

Alpine Health Care Limited

# Alpine Lodge

## Inspection report

Alpine Road  
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Tel: 01142888226

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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:

Alpine Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care. The service can accommodate up to 67 people across four units. There were 58 people living at Alpine Lodge at the time of this inspection.

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

We found the arrangements in place to manage medicines so people were protected from risks associated with medicines required improvement.

The systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people had improved since the last inspection. However, we saw the system and processes in place to ensure people had an accurate and complete care plan required improvement.

At our last inspection we found safeguarding procedures needed to be embedded into service practice. We saw improvements had been made, but further action was required to ensure staff always reported incidents to the registered manager.

People and relatives spoken with did not express any worries or concerns. They were satisfied with the quality of care that had been provided. People had access to external health professionals to help promote good health and wellbeing.

There were robust recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people.

At our last inspection we saw people were not always treated with dignity and respect. At this inspection the culture within the service had improved. During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way. People and relatives spoken with described the staff as kind and caring.

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

At our last inspection we found concerns about staff training. At this inspection we found action had been taken to ensure staff completed relevant training. The systems in place to ensure staff received regular supervision had improved, however some staff were still not receiving the number of supervisions stated in the provider's supervision policy.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated. People's nutritional needs were monitored and actions taken where

required. However, we found the pureed food provided to people required improvement.

At our last inspection there were limited meaningful activities for people using the service. At this inspection we found further improvement was required to ensure people were provided with meaningful activities.

The complaint process at the service had improved since the last inspection. There was a robust process in place to respond to concerns or complaints by people who used the service, their representative or by staff.

The service looked, on the whole, clean and regular infection control audits were undertaken by the senior staff. The registered manager told us the provider was planning to replace the carpet in one unit as it had malodours.

The registered manager and provider had an overview of the service. The registered manager and provider identified any areas for improvement and planned changes to the service to ensure it provided high-quality care. However, we found some systems and processes need to be more robust.

Rating at last inspection:

At our last inspection in September 2018 Alpine Lodge was rated requires improvement and we found five breaches of regulations. 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 four of these regulations. This service has been rated requires improvement for the last three consecutive inspections.

Enforcement

We found a continued breach of Regulation 17, (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk). Please see the action we have told the provider to take at the end of this report.

## 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 not always effective

Details are in our effective findings below

**Requires Improvement** ●

### Is the service caring?

The service had improved and 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** ●

# Alpine Lodge

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, an assistant 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:

Alpine Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted social care commissioners who help arrange and monitor the care of people living at Alpine Lodge. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During this inspection we spoke with six people and two relatives. We spent time observing the daily life in the service to help us understand the experience of people who could not we could not speak with in a meaningful way. We spoke with 11 members of staff which included, the registered manager, operations director, a nurse, three care staff, a domestic, a cook and two activities coordinators. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a sample of people's care records. We checked a sample of people's medication administration records and staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents. We looked around the building to check the home was safe and clean.

After the inspection

We looked at training and supervision data the registered manager had sent us. We also reviewed the high level medication monitoring documentation which was being introduced at the service. The registered manager sent us details of the action taken since the inspection.

# 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 improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection we found the provider had not ensured accidents and incidents were investigated effectively. This was a breach of regulation 12 (Safe, Care and Treatment) 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. However, we found further improvement was required to ensure medicines were managed safely at the service and people's risks were being managed effectively.

- The systems in place to ensure people's medication administration records (MAR) were updated appropriately on discharge from hospital required improvement. Shortly before the inspection staff had identified that one person had not received the right dosage for some of their medicines after being discharged from hospital. Staff immediately contacted the person's GP for guidance when this was discovered. The registered manager told us the GP had told them the person's wellbeing had not been adversely affected.
- The operations director told us high level medication monitoring was being introduced at the service. The registered manager sent us copies of the audits that were being introduced at the service to improve the management of medicines. For example, a post medication round ten-point MARs check and an individual MAR sheet check. The registered manager confirmed these had started the day after the inspection.
- We reviewed a sample of medication administration records. We noted staff had not signed one person's MAR to confirm they had received all their medication on one day in October 2019. The operations director showed us evidence to confirm the person had received their medication as prescribed. However, we saw this omission had not been reported by staff so appropriate action could be taken.
- The systems in place to ensure people received time sensitive medicines at the right time needed to be formalised to show people had received their medication at the right time for best effect. For example, some people were prescribed medicines that should be administered a minimum of thirty minutes before food for best effect.
- Some people received medicines covertly (disguised in food or drink. Some covert medication authorisation forms listed more than one medicine being given covertly. The form is intended for one, individual medicine, rather than all. Each medicine should have a specific best interest decision, this is particularly important where psychotropic medicines are to be given covertly.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines.

Overall, we found PRN protocols were in place to provide important information to staff. We found one protocol that needed to contain more detail. We shared this feedback with the nurse.

- People had individual risk assessments in place, so staff could identify and manage people's risks appropriately. However, one person's care records contained contradictory information for staff to follow to with regards thickening their drinks and food. We found no evidence the person had been harmed, but this contradictory information increased this person's risk of harm. The registered manager took immediate action to update the person's care plan.
- The systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people had improved since the last inspection. Incidents were reviewed by the registered manager to identify any trends and action was taken to mitigate future risks.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had not ensured safeguarding procedures were operated effectively. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13. However, we saw further improvement was required to ensure staff always reported any concerns.

- Since the last inspection action had been taken to embed safeguarding policies and procedures into practice. However, an incident in September 2019 had not been reported by staff to the registered manager. It is important that all concerns are reported by staff. This omission was brought to the attention of the registered manager by an external healthcare professional. This showed further improvement was required.
- Since the last inspection staff had undertaken safeguarding training. Records showed the registered manager reported incidents of suspected abuse to the local authority and to the CQC.
- People told us they felt safe and did not express any worries or concerns. Comments included, "When they [staff] hoist you, they know how to put the sling on and how to do it right" and "It's safe because it's clean."
- Relatives did not express any worries or concerns about their family members safety. One relative said "She's [family member] safe, I am absolutely confident."

### Staffing and recruitment

- At the time of the inspection the service was using agency nurses and care staff to cover for vacancies and staff absences. The registered manager told us the provider was actively recruiting staff. They told us agency staff were provided with an induction if they had not worked at the service before.
- At our last inspection we saw staff were focussed on completing tasks and did not have sufficient time to have meaningful interaction with people. At this inspection, we saw staff were able to dedicate time to speak with people.
- People and relatives spoken with did not raise any concerns about the staffing levels at the service. Comments included, "Yes, there is enough staff" and "There's enough staff. I am well looked after."
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

### Preventing and controlling infection

- The service looked, on the whole, clean and regular infection control audits were undertaken by the senior staff. However, one of the units had malodours. The registered manager told us the provider was planning to

replace the carpet on the unit.

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff members using PPE appropriately during our inspection.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Since the last inspection the provider had introduced electronic care plans using Person Centred Software (PCS). At the time of the inspection the service was still in the process of transferring people's care plans onto the PCS system.
- We found two people's care plans which had been transferred onto the PCS system contained contradictory information about the person and their care needs. We found no evidence the people had been harmed however, it is important that each person has an accurate care plan in place to ensure their day-to-day health and wellbeing needs are met. We shared this information with the registered manager, they took immediate action to review these care plans.
- The registered manager told us people's physical, mental and social needs were assessed before they started using the service. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.
- People spoken with were satisfied with the quality of care they had received. Comments included, "They [staff] are very well trained" and "The staff help me with a shower as often as I want."
- Relatives told us they were satisfied with quality of care provided to their family member. Comments included, "Definitely, everyone who works here has been brilliant with my mum. They keep her well, and well dressed and well groomed. They help her walk with her frame" and "If I ask how she [family member] is they let me know. She is always dressed lovely. I get invited to reviews."

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

- People's meal choices were obtained the day before and given to the cook. However, we saw people who required a specialised pureed diet were not always asked for their meal choices. On the day of the inspection the cook had decided what they should be given.
- We found the pureed food provided to people required improvement. It is important care is taken to provide a nutritious pureed diet and providing choice wherever possible. We shared this feedback with the registered manager, who assured us improvements would be made.
- Most people were offered a varied diet and their individual preferences were considered. People's nutritional needs were monitored, and actions taken where required. We received positive comments from people about the food they had chosen to eat. Comments included, "Lovely, it's always nice," "Very nice," "It was okay," "The food is very good, if you don't like it they get you something different" and "The food is beautiful, no grumbles."
- We observed people's meal time experience on two of the dining rooms. There was a conducive atmosphere for people to eat in and tables were attractively laid out. We saw people would benefit from

having a menu to look at. People were supported appropriately and in a caring way by staff.

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

- Some parts of the service had dementia friendly signage to help people navigate through the service. We saw the service would benefit from extending this signage throughout the service to support people living with dementia in all the units.
- Our conversation with the activities coordinators showed they did not have a good understanding of memory boxes next to people's doorways. Memory Boxes are to help people's orientation and encourage increased levels of communication between staff, people and their families. We shared this feedback with the registered manager and senior staff.
- There were orientation boards located in different parts of the service. Orientation boards are a simple way to display the information someone may need to have a better knowledge of the time, day and date. On our arrival we noticed the board was displaying yesterday's date whilst people were having breakfast. It is important boards are updated in a timely way to promote orientation.
- People had access to an outdoor space and relatives told us their family members were supported to access this space.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had not ensured staff received appropriate training, regular supervision and appraisal. This was a breach of regulation 18 (Staffing) 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 18. However, we found further improvement was required.

- We reviewed the service's staff supervision and appraisal spreadsheet. We found some staff were still not receiving the number of supervisions stated in the provider's supervision policy dated 8 January 2018.
- At our last inspection we found the systems in place to ensure staff received training to support them in their role required improvement. At this inspection we found there was a robust system in place to ensure staff completed their mandatory training.
- Since the last inspection the provider had introduced electronic care plans. Our review of people's care plans showed staff required further training on using the PCS software to ensure people had an accurate and contemporaneous record.
- We noted care staff had not received training in oral care. The registered manager told us they would arrange for this to be completed.

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

- The service had processes in place for referring people to other services, where needed.
- People's records included evidence of involvement from other professionals such as Speech and Language Therapists. People were supported to attend appointments.
- The local GP visited the service each week. One person said, "The doctor comes every Tuesday, she is very nice." The registered manager told us an extra staff member was on duty to ensure a staff member was available to accompany them on their round.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within good practice guidelines. Mental capacity assessments we reviewed were decision specific and, where needed, best interests' decisions had been recorded, when made on a person's behalf.
- The registered manager had an effective monitoring system in place to ensure people's conditions on authorisations were being met.
- Support staff had received training in the MCA and DoLS. We saw care staff asked for permission first and explained what they were doing before supporting the person with anything.
- We noted that people's consent records had been signed on their electronic care plan by a staff member. The registered manager told us they were exploring how people's signed consent records could be scanned on to the PCS system.

# 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 this key question was rated as requires improvement. 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

- The culture within the service had improved since the last inspection. The service had a welcoming and friendly atmosphere. The registered manager told us there had been a number of staff changes since the last inspection.
- At our last inspection we could not be sure people's privacy and dignity was respected always. At this inspection staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms. They also made sure doors were closed whilst assisting people.
- People spoken with told us they were treated with dignity and respect and made positive comments about the staff. One person said, "They [staff] are cheerful and accommodating you can have a good laugh with them. They keep me covered up [during personal care]."
- We looked at some people's rooms and saw they reflected the person's personality, hobbies and interests. One relative said, "The maintenance man is brilliant, putting up pictures, painting, a really good bloke."

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

- At our last inspection we received mixed views from people about the staff. At this inspection people and relatives spoken with made positive comments about the staff. People's comments included, "They [staff] treat us all really good. If you want any changes, they do it for you. We have a really good relationship" and "They [staff] are very nice and friendly, we [people] are not afraid to ask for anything." Relatives comments included, "They [staff] are always helpful and kind if you ask for anything" and "The staff are excellent."
- Staff received training on equality and diversity.
- Our discussions with the registered manager and staff showed us people's rights were central to the care and support they provided. People were not treated unfairly because of any characteristics that are protected by law such as gender and sexual orientation.
- At our last inspection most people felt they were listened to and felt their preferences were respected. However, some people told us staff did not always respond to their requests in a timely way. For example, responding to call bells. At this inspection people told us staff responded to their calls in a timely way. Comments included, "There's a relaxed atmosphere and so cheerful. They give me my tablets. I buzz and they come," "The staff are very good. When they can they are there to a problem" and "Everybody's friendly. If I press, (call bell) they come quite quickly."
- Staff spoken with were knowledgeable about the people they supported, their preferences and their communication needs.

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

- People told us they had been involved in making decisions about their care and support needs.
- There was a range of information available for people in the reception area of the service. For example, details of St Luke's (palliative care) and support groups.

## 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 improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Two people's care plans on the PCS system held contradictory information in their care plan and/or their daily records. For example, there was contradictory information about whether one person had all of their teeth or just their top teeth. We found no evidence these people had been harmed however, this showed the quality of the information being transferred onto the PCS system required improvement.
- One person's care plan showed their meal preferences had not been reviewed to reflect their change to a specialised diet. Another person was not always referred to by their preferred name in their daily records. There were no details of the person's meal or drink preferences.
- People spoken with were satisfied with the quality of care they had received. Relatives spoken with told us they had been involved in planning their family members care and they were invited to attend reviews.
- The registered manager told us they completed a daily walk round each morning and spoke with staff. This enabled staff on each unit to share information about people's wellbeing and care needs with them. They also reviewed the electronic staff handovers for each person on the PCS system.

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 the last inspection there were limited meaningful activities for people using the service. At this inspection we found that further improvement was required to ensure people were provided with meaningful activities.
- There was a programme of weekly events on the board on two of the units. These were different from each other. The two activities coordinators had planned to take some people to a lunch club. They told us they had decided not to go as they were helping with breakfast. One of them said "Helping with breakfasts at the end of the day is a priority."
- We asked about three different activities listed on the weekly planner. Staff told us all three activities "songs of praise", "movies and popcorn" and "film afternoon" involved people watching television.
- People valued the entertainers that visited the home, special events and people's birthday celebrations. However, some people expressed their dissatisfaction about the activities provided. Comments included, "There's not regular stuff to do" and "There is nothing going on down here (lounge)."
- We found the activities workers did not demonstrate a good understanding of providing one to one activities to people. They told us one to one activities included giving people their breakfast and tidying one person's wardrobe because they could not communicate verbally with them.

The provision of accessible information

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager described how people's needs were identified during their initial assessment. They described how they consulted with the person and their relatives to ensure information was given in a way they could understand.
- People's communication needs were included in their care plans. We saw one person had reverted to using their first language which wasn't English. We saw the person would benefit from staff using a language app (software) to interpret what they were saying. We shared this feedback with the registered manager.

#### End of life care and support

- There was no one receiving end of life care at the time of our inspection. The service was working alongside a range of external healthcare professionals including St Lukes (palliative care provider) to provide compassionate end of life care. The service had received compliments from people's relatives about the end of life care provided. One relative had written, "I wish again to thank you and all your colleagues at Alpine for the care, support and companionship and love you gave my late mother."

#### Improving care quality in response to complaints or concerns

At our last inspection we found the provider had not ensured there were effective systems in place to respond to complaints or concerns. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16.

- The complaints process and form was displayed in the reception area for people and their representatives to look at.
- People felt confident they could tell staff if they had any concerns. Comments included, "I would complain to the nurse I have no complaints" and "I'd complain to the management about things. I have not complained."
- Complaints were recorded and dealt with in line with organisational policy.
- We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

# Is the service well-led?

## Our findings

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.

### Continuous learning and improving care

- Action had been taken to make improvements to the service since the last inspection. Enough improvement had been made so the provider was no longer in breach of four regulations. We found the culture within the service had improved. However, during the inspection we found a continued breach of regulation 17, (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was the third time the service's overall rating was "Requires Improvement".
- The registered manager and provider had an overview of the service. The registered manager and provider identified any areas for improvement and planned changes to the service to ensure it provided high-quality care and care plan. However, we found the systems and processes to assess, monitor and improve the management of medicines required improvement. The provider was introducing high level monitoring of medicines at the service. We also found concerns about people's records. Our findings showed there were areas within the service that required improvement such as the provision of meaningful activities and pureed diets.
- Since the last inspection the service the provider had introduced electronic care planning. The service was being supported by one of the provider's project managers. We reviewed two of the care plans that had been transferred onto the system. This showed the provider had not ensured that an accurate, complete record was in place for each person living at the service including their daily records One person's records contained contradictory information about their specialised diet which placed them at risk of harm. This also showed that staff required further training on the PCS system.
- We saw the storage of people's confidential records in the nurse's station required improvement. The nurse's station was kept unlocked so any person passing by could access this area. We shared this feedback with the registered manager. They told us the nurses station locks would be replaced with a key code lock to restrict access to care staff.

This was a continued breach of regulation 17 (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

- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- Staff were clear about their roles and responsibilities.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made. However, we saw that some of the improvements identified were revisited during different meetings as they had not been achieved.

- Senior staff from the provider regularly visited the service to carry out checks on the quality of care. An action plan was given to the registered manager to complete.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We observed a positive, welcoming and culture within the service.
- The registered manager was committed to providing person-centred care and learning from any incidents.
- The systems in place to monitor accidents and untoward occurrences had improved since the last inspection. However, we saw further work was required to ensure staff always reported any concerns to the registered manager.
- We received positive feedback from people and relatives about the staff working at the service. They also made positive comments about the registered manager. One person said, "I know the manager by sight. They look after us really well and are really friendly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager actively sought peoples and their representatives' views, by sending out surveys and holding regular meetings. A care home survey was available for relatives and visitors to complete. The registered manager had an open-door policy so people, visitors and staff could come and see them. The service was due to hold a meeting to discuss the food options at the service.
- Staff made positive comments about the way the service was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose.
- The service had developed strong links within the community. For example, the service had developed links with the local church and the schools. School children regularly visited the service.
- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people living in the home.

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 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured the systems in place to assess, monitor and improve the quality and safety of the services provided were effective in practice. The provider had not ensured each person living at the service had an accurate and complete care plan in place.