they needed to be safe, but due to unexpected staff absence staff did not always have the time to be flexible or respond to people's changing needs. People, relatives and staff said there were not always enough staff on the Ashdowne unit to meet their needs and their call bells were not always responded to within a reasonable time. Comments included, "There is never enough staff here, you ring your bell and then wait and wait for somebody to come...sometimes I think the staff run instead of walking, they are so so busy" and "There are two carers for 20 people who all need a lot of attention a lot of the time. The meal times are worse, whilst staff are doing meals they can't be doing caring." Staff said they had worked shifts where there had been only three staff on duty.
- There were 25 people on the Ashdowne unit across two floors. On the first day of the inspection there was an unexpected staff absence and another staff member came in to cover. We observed staff were very busy but met people's needs. The manager said, and records confirmed, when the rota was completed for the Ashdowne unit they allocated a nurse on duty with five care staff each morning, four each afternoon and two at night. They went on to say any shortages were due to unexpected staff sickness and that they undertook return to work interviews with staff to support them and monitor staff sickness. At the last inspection in May 2018 the previous registered manager had told us there had been staff shortages due to short notice genuine staff absences and sickness. This meant this was a recurring problem. The provider did take action after the last inspection by increasing the activity co-ordinators hours to full time, so they could assist with monitoring communal spaces.
- We reviewed the staff time sheets for 2019 and found that on more than 25% of days there had been a staff shortage on the Ashdowne unit using the manager's preferred staff level. The manager pointed out that during this period the occupancy on the unit had been varied between 20 and 26 people, so some days less staff were required.
- The provider undertook individual dependency assessments of people but did not collate this information to assess whether they had the required amount of staff to meet people's needs. We reviewed people's dependency with the manager and found that 17 people on the Ashdowne unit required two staff to support them with their personal care needs. This meant that when two care staff were supporting these people there might not be any staff to support other's requiring assistance if the nurse and activity person were busy.
- The provider had a new call bell system installed on the Ashdowne unit. The manager said they were unable to undertake a call bell audit from the new system but did listen to ensure bells were responded to

promptly.

The failure to deploy suitable numbers of staff to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and staff said they felt the staff levels on the Pinnexmoor unit met people's needs. There were 28 people on this unit with a nurse and six staff throughout the day. Our observations raised no concerns on the Pinnexmoor unit.
- Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place. Checks to ensure nurses were registered with the Nursing and Midwifery Council (NMC) were made. Nurses were supported to undertake the revalidation process to maintain their PIN registration.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had submitted an action plan to CQC after the last inspection with the actions they were going to take to improve managing risk at the home. They had implemented this action plan and people were protected because individual risks for each person were identified and managed and people had access to call bells in communal areas.
- Care records contained individual risk assessments for falls, nutrition monitoring and skin integrity. Improvements had been made to ensure risk assessments were undertaken quickly after people were admitted and measures put in place to reduce risks as much as possible. For example, pressure mats and sensors were in use to alert staff.
- The provider had a new call bell system on the Ashdowne unit which enabled people to have pendants to call for assistance when required.
- The environment and equipment were safe and well maintained. The provider had checks and audits in place to protect people from the risks of unsafe and unsuitable premises. For example, water temperatures, testing of portable electrical appliances and window restrictor checks. Staff recorded maintenance issues they identified in a maintenance book. These were reviewed by the maintenance person and action taken.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. This helped to make sure the equipment was safe for staff and people to use.
- When possible the manager and/or a head of unit assessed people prior to them moving to the home to ensure they could safely meet the person's individual needs.
- People had personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of an emergency to keep them safe. This meant emergency services would be able to access people's information in the event of an emergency evacuation.
- The new manager was committed to driving improvement and learning from accidents and incidents and feedback given. Action was taken to identify suitable solutions to address any risks identified. For example, where a person wandered at night and posed a risk to others a specialist sensor had been put into place to alert staff quickly to protect the person and others.
- Following a health and safety audit carried out by the manager the treatment room and staff room were being refurbished

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. Comments included, "I am safe here...I have lived here for a long time, everything is done for me, I don't have to worry about a thing", "staff are helpful and kind, if you are in trouble you shout and they help" and "I am safe, and sound here, not worried at all."

- The majority of staff had completed training and understood safeguarding issues. They said they would have no hesitation in reporting any concerns to the management team and were confident that action would be taken to protect people.
- The provider had policies and procedures to guide staff and keep people safe.
- A keypad to protect people had been put on the doors entering the Ashdowne unit.
- The manager understood their responsibilities and had made appropriate referrals to the local authority safeguarding team and followed their guidance.

Using medicines safely

- Medicines were safely managed. People told us they were happy with the way the staff supported them with their medicines.
- Staff had clear guidance regarding the use of when required medicines.
- The pharmacist providing medicines to the home undertake a review every six months. Their last review in March 2019 hadn't raised any significant concerns.
- Medicines were audited regularly with action taken to follow up any areas for improvement.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Nurses administered medicines at the home. They had received the necessary training to support their responsibilities in dispensing medicines.

Preventing and controlling infection

- People lived in a home which was clean. Cleaning schedules were in place to help ensure these standards were maintained.
- Staff had the required protective equipment available, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections. We discussed with the manager that these were not always easily accessible to staff. The manager said they would review where PPE's were stored as part of their infection control audit.
- In June 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained. The kitchen was clean and appropriate cleaning schedules and checks were in place.

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. This was because not all staff had received supervisions and appraisals. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had submitted an action plan to CQC after the last inspection with the actions they were going to take to ensure staff were supported to carry out their roles through supervisions. They had implemented this action plan and supervisions and appraisals were being undertaken as required. The manager had a supervision schedule in place to ensure staff received regular supervisions and appraisals. There were a few gaps which the manager explained were scheduled to take place. Staff said they felt well supported in their roles.
- The provider's training matrix showed there were gaps in staff training. In particular training in food hygiene, health and safety and infection control. The manager and provider's operations manager were aware of these gaps and was working with staff to complete the required training. Since the inspection the provider has sent us an updated training matrix which demonstrates training is being completed.
- Staff completed the provider's induction when they started work at the home. Nobody was undertaking the care certificate at the time of our inspection.

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

- People received the care and support they required because assessments of people's needs were in place. Care and support was reviewed regularly and updated when required.
- People had completed a life history with the activity coordinators. Care records included information about people's choices and preferences.

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

- People were positive about the food they received. Comments included, "I never feel hungry here, I get plenty to eat here", "The food here is alright, you're never hungry or thirsty here, you get a choice what you want to eat" and "No complaints about the food here, it really is quite good."
- Care records had detailed information about people's dietary needs and included information about people who required fortified or specially modified meals.
- The cook had a good understanding of how to support people who required modified diets, such as those who needed a softer diet due to swallowing difficulties. Information about people's needs was clearly recorded on a white board and in a folder in the kitchen.
- Care records included monitoring for weight and malnutrition screening tool (MUST) to identify those at risk of weight loss. We saw that suitable referrals were made to people's GPs and Speech and Language Therapy (SALT) when additional needs had been identified.

- Snacks and drinks were offered to people throughout the day.
- Our observations of meal times indicated that staff provided assistance when required and supported people to eat and drink appropriately.

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

- There was good communication between the staff to ensure they had the information needed to support people's changing needs. Staff received a handover when they arrived on shift to ensure information about people's changing needs was shared. The manager had put in place a new handover form for staff to populate to identify high risk areas for people. This contained details about people's treatment escalation plans, diet and moving and handling needs.
- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs.

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

- There is an ongoing redecoration program being undertaken at the home. During the inspection new flooring was being put down in the Ashdowne first floor dining room. Since the last inspection a new call bell system has been installed on the Ashdowne unit.
- People's bedrooms were personalised and reflected people's preferences and choices.

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.

- Assessments had been completed when people lacked capacity and best interest meetings were held which included professionals and relatives where appropriate.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this.
- Care plans reflected the principles of the MCA and DoLS and appropriate applications to the local authority had been made where restrictions were in place.

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 requires improvement because people were not always treated with dignity and respect. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and had their privacy respected. On the whole we observed staff treating people respectfully. We raised with the manager that we had seen three examples where staff had not ensured people's dignity. The manager responded to these concerns quickly and spoke with staff.
- Staff spoke respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.
- We observed that people were discreetly supported when receiving personal care. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain privacy.
- Visitors were welcomed and there were no time restrictions on visits. They said they were always made welcome when they visited the home. One relative said, "If I get upset and emotional when visiting (person) they take me off and talk to me."

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were caring and hardworking. Comments included, "I cannot fault the staff at all, every one of them is kind and caring, very good really, I like them all" and "Everyone here does really try to be nice and caring. But they are so busy." A relative said, "I think they are amazing, I visit every day. All the staff are very good, if there is a problem they will sort it out. They are very patient, I have never heard anyone raise their voice, they are very compassionate. They care for families as well..."
- We observed positive interactions between people and staff. One person said, "It's very nice living here, the staff are nice, friendly and helpful". Whilst saying this a member of staff came into the person's room to check that they were alright and kissed them on the cheek. The person told us "She always gives me a kiss, usually when she comes on duty in the morning".
- People were protected from discrimination. Staff understood the importance of equality when meeting people's individual needs. They respected people's individual, religious and cultural needs.

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

- People felt able to speak with staff and raise concerns.
- Care records were regularly reviewed by staff although the timescales varied on each unit, which was an

issue the manager was addressing. Staff discussed concerns and outcomes with people and relatives, but this was done informally. Relatives told us they were kept informed about their relatives.

- People contributed to decisions about the activities they attended or wanted to attend. People decided what they wanted to do.

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 requires improvements because complaints had not always been dealt with in line with the provider's policy. At this inspection this key question has now improved to good.

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

Improving care quality in response to complaints or concerns

- The provider had submitted an action plan to CQC after the last inspection with the actions they were going to take to improve how complaints were managed at the home. They had implemented this action plan and complaints were well managed.
- The manager had followed the provider's complaints policy. They had a complaints log which recorded the actions taken. There had been 11 complaints in 2019. The manager said there had been a spike of complaints in April 2019, but these had reduced. Records confirmed this.
- People and relatives said they would be happy to raise concerns. One person said, "I can't moan or complain about anything, but if I was angry about anything I would speak to the manager."

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

- Staff had a good knowledge of people and knew their individual care needs. People told us that staff knew them well.
- People's care plans included information for staff about the support they required to meet their needs. They included information about what was important to the person and their likes and dislikes. The manager was in the process of introducing a new care plan format which captured more details about people's physical and emotional needs.
- The manager had started a system called 'resident of the day'. This meant that each day staff reviewed a person's care documents and assessments, looked at their activity provision, catering needs, housekeeping requirements and maintenance issues.
- The manager was working with staff to develop daily records to better reflect care provided and how people spent their day.

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

- The service had an activity co-ordinator on each of the two units. They were arranging a range of activities for people to engage with.
- People were undertaking activities during our visits which included a quiz and an external entertainer. The activity co-ordinator said they visited people who stayed in their rooms and spent time with them interacting.

- Staff supported people to celebrate dates which were important to them. For example, the lounge was decorated with bunting and balloons to celebrate a person's birthday.
- The manager and the co-ordinators were committed to developing the activity programme further and were developing further links with the local community.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard.

End of life care and support

- There was good end of life care at the service. Procedures were in place for people to identify people's wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.
- Staff ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.
- The manager had received thank you cards from people's families thanking them for their kindness and care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service did not have a manager registered with the Care Quality Commission (CQC). 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. An application to be registered had been submitted to CQC in April 2019 by the manager who started work at the home in January 2019. The application is being processed.
- People and their relatives knew the new manager. One commented, "The manager is called (manager's name) ... I see him come around and talk to people, sometimes he is one of the workers, he does the tablets, he seems very busy and works really hard." Another relative said "The new manager, is good. I think he understands what a place like this needs. He is having a lot of work done, it used to be run badly. He's put in place a better laundry system and better menu's, he works odd hours".
- The provider's operations manager and the manager had identified areas which needed addressing and was taking action to address these areas. This included undertaking supervisions and ensuring all staff had received the provider's mandatory training.
- The manager had implemented changes at the home. These included a new handover form to identify high risk areas for people, a daily meeting of heads of departments, senior staff and key staff on duty. They said they were working with staff to bring stability to the team and discussed with them future changes.
- The manager was working with some key staff to give them the skills to further develop and take on more senior roles at the home.
- We appreciate that improvements been made by the new manager and operations manager, but these systems need time to embed to ensure they lead to improvements in people's care and support.

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

- The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested.
- The manager had an open-door policy and people; relatives and staff were confident about approaching him. The manager undertook shifts and worked alongside staff. This enabled them to have a clear oversight of day to day issues and concerns. Staff said they felt well supported by the manager and were positive about the changes which had been made.

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 and manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- We saw this demonstrated during the inspection, when the new manager was open and honest about shortfalls and immediately dealt with concerns raised.

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

- The provider undertakes annual surveys of people, relatives and staff and the results are analysed and action taken where needed. The manager told us the results were put in the newsletter and on the notice board, so everyone knew their views had been listened to and acted upon.

Continuous learning and improving care

- The provider had quality assurance processes in place. Regular audits were undertaken by the management team. Each month the unit leads completed a checklist covering key areas which included people's weights, falls, wounds and tissue damage. This gave the manager and provider a clear oversight to ensure people's needs were being met.
- The provider's operations manager completed regular visits and supported the manager and management team. They completed regular quality audits.
- The provider and manager had developed a Service Development Plan in March 2019 which they reviewed May 2019 and have added to since the inspection to address some of the concerns we identified. For example, people's preferences for a bath/shower or wash is being reviewed by the manager weekly. Also staff not wearing badges, the manager monitors staff compliance. Cleanliness of people's finger nails is being monitored by the manager and nurses.

Working in partnership with others

- The provider was working with the local authority quality assurance and improvement team (QAIT), health and social care community services team and Eastern Care services regarding further and ongoing 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 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provider had not always ensured there were enough staff deployed to meet people's needs.
Treatment of disease, disorder or injury	