

Minster Care Management Limited

Martin House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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

Martin House is a 'care home'. The service is registered to support up to 75 older people, some who may be living with dementia. At the time of the inspection 59 people were living at the service. The London Borough of Ealing funded or partly funded all the people who lived at the service. This is because they have a contract for the places there.

In March 2020 the provider of the service changed to an organisation called Minster Care Management Limited. The management of the service, the people who lived there and staff remained the same.

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

People told us they felt safe but the provider had not always assessed, monitored and managed risks to people's safety. Some people's care plans did not provide personalised information about people's preferences for their care or their communication needs.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

There were systems in place for monitoring the quality of the service and making improvements. These had identified some of the issues we found, but had not always been effective as they had not enabled the provider to take timely action to address some of the areas for improvement.

The service worked in partnership with other agencies to support people's health needs. People received their medicines as prescribed.

People, relatives and adult social care professionals said staff and managers were caring, knew people's care needs well, and treated people with dignity and respect.

Staff supported people to engage in a variety of activities. People and their relatives knew how to raise concerns or complaints and were confident they would be listened to.

Staff received induction, training and supervision and felt supported in their roles. There were appropriate staff recruitment processes in place.

The home was clean and there were procedures in place for preventing and controlling the spread of infection.

We have made a recommendation about supporting people with their hydration needs.

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

Rating at last inspection

This service was registered with us on 10 March 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 10 November 2018.

Why we inspected

The inspection was prompted in part due to concerns received about some people experiencing falls while walking around. A decision was made for us to inspect and examine those risks. We found no evidence that people were at risk of harm from this concern at the time of our inspection. Please see the Safe section of this full report.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, seeking people's consent appropriately, person centred care, and good governance.

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 for 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 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Martin House

Detailed findings

Background to this inspection

The inspection

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

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 conducted by one inspector, a Special Advisor in Nursing 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

Martin House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 inspection

We reviewed information we had received about the service since it was registered. This included information we received from the local authority. The provider was not asked to complete a provider information return prior to the inspection visits taking place. 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 used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service. We also spoke with three relatives and a healthcare professional who visited the service while we were there. We spoke with six staff as well as the deputy manager, the maintenance manager, catering staff, the head of care and the registered manager. 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 viewed a range of records including medicines support records, five people's care records and five staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including audits, meeting records and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five professionals who had worked with the service recently.



Is the service safe?

Our findings

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

This is the first inspection for this service since it newly registered with this provider. This key question has been rated 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

- Risks to people's safety and well-being were not always assessed, monitored or managed. Staff were not always given sufficient information about risks to people's safety and how to support them to stay safe.
- Some people required support to manage the risk of developing pressure wounds, including using inflatable, pressure-relieving mattresses. Staff checked these mattresses were working daily, but there was no record of or guidance for staff on what the correct mattress settings should be so as to be most effective for each individual. This meant the risks of people developing pressure wounds had not been fully mitigated as staff had not always ensure equipment was used in a safe way.
- Care records indicated some people lived with diabetes. Their care and risk management plans did not set out how this affected them for staff to recognise when a person was becoming unwell and what they should do in that event. Staff regularly checked and recorded people's blood sugar levels, but plans did not set out target ranges for what these levels should be to help identify if a person was becoming unwell.

We found no evidence that people had been harmed however, these issues indicated the provider had not identified and managed the above risks to people's safety and wellbeing so they were supported to stay safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager so they could address them and they acknowledged some people's care and risk management plans required more detail. We noted they had instigated a review of people's plans prior to our visit.
- People's care plans otherwise set out how to support people with or to avoid pressure sores. Staff worked with tissue viability nurses to do this. Risk management plans set out when people were at risk of falls and the support they required to mitigate that risk.
- There were appropriate fire safety arrangements in place. These included regular checks of the fire systems and equipment and periodic evacuation drills. We saw the provider had completed a fire risk assessment of the home and acted on the improvement recommendations this had identified. Staff had completed training so they knew what to do in the event of a fire.
- The maintenance manager completed a range of checks to maintain a safe environment in the home. For example, they checked window restrictors, lighting, water temperatures and mobility equipment. The registered manager monitored the completion of these checks to ensure they were in place and any remedial actions required were completed.

Using medicines safely

- The provider had systems in place to make sure people received their medicines as prescribed.
- One person was supported to use a 'spacer' with their prescribed medicine inhaler. This is tubing that helps people get the right dose of medicine from their inhaler. It was worn and dirty. We raised this with the deputy manager who promptly ordered a replacement.
- Medicines administrations records (MARs) provided information for the safe administration of people's medicines. The provider had recently introduced a new digital MAR system that enabled real-time monitoring of medicines support, but technical issues were impeding its use at the time of our inspection. The deputy manager explained the actions being taken to resolve this and the additional monitoring and auditing in place to ensure people received their medicines as prescribed.
- The managers completed monthly medicines support audits on each unit, identified learning for service improvements and took action in response to any issues noted.
- Nurses and care staff who administered people's medicines had completed training on how to do this. The managers assessed their competency to provide this support safely.
- There were systems for ordering, handling, storing and disposing of medicines, including controlled drugs. The medicines stock records we sampled were correct. Staff recorded and monitored the temperature of medicines rooms and fridges to make sure medicines were always stored appropriately. Medicine rooms and trolleys appeared clean and tidy.

Staffing and recruitment

- The registered manager arranged staffing rotas to ensure there were enough staff to support people to stay safe.
- People told us staff provided responsive care. One person said, "They are generally very quick to answer my call bell." Staff told us there were enough of them on shift to provide people with care and support.
- The provider had suitable recruitment processes to make sure they only employed suitable staff. This included checking an applicant's work history, identity and previous employment references and obtaining criminal records checks from the Disclosure and Barring Service.

Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- The provider supplied staff with personal protective equipment (PPE) to manage infection control. This included face masks, aprons and gloves. They had received training on how to use this appropriately and senior staff checked regularly to see if staff did so. We saw staff used PPE appropriately this during our visit. Staff told us there were always PPE supplies available to them.
- The home was clean, tidy and was free of offensive odours on the days we visited. The staff team completed regular cleaning schedules, including enhanced cleaning of frequently used areas and surfaces. People told us their rooms were regularly cleaned.
- There were visitor protocols and processes in place to admit new residents to maintain a COVID-19 safe environment. These included having a specific visitors' room that was used at the time of our inspection.
- The registered manager accessed regular COVID-19 testing for people using the service and staff. This helped them to maintain people's safety.
- The kitchen was clean and tidy when we visited. The provider contracted a catering agency to provide meals and drinks. There were had systems in in place for ensuring the kitchens were cleaned, food was labelled correctly, food and fridge/freezer temperatures were checked, and stocks were managed appropriately.

Learning lessons when things go wrong

- The registered manager maintained a system for recording and reviewing incidents and accidents.
- Staff recorded information about incidents, including what happened and the actions taken in response

to this. Records noted the lessons learnt from incidents, setting out as what went well and what could have been better. Staff then signed to indicate they had been informed of this learning. The registered manager audited these records each month to ensure they were up to date and learning was identified.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to safeguard people from the risk of abuse. People and relatives told us they felt people were safe.
- Staff had completed adult safeguarding awareness training. Staff we spoke with knew how to respond to and report a safeguarding concern, including using whistleblowing procedures. Staff said they felt they would be listened to when they did so.
- The provider explained they are introducing safeguarding 'champions' training for some staff at the home. 'Champions' are staff with a sound knowledge of safeguarding practice who can promote a culture of raising concerns and supporting people who do so.

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.

This is the first inspection for this service since it newly registered with this provider. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The service had not always assessed people's ability to consent to their care in a way that met the requirements of the MCA. The service supported some people to use bed rails so they were safe from the risk of falling out of bed. Where people lacked the mental capacity to agree to this restrictive practice, there were no assessments in place to demonstrate this was in their best interests.

This meant people's rights were not being respected as they were not being supported in line with the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the managers. They demonstrated they had identified this issue through quality auditing and had recently developed a process for implementing these assessments, but this had not taken place when we visited. After our visit the registered manager provided evidence that they were working to implement these improvements.
- Staff had completed awareness training on the MCA and DoLS. Staff we spoke with explained how they helped people to make every-day decisions regarding their care, for example helping them to choose which clothes to wear. We saw staff offering people choices, such as what drinks they would like during lunch.
- The provider had worked with the local authority when they found a person people lacked the mental capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty.

The provider recorded when a person's deprivation of liberty had then been authorised.

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

- There were arrangements in place to manage the risks associated with poor hydration some people may experience.
- People's care plans set out if a person needed support to eat and drink and if this needed to be monitored. Staff noted people's food and fluid intake appropriately and records indicated people received appropriate nutrition and hydration. However, some care plans for people who were at risk of dehydration did not always state either a desirable fluid intake amount for a person be supported to take daily or the action to take in response to them having a low intake. We spoke with a staff member who demonstrated a sound understanding of the hydration preferences of the people they worked with, but was not sure if there was a daily amount they should aim to support the person to take.

We recommend the provider considers current guidance on promoting hydration for people in care homes and takes action to review practices accordingly.

- People we spoke with said they received sufficient fluids, telling us "There is plenty to drink" and "They give me drinks every hour." We also saw staff offering people drinks during our visit and a choice of fruit snacks.
- The staff had created 'food profiles' for people that set out their likes, dislikes, allergies and special dietary requirements. This information was also recorded in people's care plans and shared with the catering service. There was a choice of meal options each day. One person told us, "The food is good."
- The managers conducted observations to assess people's mealtime experiences and the registered manager acted on the findings. For example, the improved presentation of soft diet foodstuffs to be more attractive to people.

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

- The provider assessed people's care needs before they moved to the service. These initial assessments recorded information about people's health conditions, preferences and some of their previous life history. This included establishing the person's COVID-19 status prior to admission.
- Records of care indicated staff made appropriate referrals to other services in order to meet people's needs, such as involving speech and language therapists.

Staff support: induction, training, skills and experience

- People told us they thought staff were appropriately skilled. One person said, "I think that [the staff] are well trained." Records showed staff had completed a range of training, such as moving and handling, dementia care, person-centred care and first aid. Staff we spoke with said they accessed training regularly and this was useful for their work. This had recently been through online sessions, such as on supporting people whose behaviour may challenge and providing wound care. New staff completed an induction process to make sure they were competent in their role.
- Staff records indicated they received regular supervisions and annual performance reviews with their line managers. Staff told us they found supervisions helpful. Staff said they felt well supported by the registered manager and deputy manager. The provider checked that staff who were qualified nurses maintained their registrations with the Nursing and Midwifery Council.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- Records of care showed staff and the managers worked regularly with other health and social care

professionals to help people access healthcare and timely support. For example, the service worked with psychologists, opticians, district nurses, dieticians and GPs. Professionals told us the service work in collaboration with them and shared information about people's needs appropriately.

- People's care plans set out if a person needed support to manage their oral care. Staff knew about people's oral care needs and had completed training in oral health care.

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

- The building met people's needs. Corridors were wide with handrails to support people to walk. They were decorated with a different colour and theme for each unit. Some people's rooms were personalised with individual decorations while others appeared to have little or no personalisation. The registered manager told us people and their relatives were able to personalise if they chose. Bathrooms were accessible to people who needed to use equipment to mobilise.
- There was an accessible communal garden area people that could be used safely for visitors. The registered manager explained their plans to improve the area with a raised flower bed.

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.

This is the first inspection for this service since it newly registered with this provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, relatives and adult social care professionals spoke positively about staff and the way they treated people. One person told us, "The best thing is the staff. They are caring." A relative commented, "The team is very caring." A professional said, "Home is very caring, the standard of care good."
- We observed staff speaking with people with kindness, patience and respect. We saw lunch was an unhurried time for people, supported either in their rooms or in a dining area, socially distanced from others. Staff treated people with respect and spoke in a friendly manner while they supported them.
- Staff had completed awareness training sessions on promoting equality and diversity and treating people with dignity and respect.
- People's 'food profiles' included information about a person's cultural and religious meals preferences.

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

- People and their relatives were involved in their care. Relatives told us the service kept them updated on their family member's health and well-being and decisions about their care. One relative said this had not always been the case in the recent past, they had discussed it with the registered manager who addressed their concern. This gave people and those important to them the opportunity to be involved in decisions about their care and support arrangements.
- There were regular 'residents meetings' to discuss the service and give people the opportunity to provide feedback about their care. For example, recent meeting records showed people had appreciated the introduction of a new Asian menu.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy respected. People's comments included, "[The staff] definitely respect my privacy, they are very considerate" and "They respect my dignity, they help me in personal care."
- Staff described how they upheld people's privacy and dignity when providing care. For example, always asking a person for permission to support them and ensuring curtains and doors were closed during personal care. Staff had completed mandatory training on promoting dignity and respect.
- Staff supported people to maintain their independence. One person said, "They do help me to be independent." Staff explained how they helped people with day-to-day choices in their life. For example, helping a person choose what to wear or knowing the way a person liked to wash their face and supporting them to do this.

Is the service responsive?

Our findings

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

This is the first inspection for this service since it newly registered with this provider. This key question has been rated requires improvement. This meant people's needs were not always met in a planned way.

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

- The provider did not always make sure people received care and support in a planned way that recognised and reflected their individual needs and personal preferences.
- Care staff explained to us that a person was very specific about their personal care routine as this helped them to avoid experiencing distress. They told us this information and how to support the person with this was not recorded in their care plan, adding, "We just keep it in our head." Another person's care plan noted staff needed to be aware of how to support the person to communicate effectively, but did not provide information on what this required. This meant there was a risk that staff who were new or unfamiliar with people's needs may not be able to always provide personalised care and treatment to meet those needs.
- People's care plans did not always set out how staff should support them when they might act in a way that others may find challenging. For example, one person's plan stated they presented 'challenging behaviour', but did not set out what this meant and how staff should support the person.

The above issues indicated the provider did not ensure care plans were always designed with a view to meeting all people's needs and achieving people's preferences for their care. There was a risk that new staff would not always know how to support people in a way that reflected their needs and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager. They had identified some people's care plans needed more information on providing personalised care and stated they would address this in reviews of people's plans.
- Some care plans had information about people's care preferences and communication needs and how staff should meet those needs. Relatives said staff communicated appropriately with people. A relative noted there was a member of staff who could speak in one of their family member's preferred languages and would like more staff who could do this. We saw staff used picture books to assist people in making their choices about meals.
- Staff we spoke with demonstrated a good knowledge of the care needs of the people they worked with. An adult social care professional told us the staff were caring and "know people very well." People we spoke with said staff knew how to support them. One person told us, "Yes, they do know how to look after me. They

do it well." We saw staff regularly acting responsively to people's needs when required. For instance, during a mealtime or when a person appeared to be upset.

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 provider enabled people to have visitors in line with national guidance at the time of the inspection. Staff also supported some people to use tablets for online video calls to friends or family.
- People were supported to engage in a range of activities, either in their rooms or safely in a communal area. A member of staff told us, "We do lots of things, like chair exercises, foot massages, nail painting, book reading, nice pampering days" and "Talking to [the people] a lot helps a lot." Records of care indicated staff supported people with these regularly, including accessing an online church service. An activities coordinator organised the opportunities, monitored how staff supported people with them, and provided one to one support to individuals on each unit.
- We observed staff supporting people with activities during our visit. For example, we saw a person receiving a hand massage and other people enjoying singing, dancing and a quiz session. Staff worked to involve everyone present in an inclusive manner.

Improving care quality in response to complaints or concerns

- There were systems in place for responding to people's complaints.
- The registered manager recorded complaints and the actions taken to resolve these. They reviewed these records on a monthly basis to ensure they were up to date and to identify any learning for service improvements. One person told us they were confident they would be taken seriously if they made a complaint adding, "The manager is very approachable."

End of life care and support

- The service was not supporting anyone at the end of their life when we inspected, but the service had supported people with this in the months prior to our visit.
- Care plans contained basic information about people's wishes at the end of their life or if they were seriously ill.
- The service worked in partnership with a local hospice to support people to experience a comfortable, dignified death. The registered manager also acted as the service's end of life care 'champion', a point of contact and advice for others regarding supporting people at that time.

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.

This is the first inspection for this service since it newly registered with this provider. This key question has been rated requires improvement. This meant while the service management and leadership were consistent, some systems did not always ensure people received high-quality, person-centred care.

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

- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements when needed. This system had not always been effective as it had not enabled the provider to take timely action to address some of the areas for improvement we had identified.
- The provider's assurance systems had identified, but not sufficiently addressed, that some care plans did not provide personalised information about people's care preferences or their communication needs. The provider had not addressed that people's rights were not always being respected in line with the principles of the MCA.
- Some people's care plans stated staff should support them to reposition regularly to help maintain their skin integrity, but daily care records did not always note that this support took place. This meant the provider did not ensure there were always accurate, complete and contemporaneous records of people's care to provide assurance people were always supported to avoid harm.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managers were responsive to the matters we found. The registered manager's monitoring systems had already noted some of these issues and they had developed a service improvement plan to address these after our visit.
- The registered manager's quality assurance checks included systems for overseeing assorted processes. For example, ensuring care and risk management plan reviews took place, pressure wounds were attended to, complaints were responded to, staff recruitment was managed appropriately, and safety maintenance issues were addressed. They said the digital monitoring tool they recently started using gave them overview of these systems and helped them to work more efficiently.
- The registered manager and deputy manager conducted daily 'walkarounds' to check on the quality of the service. The managers recorded these daily checks and the actions they took in response to issues they found, such as maintaining the temperature of medicines rooms and ensuring units' kitchen areas remained tidy. Senior staff also conducted regular practice observations to monitor how staff supported people. These included observing staff providing care, helping people take a COVID-19 test and supporting people with activities.

- Staff told us they received feedback about their performance and issues at the service from their managers in regular supervisions and meetings. This helped staff to develop and improve in their roles.
- The registered manager kept themselves up to date with contemporary adult social care guidance. For example, new national guidance on visitors to care homes and NICE guidance on safeguarding adults in care homes.
- The registered manager notified the CQC of significant incidents, as required law. The provider displayed the previous inspection ratings at the agency's office and on their website. This helped people to find out about the quality of the service.

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

- People, relatives and adult social care professionals spoke about the service in a positive way. One relative told us, "I go to sleep knowing that my [family member] is being cared for beautifully. Never do I have any qualms." A visiting healthcare professional commented, "The staff are friendly and they really look after the residents." A person said, "I have been in many homes. This has got to be one of the best."
- Most staff spoke with pride of working at the home, providing good care and making improvements. One member of staff said, "I love coming to work with [the people using the service]. I am here for them. I love talking with them. I like to put a smile on their faces. It is like they are my grandparents." All staff we spoke with told us they felt supported by the registered manager and deputy manager.

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; Continuous learning and improving care

- The registered manager had processes in place to respond to concerns about people's care when things may have gone wrong. A relative told us of an occasion when they were not happy with how their family member had been supported with an aspect of their personal care. They told us the registered manager had apologised when they raised this and addressed the matter. Records indicated staff had completed duty of candour awareness training.
- The provider had investigated incidents of falls people had experienced to identify learning actions and possible safety trends. We saw they had implemented a variety of measures based on this, such as one-to-one support, falls prevention equipment and liaising with the local falls prevention team for advice.
- The registered manager identified other learning and improvements for the service. This included introducing assessments of people's mealtime experiences and developing practice as a result. For example, they had improved the presentation of people's food and introduced new daily, home-baked snacks.

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

- Staff and people they supported had opportunities to be involved in and influence the running of the service.
- The registered manager held regular meetings with staff and the catering service to discuss the service. Records of these meetings showed they included topics such as infection prevention and control, promoting safeguarding, and the need to update people's care and risk management plans.
- The activities coordinator facilitated regular meetings with people to gain their feedback about the service and the activities provision. Records of these meetings clearly showed various people's contributions, such as positive comments about new drinks being offered and suggestions to buy a chess board.
- The provider had conducted a relatives' survey in the months preceding our visit as a way of finding out what people thought of the service. The registered manager was waiting for the compiled results of this when we inspected.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers and healthcare professionals, to help to provide coordinated care to people. Relatives and professionals said they could contact the service when they needed to, although some said remarked it was difficult to get through to staff on the telephone in a timely manner.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not ensure that the care and treatment of people was only provided with the consent of the relevant person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was always provided in a safe way for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity

