

Bupa Care Homes (ANS) Limited

# Collingwood Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Collingwood Court Care Home provides accommodation and nursing care for up to 80 older people, including some living with dementia. The home is split into three units. There were 55 people living at the home at the time of the inspection.

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

People told us they felt safe living at Collingwood Court Care Home. Family members we spoke with also agreed with this. Recruitment process were robust and although we received feedback around the high use of agency staff, there had been a recent recruitment drive and we saw records which showed the reliance on agency staff had reduced. The provider monitored any incidents and accidents and the clinical services manager held 'lessons learnt' meetings to try to prevent these from occurring in future. People were protected from the risk of poor infection control as appropriate measures had been taken. Risk management tools were used to identify and manage other risks to people.

Records showed staff had attended training to meet the needs of people, however it was not clear if they were being offered the opportunity to attend refresher training. There were also gaps in the frequency of staff supervision meetings. The provider worked with healthcare professionals to provide effective care to people and people had access to professionals such as a GP. People's nutritional needs were met. 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.

Although feedback from people and their relatives was positive about the care they received, the mealtime experience was not person centred. People who needed support to eat were left waiting for their food for extended periods. We have made a recommendation about this and will follow this up at our next inspection. There was a pleasant atmosphere in the home, where people's privacy and independence was respected.

People's care was reviewed on a regular basis which helped to ensure their needs were met. However, end of life care plans did not always contain enough person centred information about how people wished to be cared for towards the end of their life. There was a program of activities within the home, however provision for activities in the community could be improved. We have made recommendations about these points and will follow this up at our next inspection. The provider was diligent in responding to any complaints that had been received.

There was limited engagement from people and their relatives, any feedback that had been received was limited. We have made a recommendation about this and will follow this up at our next inspection. The registered manager had recently left and a new manager had started in August 2019, feedback from staff about the new manager and clinical services manager was positive. There was a culture of continuous

improvement, this was evident through the number of quality assurance audits and, reviews and quality metrics that were completed. There was a quality improvement plan which collated all areas for improvement in one document.

#### Rating at last inspection

The last rating for this service was Good (published 10 August 2017).

#### Enforcement

At this inspection we identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around staff training and supervision. Details of action we have asked the provider to take can be found at the end of this report.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always 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.

# Collingwood Court Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The first day of the inspection was carried out by one inspector, two specialist advisors and two Experts by Experience. The second day of the inspection was carried out by one inspector.

The specialist advisors were registered nurses. 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

Collingwood Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who was applying to become 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

The first day of the inspection was unannounced. The provider knew we would be returning on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 18 people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, the resident experience manager, a registered manager from another service who was present at the inspection, clinical services manager, activities co-ordinator, chef manager, two nurses and four care workers.

We reviewed a range of records. This included nine care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

#### After the inspection

We requested additional evidence to be sent to us after our inspection. We sought feedback from two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Effective management plans were in place to keep people safe from identified risks. An assessment was carried out on admission to identify any risks to people.
- The provider utilised appropriate risk assessment tools to identify risk. For example, the Waterlow score to identify the risk of pressure sores and the Malnutrition Universal Screening Tool (MUST) to identify the risk of malnutrition in people. These were reviewed on a monthly basis.
- The provider discussed risks with people and where appropriate, their relatives and had taken decisions in their best interests. They had also considered the least restrictive ways to manage the risk. For example, there was a bedrails assessment in place for a person at risk of falls. There was a best interest decision in relation to safety made in consultation with the person, their family and professionals. It was agreed that bedrails would be restrictive and other methods such as keeping their bed at the lowest level and to have a falls sensor mat in place were more appropriate.
- The provider took steps where people had been identified at high risk. For example, referring people at risk of, or those with pressure sores to the tissue viability nurse and those at risk of malnutrition to the dietitian. Feedback from healthcare professionals was that the provider made appropriate referrals where people had been identified at high risk. One professional said, "If they are concerned they do send referrals, they follow any advice I give them."

### Staffing and recruitment

- People and their relatives told us there was always someone available to help them, although some did feedback about the high use of agency staff. Comments included, "There's always someone around and her named carer is really good", "You can always find someone at the nurses' station if you need them", "It all depends, sometimes the staff seem the same, and sometimes there's agency staff and that can make life difficult. You have to explain all the time" and "There's too many agency (staff). I have to tell them what to do."
- The provider acknowledged there had been high use of agency staff previously but they had recruited permanent staff recently. Staff rotas showed the reliance on agency staff had reduced by the time of the inspection.
- Staff levels were determined according to people's needs. The provider used a dependency tool to work out how many staff were needed on each unit.
- People told us that call bells were answered promptly. The provider had a system in place for monitoring call bell response times that were left unanswered above a certain threshold.
- Recruitment procedures were robust. Staff files included a personnel file checklist which showed that all necessary pre-employment checks had been completed. For example, application forms, ID checks, right to work and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers

undertake to make safer recruitment decisions.

#### Using medicines safely

- People's medicines were managed in a safe way and they received their medicines as prescribed.
- We observed the medicines round which was done appropriately by a nurse. Nurses' signatures were kept in the medicines folder and each person had a Medicines Administration Record (MAR) chart with a sheet containing a clear, up-to-date photograph which helped to ensure the medicine was given to the correct person. Any allergies were also identified.
- MAR charts were completed correctly, with no gaps and, when medicines were refused, this was recorded.
- There were protocols and guidance available for the use of medicines that were prescribed on an "as needed" basis. The provider used a pain management tool to determine whether people who could not express whether they needed pain relieving medicines were in need of it.
- Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance. All medicines were stored securely, the medicine trolley was locked when it was left unattended and then locked away in a cupboard when the medicines round was completed.

#### Learning lessons when things go wrong

- Incidents and accidents and complaints were logged on the providers reporting system which meant they could be analysed and trends identified.
- The clinical services manager held group supervisions with staff, these were done in response to certain incidents and accidents to ensure that any lessons learnt were passed onto staff to try and prevent them from re-occurring in future. We saw evidence of reflective learning sessions in the lessons learnt folder and the clinical service manager clearly explained and demonstrated what she did in response to any incidents or accidents.

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

- People and their relatives told us they felt safe. Comments included, "I don't have a problem with feeling safe", "I feel happy and safe", "I feel safe, and there's no situation where that changes" and "I feel as safe as anybody can feel safe these days."
- Staff were familiar with safeguarding procedures and understood what action to take if concerns were raised to keep people safe from harm. One staff member said she would report safeguarding to the manager and that they had a "speak up" system in place.

#### Preventing and controlling infection

- There was a housekeeper allocated to each unit to ensure it was kept clean. Both communal areas and individual bedrooms were clean and well maintained.
- We observed good infection control practice. There were hand sanitisers on each unit and communal areas and staff told us they were given protective equipment if needed.
- There was a monthly infection control audit covering different areas which helped to ensure the premises were safe from poor infection control practice.
- Kitchen hygiene was closely monitored. Fridge, freezer and food monitoring charts in place which helped to ensure food was stored and cooked to the appropriate temperature. Opened food was labelled with the date it had been opened or prepared.
- The home had a food hygiene rating of kitchen hygiene rating of 'Good' in March 2019.



# 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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Care workers demonstrated a good working knowledge of safeguarding and the Mental Capacity Act and the correct procedures for follow. However, it was difficult to ascertain from the training records if staff were being offered enough opportunities to attend regular training. The training matrix that was provided to us after the inspection showed gaps in the training provision. For example, it did not show when recertification of the training in 'Mental Capacity Act and DoLS', 'pressure ulcers for carers' and 'dementia and cognitive issues' was due. Some staff who were showing as 'active employees' had last acquired these certificates as far back as 2011 and 2012 according to the training matrix .
- In a person centred care review tool that had been completed in July 2019 staff understanding and training in dementia had been highlighted as an area for improvement.
- Staff supervision was not being carried out as regularly as expected by the provider. The provider acknowledged that supervision for care workers was lacking due to changes in the unit managers who line managed the care workers. One care worker had only three recorded 1:1 supervisions since February 2017. This issue was highlighted as an area to improve in the service's quality improvement plan from September 2019 .

The above identified issues are a breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

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

- A pre-admission assessment was completed which considered people's support needs in a number of areas including mobility, physical and mental health.
- The provider used standard risk management tools. For example, Waterlow to identify risk of pressure sores, Malnutrition Universal Screening Tool (MUST) to identify risk of malnutrition and the Herbert Protocol for a missing person.
- We observed care being delivered by appropriate staff in line with guidance and advice from health professionals. For example, medicines were administered in line with NICE guidelines.
- The provider's policies were reviewed by a central team and updated according to national guidance and changes in legislation. Any information that needed to be cascaded was done through newsletters and team meetings.

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

- People and their relatives told us, "The food is OK", "Food is all right. You can't like everything so if I don't

like it, I don't eat it", "The food is very nice" and "The food was good today."

- People were supported to eat a balanced diet. The chef manager was experienced and had been in post for a number of years. She told us that they were given a 'principal' menu form the provider but they were given the freedom to amend it according to the needs of people.
- There were breakfast, lunch and dinner options available to people but also tea and snacks available mid-morning and before supper.

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

- People told us their healthcare needs were met. Comments included, "Staff will always ask for a doctor if I'm not feeling well", "The chiropodist comes, she came last week, and comes regularly every few weeks" and "Staff usually decide if a doctor needs to come."
- The home worked with a named GP Service and received a visit from the GP three times a week. The GP was also available to visit in an emergency if needed.
- Physical health care plans included any support needs that people had with their health. For example, one person had a diabetes care plan which included guidance for staff of what to do in the event of a hypo incident. One service user was on insulin and their blood glucose was checked regularly before having insulin.
- Records were also kept of any professional visits and any referrals made to healthcare professionals. These included podiatrists, dietitians, dentists and opticians. Discharge reports and assessments from professionals were also included.
- Feedback from healthcare professionals was positive, they told us when they visited the service they were accompanied by the clinical services manager who was diligent in implementing any recommendations or guidance they provided.

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.

- Staff were aware of the importance of seeking consent before supporting people. We observed them doing so with meals and medicines, allowing people time to make their decisions.
- Pre-admission assessments included a mental capacity assessment for whether people had the capacity to make the decision to move into the home.
- A 'choices and decisions' care plan included guidance on making a best interests decisions for those people that did not have capacity. Care records included evidence of best interests meetings and decisions

that had been taken in relation to people's support needs. The provider followed clear procedures for giving medicines in accordance with the MCA. Advice had been sought from an appropriate clinician where people were given medicines covertly, and these decisions were made after consulting with relevant people.

- Staff were aware of the principle of the MCA. One care worker said, "MCA is for people who cannot decide for themselves or haven't got the capacity to know what is right for them. I would care for them in their best interests and speak with their family members."
- The provider had applied for DoLS authorisations where there were restrictions on people's liberty and they were not free to leave.

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

- The home was clean and maintained to a good standard, each unit had a separate lounge and dining room for people to socialise in. People lived in individual bedrooms, and each had a toilet. Bedrooms were furnished with their personal effects.
- There was an outside space that was being used by people during the inspection. Some parts of the garden were unkempt and not particularly easy to navigate with bushes overhanging a path. We raised this with the maintenance engineer who told us they usually worked on sections at a time and he would look at this area next.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We found the lunch service to be haphazard and could have been better managed. There were not enough staff to support people who needed assistance. Some people who needed support with eating were sat with uneaten food in front of them for extended periods. Staff were under pressure to provide help with eating and drinking due to the number of people that needed assistance. Staff were focussed on supporting people to eat rather than providing an enjoyable dining experience. People were kept waiting to eat whilst staff supported other people.
- The mealtime experience was also highlighted as an area to improve in a person centred care review tool that had been completed in July 2019 and also in the service's quality improvement plan from September 2019.

We raised this with managers during the feedback session. They said they would look at the allocation of staff or consider staggering the lunch so that people were not kept waiting at their tables for food. We will follow this up at the next inspection.

- Despite the poor dining experience, feedback from people and relatives was generally positive.
- People and their relatives told us that staff were kind and considerate. Comments included, "The staff are kind, and there are enough to look after me", "Some staff listen; and are kind. They're mostly kind" and "They are taking good care of me. They're nice people."
- We observed some lovely warm interactions between people and staff and heard staff talk about people in a caring manner. There was a pleasant atmosphere in the home.
- Care plans included a 'lifestyle care plan' which recorded people's interests and hobbies, their preferences, dis/likes and their life history, these were often completed with input from relatives and were informative. Staff appeared to have good relationships with people, knew their preferences and cared for them accordingly.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A person said, "People are helpful. A new male carer has started and when asked to do an embarrassing job, he did not hesitate, and said it was no problem. It was good to have a male carer." Another said, "Staff usually knock or ask if they can come in."
- People were fully dressed when out of their bedrooms and in the public view. Staff hoisted people in full view of others, but this was done with care and attention, making sure people were not exposed in an embarrassing way.

- We observed a person being supported with personal care. The care given, and the handling of this person was done in a gentle, dignified and respectful manner. They communicated well with the person, explaining what they were doing and what was going to happen next.

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

- People and their relatives, were involved in making decisions about their care. Their views were considered when developing care plans and there was evidence that best interests meetings were held which included relatives.
- We observed people making everyday decisions about their support, such as what they wanted for lunch and what to wear. One person told us they chose the clothes they wore each day, "They take it out of the wardrobe and say: 'Do you want to wear this?'" When a person was reluctant to take their medicines, staff took their time and explained the benefits of this and waited until they were happy to take it.

## 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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

#### End of life care and support

- The home had access to healthcare specialists, such as GP's and palliative care services if needed.
- Care plans included an end of life care plan which included details about people's end of life wishes. We found that there was inconsistency in the information recorded in this section. Although details about any advocates, advance decisions were in place, people's preferences about how they wished to be cared for towards the end of their life were not included and there was very limited information in these. This issue was also highlighted as an area to improve in the service's quality improvement plan from September 2019.

We raised this with the managers at the feedback who acknowledged this was an area of improvement. We will follow this up at the next planned inspection.

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

- One person said, "I like the music and singing, and sometimes the exercises. We don't go out, but I want to." An activities co-ordinator told us they would like to plan more outdoor activities and the use of a vehicle. They told us, "Some time ago we were able to take people out a lot, but not now. I take about six people for coffee on a Wednesday. It would be good to have a vehicle." They also said they would benefit from some training in how to organise appropriate activities for people with dementia.

We raised this at the feedback at the end of the inspection, the management team told us they did have access to transport and would arrange for this to be made available to the activities co-ordinator. We will follow this up at the next inspection.

- There were three activity co-ordinators, one allocated to each unit. This meant they could focus on developing individual activities based the needs of people on their unit.
- Activities timetable were on display in reception for each unit. People told us, "I prefer to keep myself to myself. I like the sport", "I have my wheelchair, I go out all the time, mainly to the shops", One relative told us "[My family member] goes out on a Wednesday to a community café at a local church." This relative praised this particular activity saying that it helped her family member to keep connected to the local community. They also told us, "The activities they organise in the Home are very good too."
- One relative said their family member did not go to group activities anymore but did get regular 1-1 sessions in her room with the activities co-ordinator. They said, "The staff are really friendly. They're always popping in to say 'Hi' to [my relative]. The activities co-ordinator tries to encourage her to do the crosswords which she always used to do every day."

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

- Individual care and support plans were in place which meant that people were given care and support that met their individual needs. Care workers completed notes when they had delivered personal care to people.
- A daily handover was completed, and at every shift change with details of any changes or updates to people's care.

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 Pre-Admission Assessment included a section to identify any sensory and/or communication needs that people had.
- Care plans included ways in which staff could support people with any sensory needs, for example people who were visual impaired.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any concerns or complaints. Comments included, 'I've never really had a complaint. I ask a nurse usually if I'm worried.'
- There were posters advising people and their relatives of the complaints and compliments procedure at reception. There was also a customer feedback poster on display.

There were timescales in place for responding to complaints and the provider kept to these from the records that we saw. There had been 14 complaints recorded since January 2019. These were all recorded on the provider's reporting system which meant they were able to be escalated if required and allowed for them to be analysed to identify any trends.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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.

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

- People told us, "I have been to a resident's meeting, but I don't always get to know when they are happening. I haven't seen anything change lately so I hope they will when the Manager comes", "There isn't a questionnaire as far as I know. I haven't seen one", "There is a survey and sometimes I fill them in but I've been here years so sometimes I don't bother." A relative told us they had not attended any relatives' meeting or been given a satisfaction questionnaire to complete.
- The provider said in its PIR that quarterly resident and relative's meetings, chaired by unit managers were held. However, these were not being done with this level of frequency. There was a meeting scheduled to take place in June 2019, however there were no minutes for this and when we raised this with the managers they said that nobody turned up. The previous meetings were held in March 2019 and September 2018.
- The managers told us that an independent, external company carried out a satisfaction survey in 2019 but did not get sufficient responses back for any meaningful feedback. The resident experience manager said an internal survey was completed in August 2018 and feedback received from four people, however it was not clear if any feedback received was acted upon. For example, one person said resident/relatives meetings only took place 'very occasional.' She also showed us records showing that she spoke with people in March 2019, the feedback from this was not clear.

We recommend the provider reviews its procedures for obtaining and acting on feedback from people and their relatives. We will follow this up at the next inspection.

- The provider had a 'resident of the day' scheme in place, an initiative where all aspects of a person's care was reviewed.
- Staff meetings took place more regularly, these included heads of department meetings, general staff meetings and clinical staff meetings.
- The provider had started a 'colleague ambassadors' scheme whose role it was to engage with staff, providing a link between staff and managers.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The staff team included clinical and non-clinical care staff and other support staff such as housekeeping, domestic, maintenance and kitchen staff. Staff at all levels understood their roles and how they all worked



together to provide care and support to people.

- The clinical service manager completed a number of audits to drive improvement within the service. These included daily clinical walkabouts, medicine audits and clinical meetings and other audits such as infection control, health and safety and catering and nutrition audit.
- The provider had systems in place to monitor people at risk of pressure sores, malnutrition, falls analysis and other quality metrics, these were across four key themes quality of people, quality of care, quality of service and quality of life. The regional director completed monthly home reviews.
- There was a quality improvement plan which drew together identified areas of improvement from various audits and feedback received. This demonstrated a willingness and commitment to continuous improvement.

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 service's latest CQC inspection report and ratings were on display in the home and on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Staff reported there had been a recent improvement in the working environment. They praised the clinical services manager for her work and the support she provided, telling us they felt comfortable discussing any concerns with her. She provided clinical leadership at the home and the feedback from healthcare professionals was that she was open in seeking their help and support if needed.
- We accompanied the clinical service manager on her daily walkaround. She was friendly, relaxed and professional. The staff seemed to have a good relationship with her.

Working in partnership with others

- The feedback that we received from healthcare professionals was positive with regards to their joint working and collaboration. They told us the provider was diligent in seeking help and advice if any concerns were raised and the clinical service manager acted on any feedback they were given.
- Links had been established with a local school and the resident experience manager had arranged for a library service to visit the home on a regular basis. The home also participated in in community focused initiatives such as care home open day, silver Sunday, community Christmas and summer fayres.
- The provider was also open to working with external agencies and had recently participated in the ECHO (Extension of Community Healthcare Outcomes) project pilot which was run by the local hospice.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Persons employed by the service provider did not always receive appropriate training and supervision as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a).