

Chaston House Ltd

Chaston House Care Home

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

Chaston House Care Home is a residential care home providing personal care for up to 11 people aged 65 and over. At the time of our inspection, there were six people using the service.

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

Although there were risk assessments and support plans in place, not all risks to people's safety and wellbeing had been identified and mitigated. People told us they felt safe; however, the systems in place did not always protect people from avoidable harm.

Health and safety checks were irregular, and some had not been carried out for several months. There were discarded items piled up in two areas of the garden which posed a safety risk to people.

People's medicines were not always managed safely and we found discrepancies which had not been identified by the provider's audits.

People's needs were assessed but records of assessments were basic and lacked information. Care plans did not always indicate people were consulted in relation to how they wanted their care and support and some people could not remember if they had participated in the planning of their care.

We saw people taking part in activities on the day of our inspection. However, there was no activity board or individual activity plans for people who used the service, so we could not be sure their needs in this area were being met.

The provider's quality monitoring systems were not always effective as they had failed to identify the shortfalls we found during our inspection and had not always ensured people were safe.

People using the service were happy with the care they received. They told us staff were kind and listened to them. Feedback from external professionals was positive and indicated people's needs were met. People had access to healthcare services when needed and the staff communicated well with healthcare professionals to meet people's needs.

The home was clean and some improvements to the décor had taken place. Further improvements were planned. There were robust procedures for preventing and controlling infection, and the staff followed these.

There was enough suitable staff who were trained and supported so they knew how to care for people. The registered manager regularly assessed staff competencies and skills. Staff received regular supervision.

There were systems for identifying, investigating and responding to complaints, accidents, incidents and

safeguarding alerts.

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.

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 inadequate (published 18 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after that inspection to show what they would do and by when to improve. We undertook a focused inspection on 4 November 2020 and found improvements had been made and the provider was no longer in breach of regulation 12 but remained in breach of regulation 17. At that inspection, we did not inspect the key questions effective, caring and responsive so we were unable to check if the provider has met the breaches of regulations 9 and 10. The service has been rated requires improvement or inadequate for the last three consecutive inspections.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

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

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

Enforcement and Recommendations

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 

Chaston House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

The inspection was carried out by one inspector and an Expert 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.

Service and service type

Chaston House Care Home 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. Chaston House Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 and information gathered as part of monitoring activity that took place on 18 February 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with three people who used the service and a visitor about their experience of the care provided. We spoke with two members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and all the medicines records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including audits and safety checks were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the staff rota, care plans and risk assessments, meeting minutes and quality assurance records. We received feedback by email from four care workers.



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. At this inspection the rating 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.

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

At our last focused inspection on 4 November 2020, we recommended the provider seek relevant guidance in relation to risk management and record keeping. This was because there was no risk assessment in place for one person who used the service whose skin was at risk of deterioration, and some safety checks had not been recorded. At this inspection, we identified further concerns.

- People were not always protected from the risk of avoidable harm. One person was being cared for in bed and at risk of skin deterioration. Their care plan stated they required repositioning every two hours. We viewed repositioning charts for five weeks, but these were disorganised and not always dated or recorded appropriately. This meant we could not be sure the person was being supported with repositioning in line with their care plan. We raised this with the registered manager who told us they had not been auditing the forms recently.
- People at risk of weight loss were being weighed regularly. One person's weight chart identified they had lost five kilograms within three days. We asked the registered manager what action they had taken as a result of this. They told us they thought the weighing scales had not worked properly as this seemed too much of a loss in three days. However, they had not taken any further action, such as getting the scales checked or repaired or weighing the person again. Furthermore, we checked other people's weight charts and these did not identify any concerns, indicating the scales were not faulty.
- Some health and safety checks had not been carried out for several months. For example, window restrictors were last checked in January 2022 and fridge and freezer checks had last been undertaken in April 2021. We raised this with the registered manager who told us they had not had time to undertake these checks.
- There were COVID-19 risk assessments in place for people who used the service but none in place for the staff. We saw an early risk assessment in place for a staff member who was required to shield at the start of the pandemic, but other staff had not been assessed. We discussed this with the registered manager who told us they would address this.
- At our inspection of November 2020, we found the provider had learned from the concerns identified at our last comprehensive inspection of February 2020 and improvements had been made. However, they were unable to sustain these improvements and standards had deteriorated again.

We found no evidence that people had been harmed but the provider had not ensured that all reasonably

practicable steps were taken to mitigate risks to people and to follow good practice guidance to make sure the risk was as low as is reasonably possible to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People did not always receive their medicines safely and as prescribed.
- People's medicines were recorded on medicines administration record (MAR) charts, and the staff signed to evidence they had supported people with their medicines. However, the number of tablets in packs did not always correspond to the staff signatures. For example, one person was prescribed a medicine to take once a day. Where there should have been seven tablets left on the day of our inspection, eight remained. Another person should have had 16 of their medicine left in the pack, but only 15 remained.
- One person was prescribed a medicine to be given 'as required' (PRN). Although the staff kept a record of the time and number of tablets given and this was correct, the medicine was not recorded on the person's MAR chart.

We found no evidence that people had been harmed but failure to manage medicines safely and as prescribed may put people at risk of avoidable harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a medicines policy and procedures in place. Staff received training in the administration of medicines and had their competencies assessed.
- There were protocols in place for people who were prescribed 'as required' (PRN) medicines. This contained information about the person, and guidelines about when to administer the medicine. Records showed people were only given PRN medicines when this was necessary.
- The registered manager undertook regular medicines audits. For example, where it was identified a member of staff had signed for a medicine which was not given, they were enrolled in a refresher medicines course and were taken off medicines administration until fully competent.
- The room temperature was recorded daily and within range. There were no controlled drugs and no refrigerated medicines.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe living at Chaston House Care Home. There was a safeguarding policy and procedures in place and staff were aware of these. Staff received training in safeguarding adults and understood how to protect people from abuse. One staff member told us, "I would tell the manager" and another said, "Everyone gets good care... we always give the best care possible."
- The provider sent notifications to the local authority when there was a safeguarding concern and worked with them to investigate and put systems in place to protect people who used the service. There had not been any safeguarding concerns since our last inspection.

Staffing and recruitment

- As there were only six people using the service, there were enough staff on duty at any one time to meet their needs. However, we saw the registered manager worked each day, mainly as a care worker as well as also undertaking sleep-in duties. They told us this was necessary until they could fill the home vacancies.
- The registered manager was hopeful the local authorities would be able to refer people to the home soon, so they could concentrate more on the management side of the service.
- We looked at recruitment files for four staff members and saw all checks had been carried out. These included obtaining references from previous employers, reviewing the person's eligibility to work in the UK, checking their identity and ensuring a Disclosure and Barring Service (DBS) check was completed. DBS

checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Relatives and friends were able to visit their family members when they wished and the service encouraged and promoted relationships.

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 comprehensive inspection in February 2020, we rated this key question requires improvement. At the inspection of November 2020, we did not inspect this key question. At this inspection the rating has changed to good.

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

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

At our last comprehensive inspection in April 2020, we recommended the provider seek relevant guidance in relation to improving the environment to meet the needs of people living with the experience of dementia. At this inspection, some improvement had been made.

- The environment was more inviting and evolving to meet the needs of people using the service, particularly those living with the experience of dementia.
- The provider had added colour to different areas of the home, so people could identify these more easily. Carpet in bedrooms had been replaced with a more suitable flooring, and enabled staff to keep rooms clean and fresh.
- The provider had added more photographs and pictures in communal areas to make the environment more homely. They had added a busy board on the wall for people to touch. This provided sensory interest to people with dementia. All the bedrooms displayed people's photographs to help them identify these more easily.
- The provider had identified some people had difficulties using the existing taps and had replaced these with push on taps to enable people to use these independently. A new kitchen had been fitted to help ensure meals could be prepared in a better environment.
- Staff had recently planted flowers to make the garden more attractive for people and to encourage them to go outside.

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

- People's needs were assessed before they started using the service. However, initial assessments were basic, lacked information and were more like a summary of a meeting between the person and the registered manager.
- We raised this with the registered manager who told us they would improve this going forward. After the inspection, they sent us a new assessment format they intended to use in the future.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, supervised and appraised.
- All staff received training in courses the provider identified as mandatory, such as safeguarding, health and safety, moving and handling and medicines administration. They also received training specific to the

needs of people who used the service, such as dementia, diabetes and end of life care.

- New staff received an induction into the service before they could support people. This included reading policies and procedures, an introduction to people who used the service and the building and shadowing more experienced staff members. They were supported to undertake the Care Certificate. 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's nutritional needs were met. People told us they enjoyed the food they were offered and we saw evidence of this on the day of our inspection.

- Most people's care plans included their food likes and dislikes. However, some lacked information about this. For example, one person's nutritional care plan stated, 'standard menu for new residents'. Although there was no information to explain what this meant.

- We saw in the kitchen a board entitled, 'Our family's likes and dislikes'. This stated the preferred food and drinks people liked and specific ways they wanted these. For example, one person liked their tea hot and disliked curry. Staff told us people who had cultural preferences in terms of meals were offered dishes they enjoyed, for example curries, and vegetarian meals.

- The staff ask people each day what they would like to eat and this was provided. We observed mealtime and saw there was a calm and relaxed atmosphere. Soft music was playing and people appeared to enjoy their food. The food was freshly cooked from scratch and people told us they had a choice of meals each day.

- People were offered drinks regularly. There were jugs of drinks in the communal lounge so people could help themselves if they could. We saw staff offering regular refreshments to people.

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 needs were assessed, recorded and met. People were supported to maintain good health including oral health, and we saw evidence of this. They had access to healthcare professionals and staff supported them with appointments.

- The staff liaised regularly with healthcare professionals involved in people's care. We saw evidence a number of professionals visited the service such as the district nurse, GP, chiropodist and optician.

- Healthcare professionals we contacted were happy with the service and the way people were supported. Their comments included, "I currently have no reason for concern with the home", "The residents always appear well dressed and looked after" and "If a treatment is prescribed post rounds, the staff will ensure it is chased up with the pharmacy and commenced the same day."

- We saw evidence people's health conditions were monitored and appropriate action was taken if there were concerns. A healthcare professional confirmed this and said, "[Registered manager] would email or call for advice and ask if there is anything else they can do if a resident's condition has changed. If a referral is required to be sent to a speciality service, the staff will provide all information required" and "If we ask anything for like urine sample, set of vital signs, photos of wounds etc, it is sent off the same day or if there is going to be a delay, for any reason I am informed of this via email."

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 consulted in all aspects of their lives. We saw people's consent was obtained verbally by staff throughout the day, before any support was offered. People confirmed the staff gave them choice and respected their wishes.
- People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. The provider understood their responsibilities under the MCA. Where necessary, they had made applications to the local authority for authorisations to deprive people of their liberty in order to keep them safe. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

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 comprehensive inspection in February 2020, we rated this key question requires improvement. At the inspection of November 2020, we did not inspect this key question. At this inspection the rating has changed to 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

At our last inspection, we found people were not always well supported and respected. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvement had been made and the provider was no longer in breach of this regulation.

- The staff supported people with kindness and respect. People we spoke with confirmed this. One person said, "The place is nice, so are the people. They are very good to me."
- People's religious and cultural needs were recorded in their care plans. There had been arrangements for people to attend religious services of their choice in the past although one person told us they had not been to church for a long time. However, they added, "Someone from the church visits."
- The provider had an equality and diversity policy in place, and staff received training in this. At the time of our inspection, the provider did not support people or staff from the lesbian, gay, bisexual and transgender (LGBT+) community.
- The provider had a 'Transition and Change to gender' guide for all staff who may require this. This guide provided information and explained how the provider would support them with their needs.

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

- People were involved in making decisions about their care. They were consulted via regular quality questionnaires to establish their views of the service. We saw evidence they were happy with the service and the care they received.
- People were also supported to communicate their views of the service via regular meetings, and we saw evidence of these. People were encouraged to raise any concerns they may have. People confirmed they were happy and did not have any concerns.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and we saw evidence of this on the day of our inspection. People who wished to spend time in their rooms were supported to do so. They were able to have their meals in their room if this was what they preferred.
- The staff spoke and supported people in a respectful manner, and were discreet when supporting them

with personal care, protecting people's dignity.

Is the service responsive?

Our findings

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

At our last comprehensive inspection in February 2020, we rated this key question requires improvement. At our inspection of November 2020, we did not inspect this key question. At this inspection the rating has remained requires improvement.

This meant people's needs were not always met.

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

At our last comprehensive inspection in February 2020, we found the provider had not always ensured that the care and treatment provided to people was appropriate, met their assessed needs, or reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of Regulation 9.

- Some improvements had been made to improve the provision of activities for people who used the service. However, people still did not have individual activity plans, and there was no board displaying the activities planned for each day. The registered manager told us they were planning to employ an activities coordinator to improve this. We will check this when we next inspect the service.
- On the day of our inspection, we saw staff organising some activities which people seem to enjoy, such as an exercise class. The people we spoke with told us they were 'content' and enjoyed reading and watching TV.
- Care plans were kept electronically, and the staff had access to these on a tablet. We saw Improvements had been made to people's care plans, and these contained enough personalised information so staff would know about each person and how to meet their needs.
- The staff on duty seemed to know people and their individual needs well. A healthcare professional told us, "The staff know the residents well and can recognise any deterioration quickly and are able to act on this."
- Staff recorded the care and support they gave people throughout the day. These records were written clearly and respectfully and included all aspects of the person's daily life. We saw evidence records were up to date. Some care records contained people's life history. This included details about their background, family and hobbies.

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.

At our last comprehensive inspection, we found the provider had failed to ensure people's communication needs were met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the provider was no longer in breach of Regulation 9.

- People's communication needs were recorded in their care plans and met. For example, one person had a sight impairment and required certain lights to be on to help them see and orient themselves around the home and this was provided.
- There had been improvements to the communication section of people's care plans to include more details about people's individual needs in this area.
- The staff used communication cards for people who had difficulties communicating their needs. These contained some basic information or pictures to facilitate conversation and help ensure the staff could meet people's needs and respect their choices.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place and people were aware of these. People we spoke with confirmed they knew who to contact if they had any concerns but added they had not needed to.
- There had not been any complaints received since the last inspection.

End of life care and support

- At the last inspection, we found staff did not receive training in end of life care. At this inspection, improvements had been made and all staff had received training in this.
- The provider had an up to date end of life policy. This set out the ethos of the home and what was expected of staff when caring for someone reaching the end of their life.
- Where people were able and wanted this, their wishes in relation to how they wanted their care at the end of their lives were recorded in their care plans.

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. However, we did not inspect the effective, caring and responsive domains therefore we were unable to check if improvements had been made in relation to breaches of regulations 9 and 10. At this inspection, although improvements have been made, the rating has remained requires improvement as a result of breaches of regulations 12 and 17.

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

- Although the provider had put in place more robust monitoring systems, these had continued to be ineffective and had failed to identify the concerns we had found during our inspection.
- Monitoring systems had failed to identify that not all risks to people's safety and wellbeing had been identified and mitigated and the systems in place did not always protect people from avoidable harm.
- Monitoring systems had failed to identify that some safety checks were irregular and areas of the garden had discarded items piled up, posing a health and safety risk to people who used the service.
- People's medicines were not always managed safely there were discrepancies which had not been identified by the provider's audits.
- Monitoring systems had not identify that records of pre-admission assessments were basic and lacked information about people's needs and how they wanted their care.
- Although this had been identified at our previous inspection, people who used the service still did not have individual activity plans in place and we could not be sure their choices in this area were respected.

We found no evidence that people had been harmed. However, the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive culture at the service and people were happy. The staff including the registered manager worked hard to make people happy and meet their needs. There was a calm and relaxed atmosphere in the lounge and people were listening to classical music.
- The registered manager was always available to the staff and the staff confirmed they felt supported. Their comments included, "I always feel supported and can always speak with my manager", "The management are very committed and available anytime of the day and night. I feel very supported" and "I think very highly of the manager and they have my upmost respect for what they do for everyone."

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 manager understood the importance of being honest and open when mistakes were made, or incidents happened, and to offer an apology. They knew to report incidents to the relevant agencies and dealt with complaints in line with their policies and procedures.
- The registered manager acknowledged and took full responsibility for the shortfalls we identified. They acknowledged how difficult it had been to try to manage the home whilst being unable to fill the vacancies but were committed to make the necessary improvements going forward.

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

- There were regular staff meetings organised so staff could discuss any areas of concerns or share information.
- People who used the service were supported to give their opinion of the service via yearly questionnaires and regular meetings. We saw feedback from people in February indicating people were generally happy living at the service and had no complaints. Their comments included, "I am very happy living here" and "I cannot think of anything I am not provided with by loving, kind and friendly staff."
- The staff were also supported to give feedback about the service. We saw recent questionnaires which indicated they were happy in their role. Their comments included, "Nothing I dislike about my position" and "I like the way all staff members work in an organised way."

Continuous learning and improving care; Working in partnership with others

- Following the last inspection, the registered manager sent us an action plan telling us what they would do to make the necessary improvements. We saw they had taken appropriate action and improvements had been made. The registered manager acknowledged further improvements were needed and assured us they would work hard with the staff to achieve these.
- Following this inspection, the registered manager sent us evidence they had addressed areas of concerns. For example, they had nominated a member of staff to be responsible for the monitoring of people's weights. They had arranged for the discarded items to be picked up from the garden and were putting in place more robust audits.
- Healthcare professionals told us they had a good working relationship with the registered manager. One healthcare professional explained, "[Registered manager] appears to be open and honest and extremely hard working. There was on occasion where I sent [them] an email late in the evening (outside of [their] working hours) and [they] replied back the same evening."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment.</p> <p>The registered person did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.</p> <p>Regulation 17</p>