Excellence In Care Ltd

Canonbury Residential 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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Canonbury Residential Home is a residential care home providing personal care to eight people at the time of the inspection. The service can support up to thirteen people.

People's experience of using this service and what we found
Risks relating to the environment were not always assessed and mitigated, and an effective audit system was not in place in relation to all areas of the home. This placed people at risk of harm. The registered manager responded immediately from our inspection and was developing a system to oversee fire and gas safety, medicines and legionella, where shortfalls were found.

People were supported by staff who were aware of safeguarding adults' procedures and had received regular training on this topic. A senior staff member said, "All staff know the correct process and route in the event of a safeguarding concern. We do work based training and then the registered manager follows up with us afterwards to check our understanding."

People, relatives and staff felt well informed and involved in service delivery. They said there was open communication between themselves and the registered manager. The registered manager was formalising this process of further improve the potential to share feedback and experience.

People and their relatives spoke positively about the quality of care provided. Staff treated people with kindness, dignity and respect. People were supported to maintain their independence and empowered to make choices and decisions about their care.

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
This service was registered with us on 28 July 2021 and this is the first inspection.

Why we inspected
This was a planned inspection based on the service being newly registered.

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 and Recommendations
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 monitor the service and will take further action if needed.

We have identified breaches in relation to regulation 12 (safe care and treatment) and regulation 17 (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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Canonbury Residential 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
Canonbury Residential 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. Canonbury Residential 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. The registered manager was also the

nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with eight people who lived at the service and six relatives about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people. We spoke with five members of staff including the registered manager, care staff, and senior care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received feedback from two professionals to gather their experiences of the care provided. We spoke with one member of the senior care staff team.

Requires Improvement

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 of this newly registered service. 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; Using medicines safely; Learning lessons when things go wrong

- Risks relating to the environment were not always managed. The provider had taken some action to minimise people's risk of potential exposure to legionella bacteria. This included a test to determine if legionella bacteria were present and completing a risk assessment to determine the checks that were needed to control the risk of exposure. However, the required control measures such as checking water temperatures throughout the service had not been completed. The registered manager responded immediately during and after the inspection. They took immediate action to ensure that people were safe and put measures in place to ensure effective monitoring processes were in place.
- People were not always protected from the risks of a fire. Maintenance work which impacted on the effectiveness of the fire equipment had been undertaken. However, no risk assessment was in place to mitigate the risks whilst waiting for the work to be completed. A fire evacuation had also highlighted that more regular evacuations were required to increase staff confidence and competency, but these had not been completed. The registered manager took immediate action to ensure that people were safe and put measures in place to ensure there was safe fire practice throughout the home.
- Servicing and maintenance of equipment had been completed routinely. However, there had been a delay to actioning the required maintenance when external professionals had raised concerns in relation to the effectiveness of the gas boiler. The registered manager acknowledged that more could have been done to speed up this process and mitigate any potential risks in the interim. They took immediate action after the inspection and have told us they will notify us when the required maintenance has been completed.
- Medicines were stored correctly and safely in accordance with best practice. However, monitoring systems were not in place to ensure storage temperatures were in accordance with the manufacturers guidelines. The registered manager responded immediately and took action to ensure that medicines were correctly stored.

We found no evidence that people had been harmed, however systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. 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.

- Staff who administered medicines to people had received training in medicine administration. One staff member said, ''I was observed doing the medicines before I could do it independently as part of my training.''
- Staff completed medication administration records (MAR charts) electronically following the

administration of people's medicines. The online system meant that management had real time oversight of medicines administration. However, on one occasion we saw that a recording error had not been identified promptly. The registered manager told us this was because they took sole responsibility for the review of this process and had not done so on this date. They told us they would further strengthen the governance to ensure any discrepancies could now be identified and rectified promptly.

● Staff carried out medication audits, ensuring that out of date and unused medicines were removed and that the medicines stored were all currently named for people and in use. Keeping medicine stocks to the minimum reduced the risk of giving incorrect medicines.

● Staff supported people to manage and minimise risks to their personal health and welfare. Risk assessments guided staff to care for people in a safe way. We saw assessments for the risk of falling, malnutrition and skin care which included pro-active measures to manage the risk. These were reviewed and updated regularly or as soon as people's needs changed. A relative said, "I feel that [my relative] is very safe and well looked after."

Staffing and recruitment

● Staff had been recruited safely. Records showed that pre-employment checks had been completed to ensure staff were suitable to work with people. However, further evidence of the registered manager's decisions to employ some staff was needed when there was limited information about their previous employment histories and character.

● Staff had Disclosure and Barring Service (DBS) checks completed prior to starting their employment. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● There was a small stable staff team at the service with little turnover. Staff spoke positively about the home and their employment. One staff member said, "It's a fantastic place to work."

● People were supported by a consistent staff team who were familiar with their support requirements. The staffing levels were determined by the needs of people and their requirement for support.

Preventing and controlling infection

● We were somewhat assured that the provider was preventing visitors from catching and spreading infections. We have signposted the provider to resources to develop their approach.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● 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 responding effectively to risks and signs of infection.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We have also signposted the provider to resources to develop their approach.

● We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We have also signposted the provider to resources to develop their approach.

● We were somewhat assured that the provider's infection prevention and control policy was up to date. We have also signposted the provider to resources to develop their approach.

The provider enabled people to have visitors in line with local and national policy. One relative said, "[They are] very good and welcoming to visitors; it's all very relaxed." Another relative said, "[There was] flexibility during [the pandemic] as [my relatives] essential carer was able to visit."

Systems and processes to safeguard people from the risk of abuse

● People were safeguarded from the risk of abuse. Staff had attended safeguarding training and knew what

to do if they had concerns around people's care in the home. Staff understood their responsibilities around reporting concerns. A senior staff member said, "All staff know the correct process and route in the event of a safeguarding concern. We do work based training and then the registered manager follows up with us afterwards to check our understanding."

● Staff had access to whistleblowing information and felt confident they could report incidents if necessary. We saw evidence that the whistleblowing procedure had been followed effectively when there was a concern raised. A staff member said, "I feel confident to speak up if I had any safeguarding concern, although I haven't needed to yet."

Good

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 newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager organised a detailed assessment of people's needs before they came to live at the home. This was to make sure people's needs could be fully met and staff had a detailed understanding of how they wanted their support to be provided. Any protected characteristics under the Equality Act 2010 were identified, such as religious and cultural needs and lifestyle preferences.
- People, those important to them and staff developed individualised care plans which were routinely reviewed. One person said, "I have a good care plan and they share it with me. When I first came here they asked questions about what I wanted and what I liked. [Staff] got to learn about the care I need."
- People's needs were assessed using universally recognised assessment tools. The home used the Waterlow score calculator to predict the risk of people developing pressure ulcers. The registered manager told us that where the tool highlighted a concern, action would be been taken and the relevant healthcare referral would be made.

Staff support: induction, training, skills and experience

- Staff were competent to carry out their roles effectively. The registered manager had a background in training and assessing social care staff and encouraged them to complete formal training including diplomas and 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.
- Staff completed specialist training which provided them with the expertise to meet the needs of the people using the service. Staff were very positive about recent training for general observations and catheter care. One staff member said, "We have lots of training and support to meet people's needs. Catheter training recently was excellent."
- Staff told us, without exception, they were well supported to effectively perform in their roles. Supervision records did not always reflect the support staff told us they had received. One staff member said, "The registered manager is very supportive and is always available. We can go to her whenever we need her. [The registered manager] spends lots of time explaining things to me." Another staff member said, "I ask the registered manager so many questions I have a constant supervision." The registered manager told us they were improving their recording of staff support and supervision so they could better monitor staff's progress and achievements.

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

- Assessments were made to see if people were at risk of poor nutrition and, when required, their food intake and weight were monitored to share with professionals for additional support and guidance.

● People spoke positively about the food. One person said, "The food is very good; roasts, salads, and home cooking. They will do something special if you want it."
● People were supported to eat and drink enough and were encouraged to make healthy choices. We saw people being supported with food and drinks outside of mealtimes; for example, when a person had chosen to get up later in the morning. One person said, "There are always drinks, if [staff] are [in the vicinity] ask them for a drink. If you want it, you can get it."
● Staff were knowledgeable about people's individual dietary needs and preferences. People and their relatives told us that their likes, dislikes and special dietary needs were taken into consideration. One person said, "[I have] toast for breakfast – I love toast and staff know this."
● People were supported to enjoy their meals in accordance with their wishes. We saw some people request their meals in their bedrooms, whereas others used mealtimes as an opportunity to socialise with friends and ate in the dining room. People were encouraged to be as independent as possible, but staff assistance was always close by if required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's healthcare needs were met, and the home worked closely with the GP surgery and other health professionals to ensure people remained healthy and well. One professional said, "They are clear in their communication and interaction with [people] and professionals."
● We saw that timely interventions from healthcare professionals were requested as required and recommendations followed. One professional said, "Communication from this service provider has been consistent and informative. They share concerns and seek support as needed."

Adapting service, design, decoration to meet people's needs
● People lived in a homely environment. Their bedrooms were personalised with items they had brought with them and pictures they had chosen. One relative said, "It's got a very homely feel; very welcoming and feels cosy."
● People had access to communal areas, and we saw people socialising throughout the home. The outside space was well cared for and people had been supported to place bird feeders so they could watch the birds from their bedroom windows. One person said, "I love the lovely garden, it's really nice living here. [I have] a really nice room, you can't beat it; all so lovely. A good joyful place."

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.

● We observed staff seeking verbal consent from people before giving them assistance.
● Staff told us, at present, people had the capacity to make decisions about their care and treatment. However, they understood that some people's capacity to make day to day decisions could fluctuate and

the registered manager was supporting staff to complete MCA and DoLS training so they could understand and implement the legal framework effectively.

Good

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 newly registered service. 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 told us they were happy living at Canonbury Residential Home and staff were kind and caring. One person said, "'Staff do a good job [and have] positive attitudes which outlines positive thinking. They amaze me; they are all really hard working. They are kind and personable." Another person said, "The staff are kind to me [and I've] always felt comfortable here. When they come on duty they come along and say [they are starting their shift] and when they going to be off for a few days they come in and let me know. They sit and chat [to me]."
- Staff were committed to providing the best possible care to the people they supported. People appeared comfortable and content in the presence of staff members, and we saw positive and friendly interactions. One person said, "[They are] very good at caring, kind to everybody."
- Staff were passionate and committed about the care they provided. This was delivered in an empowering and thoughtful way. A staff member said, "I used to say I'd never put my family into a care home, but I feel differently now that I work here."
- People's records contained information about their life history, likes, dislikes and preferences which ensured staff care for them in a manner that met their diverse needs. Staff supported people to access the community and to enjoy various aspects of daily living.
- Consideration was given to the Equality Act 2010. Staff ensured that people's human rights, lifestyle choices, religious and cultural diversity were respected and reflected in the care they received. Staff respected people's equality and diversity rights and did not discriminate against them when providing care. A relative said, "The local curate visits [my relative] as [they] were very wedded to [their] local church at home."

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

- People were supported by staff who had time to listen and engage with them. One person said, "[Staff have the time to support me]; you can talk and confide in the staff." Another person said, "I get all the things I want; I've only got to ask, and it materialises."
- People were offered choice and were involved in decisions about their care. One staff member said, "We get to know people and involve them at every stage. The small things that sometimes get missed are never missed here."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained by staff. One staff member said, "Nothing is too much trouble and people's dignity and privacy is paramount. When we are giving personal care, we follow the [persons] needs. No one is rushed; it takes as long as it takes. All staff work in the same way."

● People were supported to develop and maintain their independence. One relative told us they had noticed a significant improvement in their family members mobility since moving to the home. They said, "Within three days of being here [my relative] was using a walking frame to walk to the day room. Staff here have more time to support [and encourage] my relative."

● The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored safely in paper form and online which maintained people's confidentiality.

Good

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 newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

● People received person-centred care according to their individual needs and wishes. People's likes, dislikes and preferences were recorded in their care plans and reviewed and updated when needed. A staff member said, "We get to know people really well. The small things that sometimes get missed are never missed here." Another staff member said, "Canonbury is so person centred, and I feel like I've hit the jackpot. If a relative of mine needed care, then this is the only place I would comfortably place them. I know staff go above and beyond at the home."

● People's needs were assessed prior to moving to Canonbury Residential Home. Assessments were undertaken and care plans were developed around people's individual support needs. One staff member said, "[When people come to the home] we can spend so much time with [them] and really [get to know] their preferences."

● People had control of their day and staff supported people to plan their day and the activities they wanted to do. One staff member said, "Activities are shared [amongst all staff], and we plan activities with each person each day in accordance with their wishes."

● Relatives told us they felt the support provided was highly personalised and met people's needs. They told us there were countless informal opportunities for discussion. One relative told us, " I'm very well informed about anything and everything, always. They communicate via email, phone, or [encrypted messaging]. When I visit, they let me know if anything has happened, changed, or is going on."

Meeting people's communication needs

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

● People and their relatives told us, and care records confirmed, that staff communicated well and understood people's communication needs.

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

● Staff were committed to providing meaningful activities to keep people stimulated. The registered manager told us that activities were wide ranging and bespoke to people's individual needs and preferences. One person said, "There are choices of things to do." A relative also told us, "All the staff are friendly and engage with [my relative]. It's the little things like doing [my relative's] nails; they always look

good. [My relative] has always been a great fan of [a celebrity] and has a poster of [them] on [their] door. The staff have written to [the celebrity] on their behalf."

● Relationships between people and family members and friends were valued by staff. Everyone told us there was good communication between the service and relatives.

● Staff told us they had enough time to spend with people and spend the day in accordance with their preferences. A senior care assistant told us, "There is enough time to spend with people and we can be sat with people for 45 minutes without anyone frowning on it. If someone wants to go out for a walk or spend time with staff, then we can just do it. People have a level of freedom and staff enable them to do whatever they want."

Improving care quality in response to complaints or concerns

● People and their relatives told us they could raise concerns with the registered manager at any time. The home had a clear complaints policy in place. One person said, "I have nothing major to complain about; I just talk it over with the [registered manager]. Nothing serious has ever gone wrong for me."

End of life care and support

● People were supported at the end of their life by a compassionate staff team. One staff member said, "We want to ensure people receive good end of life care."

● People's care files documented their advanced wishes regarding their care and treatment, including whether they wished to attend hospital for active treatments. Details also included the people they wanted involved at the end of their life, as well as their religious and spiritual needs.

● The registered manager told us they were in the process of supporting staff to complete formal end of life care training to develop their skills and knowledge in this area.

Requires Improvement

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 newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were not established and operating effectively in relation to the fire and gas safety, medicines and legionella risks which we identified on inspection. The registered manager told us they were clear about their regulatory responsibilities in these areas but had not had the resources or time to take appropriate action to minimise the risk. Risks associated to these areas had been reduced with action taken by the registered manager following the inspection visit.
- The registered manager received positive feedback from staff, people and relatives about their presence and availability within the home. However, the registered manager acknowledged they had found it difficult to keep on top of the governance associated with their management responsibilities. They told us they were looking to develop the management structure and review how they spent their time to ensure they completed all aspects of their role effectively.
- Audits were not always effective in achieving a clear oversight of the service. Incomplete auditing of medicines meant that a medicines error had not been identified and appropriate action had not been taken in a timely manner. The registered manager took immediate action to strengthen the auditing process in this area.
- Some records and documents were not complete or accurate to clarify and help reduce associated risks. For example, records relating to fire evacuation and the equipment required was not complete or accurate. These areas were addressed with updated information for emergency evacuations in response to the inspection findings.

We found no evidence that people had been harmed, however the provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not accurate or complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Without exception, people, staff and relatives spoke positively about the commitment and dedication of the registered manager. A relative said, "Two months ago [my relative] was very poorly and the paramedics were called. [The registered manager] sat with [my relative] all night because [they were] so worried." A person told us, "The registered manager comes and chats, really taking in what you are saying."

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

● Relatives felt well informed and updated about their family members care and well-being. A relative said, "[We are] welcomed and involved. They are constantly informing [us] of the slightest thing; very caring."
● Staff told us there was a positive culture at the home. One staff member said, "I absolutely love working here. I wouldn't want to work anywhere else."

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 duty of candour was fulfilled with constant and open communication with people's families as needed. The registered manager always informed relatives of any changes about people's changing needs."
● The registered manager told us they would inform the CQC of any incidents within the home that placed people at risk. They were happy to ask for advice to ensure best practice was followed within the regulatory framework.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff spoke positively about the service and the communication with management. A senior staff member said, "The registered manager is brilliant. I couldn't ask for any more support. [They are] well respected by the team. Staff are not just another member of staff; [they] actually care about us."
● Relatives told us the service routinely sought their views and acted upon their feedback. The registered manager told us they were looking to formalise this process to introduce regular relative meetings to provide the opportunity for them to share their views and be informed of any organisational changes and updates.
● People were routinely consulted about key areas of their lives to ensure that they received bespoke and individualised care. A staff member said, "We talk to people about what they want for their lives." A senior staff member said, "All of our work is centred around the people who live here." One person said, "Because of COVID meetings haven't happened." The registered manager told us they were looking to introduce regular meetings to allow people additional and alternative opportunities to share their feedback about the home.

Continuous learning and improving care; Working in partnership with others
● Staff and the registered manager were committed to providing high quality care. They were open and transparent in their communication and worked effectively in partnership with others. One professional said, "I can state first-hand that the staff are fully trained and understand their roles well. They always go above and beyond."
● The registered manager was visible in the day to day running of the service and was involved in completing staff shifts on a regular basis to understand fully people's needs and provide a 'hands on' approach to leadership. One person said, "I know the [registered manager] very well. [They] come in to see if you are alright; very amiable."
● The registered manager showed a commitment to continually learning and improving their practice. One professional said, "When issues present themselves, the team and manager reflect as a whole and individually to put measures in place to improve communication channels or procedures, which is important as it is a vital way to improve practices within the home."
● Healthcare professionals spoke positively about the service and leadership. One professional said, "[The service to people has] been exceptional in meeting their care and support needs. The staff are dedicated and understand and respect each individual."

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. 12(2)(a)(b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not accurate or complete. 17(1)(2)(a)(b)