

3A Care (Altrincham) Limited

Oldfield Bank Residential Care Home

Inspection report

5 Highgate Road
Altrincham
Cheshire
WA14 4QZ

Tel: 01619280658
Website: www.oldfieldbank.co.uk






Date of inspection visit:
01 October 2019
02 October 2019

Date of publication:
18 November 2019

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

Oldfield Bank Residential Care Home is a residential care home providing accommodation and personal care to older adults, including people living with dementia. Oldfield Bank accommodates up to 28 people in one adapted building. At the time of our inspection, there were 25 people living at the home. The home is located in a residential area of Altrincham, Greater Manchester.

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

People told us they felt safe and well looked after at the home. There were enough staff on duty to meet people's needs, although at busy times, staff were not always able to complete tasks and provide people with prompt support. Although we did not find evidence of anyone having been harmed, medicines were not being managed safely, and people had not always received their medicines as prescribed. We also found staff were not following measures intended to help prevent people being harmed if they entered a kitchenette that contained a kettle.

We received positive feedback from health professionals with recent involvement in the service. They told us staff knew people well and made appropriate referrals. Feedback about the food provided was generally positive, although some people wanted more information about the choices available at meal times. The provider had undertaken a programme of re-decoration and redesign of the home since our last inspection. However, few adaptations to help make the environment more 'dementia friendly' were apparent. We have made a recommendation about how the provider reviews good practice guidance in relation to developing dementia friendly environments.

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.

People received support from staff who knew them well and understood their needs and preferences. Staff treated people with respect and were patient in their interactions, including during busy periods of the day. Staff were receptive to people's needs and responded effectively to provide support and reassurance when needed.

People's care plans were detailed and person-centred. People told us they had been involved in planning their care. The home employed an activities co-ordinator and staff told us they felt the activities offer in the home had improved over the last year. People told us they would feel comfortable raising a complaint if needed and we saw the one formal complaint received in the past year had been responded to appropriately. However, it was not clear how the registered manager had responded to concerns that had not been raised through the formal process in one instance.

We have made a recommendation about how the provider records informal complaints.

Staff were positive about working at the home and told us they felt able to raise any concerns they might have with one of the management team. The provider continued to invest in the home, which included a continued refurbishment programme and the introduction of an electronic care management system. Staff were still learning how to use this system effectively, and there had been some recording issues related to its' introduction. System and processes were in place to help the registered manager monitor the quality and safety of the service, although these had not been effective at identifying the issues we found, such as in relation to shortfalls in the safe management of medicines.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 11 October 2018). This is the second consecutive time that the service has been rated requires improvement. At our last inspection, we found the service to be in breach of one regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines and having adequate processes in place to monitor the quality and safety of the service. Please see the action we have told the provider to take at the end of this report.

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. 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 ask the provider and local authority to meet with us to discuss the improvements the service needs to make and the support they need to do this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Oldfield Bank Residential 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 inspection team consisted to two inspectors.

Service and service type

Oldfield Bank Residential 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 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 the inspection

We reviewed the last inspection report and the action plan the service sent us following their last inspection. We looked at information we had received about the service since our last inspection. We asked for feedback about the service from professionals with recent involvement, including the local authority and Healthwatch Trafford. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people living at the home, one relative, three visiting health professionals and nine staff members. This included the registered manager, four care staff, two cooks, the activity co-ordinator and the deputy 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 reviewed a range of records relating to people's care and the management of a residential care home. This included five care plans, four staff personnel records, records of training and supervision, audits, and multiple medicines administration records (MARs).

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the registered manager to send us information, including the findings of their investigation into medicines management concerns we identified, which we took into account as part of this inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we found the provider was not managing medicines safely. This was breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that sufficient improvements had not been made, and the service remained in breach of this regulation.

- Staff were not ensuring that non-refrigerated medicines were kept at recommended temperatures. Despite this being a known issue, staff had not sought advice from a pharmacist about any affect this may have had on people's medicines.
- We checked the stocks of a sample of people's medicines and found five of those people had not received their medicines as prescribed. Whilst we did not find evidence of harm, there was a risk these people could have suffered adverse health effects as a result.
- Accurate records of medicines administration had not always been kept. We found multiple gaps where there was no record of administration of medicines in people's administration records. Staff and the registered manager confirmed they were aware of these omissions, but they had not checked to see whether this meant people had not been given their medicines as prescribed, or if these were just recording errors.
- Staff were not keeping accurate records of the use of thickeners used to thicken liquids for people with swallowing difficulties, which meant we were not able to confirm if they were always used as required.
- Staff completed weekly audits of medicines. However, these had not identified the issues we found, including the gaps in recording and administration of medicines.

Medicines were not being managed safely. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they had bought a new cooling unit to help control the temperature of medicines storage. They also said they had put in place new daily medicines audits.

Assessing risk, safety monitoring and management

At our last inspection we found risks were not always adequately assessed and managed and some checks needed to help assure the provider the premises and equipment were safe had not been completed. We found this to be a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, although we found some issues, enough improvement had been made and that the provider was meeting the requirements in this area.

- Since our last inspection, the fire service had visited the home and identified fire safety issues. The provider had acted upon advice from the fire service and the external fire risk assessor they had appointed to make the required improvements. There was no night-time evacuation plan as recommended by the fire risk assessor; however, the registered manager told us the processes was the same as in the day and assured us they had run through the procedure with night staff and found it to be adequate.
- Since our last inspection the service had got a competent person to carry out a legionella risk assessment. We saw the provider was working through any required actions identified on the risk assessment, although not all required risk management measures were being carried out at the time of the inspection. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease. Legionnaire's disease can be dangerous, particularly to more vulnerable people.
- The environment appeared well-maintained and free from obvious hazards. However, we found on multiple occasions that the door to a kitchenette near the main lounge was left unsecured. The kettle in this room was also found to contain hot water, despite a sign instructing staff to empty it and store it in the cupboard when not in use. Whilst we did not see anyone living at the home trying to enter the kitchenette, we made the registered manager aware of this concern as the measures they had put in place to help reduce potential risks were not being followed.
- Staff assessed risks to people's health, safety and wellbeing and recorded how they would manage such risks in people's care plans and risk assessments. We saw staff had reviewed people's care plans following any significant incidents such as falls resulting in injuries and had reviewed what measures were needed to help keep people safe.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding. They were able to tell us how they would identify and report any signs of potential abuse or neglect. The registered manager had reported potential safeguarding concerns to the local authority and CQC as required.
- The service had a safeguarding policy that outlined staff member's responsibilities and the home's procedures for handling concerns.

Staffing and recruitment

- The service had followed robust processes to ensure staff employed were of good character. This included requesting a criminal record check, carrying out a health questionnaire, seeking references from former employers and obtaining a full employment history.
- Most people we spoke with felt there were sufficient staff on duty to meet their needs, although one person told us they had to wait longer than they wanted after requesting help, particularly to get up in the morning. Comments made included; "I use the call system all the time. Staff come pretty quickly when I use my call bell" and "Staff tell me 'I'll be back in a minute'. You expect them when you see them after that. It could be quarter of an hour."
- During our inspection, we saw there were enough staff to meet people's needs in a timely way in most instances. However, as at our last inspection, communal areas were frequently left unsupervised for short periods of a few minutes. At times, we saw staff support was needed whilst staff were carrying out other tasks, for example, to de-escalate situations between people living at the home during these periods. Although this did not result in anyone being harmed, more timely intervention by staff would have been beneficial.
- At our last inspection, the registered manager told us they intended to use a dependency tool to help inform their decisions about how many care staff were required to meet people's needs. This had not been done, although other ways of checking enough staff were deployed had been introduced, such as monitoring call-bell response times.

Preventing and controlling infection

- The environment, including people's bedrooms and communal areas were visibly clean and tidy. There were domestic staff on duty during our inspection.
- We saw personal protective equipment (PPE) such as gloves and aprons were readily available for use throughout the home, as was hand sanitiser.
- The community infection control service carried out an audit at the service in June 2019 and gave the service a green RAG (red, amber, green) rating. An environmental health inspection of the home's kitchen and food management systems had taken place the day before our inspection. The service had been awarded a five 'very good' rating, which is the best rating achievable.

Learning lessons when things go wrong

- The registered manager kept a log of incidents/accidents and recorded any actions taken in response to help prevent a re-occurrence. Staff also reviewed any accidents that people had sustained monthly and recorded their findings within people's care plans.

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 remained the same. 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

- People's needs were assessed before a placement was accepted. This helped to ensure the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
- People's likes and dislikes had been recorded as part of the admission process and this information had been used to make people's care plans person-centred.
- People reported being happy with the care they received. One person told us, "They care for me smashing, they can't care for me any better than they do. The care is how I want it."
- Care files contained information about best practice guidance from recognised sources about people's health conditions and care needs.

Staff support: induction, training, skills and experience

- Staff received enough training to enable them to provide people with the care and support they needed. Staff told us, "I am happy that I have the training that I need" and "I asked for more training, including pressure care and I was given it."
- Records showed staff received routine training in a range of relevant topics including safeguarding, equality and diversity, health and safety, first aid and oral hygiene. Since our last inspection, additional staff had received training in behaviours that challenge.
- The registered manager had introduced 'champion' roles in areas including dementia, dignity in care and nutrition and hydration. We saw there were additional resources, such as good practice guidance available for staff acting as champions in these areas, with the aim that their learning would be cascaded to other staff in the team.
- The registered manager told us they aimed to provide staff with four supervisions per year. We saw that most staff had received between two and three supervisions in the year to date (October 2019). Records of supervisions demonstrated that staff received feedback from their supervisor, and that their training and support needs had been considered.

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

- We received mixed, although mainly positive feedback about people's experience of food and drink. One person, for example, told us, "The food is smashing" and another person said, "I'm very difficult. They always try to do their best for me and give me what I like."
- People's care plans contained a detailed description of their dietary needs and preferences and this information was clearly communicated to the kitchen. The chef also had a file to record what people liked and disliked.

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- We observed the cook discussing the menu options and food preferences with someone who had just moved into the home. However, two people told us they wanted more information provided in advance about mealtime choices, and we noted only one choice of meal was recorded on the menu blackboard. Staff confirmed alternatives were available and the chef showed us a four-week menu where two choices were available at each meal. The chef also showed us their plans to improve how the menu choices were communicated.
- We observed mealtimes on two floors and found the support people received varied. On the ground floor we observed positive interaction from staff who encouraged and supported people to eat and drink and provided effective person-centred support over the mealtime. However, on the lower-ground floor we observed one staff member, who although very attentive, had to support multiple people requiring one to one support at the same time. This was not person centred.

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

- People and their relatives were confident that staff would support them to access any health care services they needed to meet their needs. One relative told us, "We really like it here. We know she is taken care of; they are responsive to health needs as they arise". A person living at the home said, "The staff have been marvellous around their support for my health and following up on appointments."
- Staff monitored people's health and wellbeing and made referrals to relevant services as required. Care files confirmed the home worked with a range of professionals including district nurses, speech and language therapists, chiropodists and GPs. One professional told us "Everyone is very helpful; they know the patients and the patients know the staff. Communication is good. The rapport with people is really good. No concerns."
- Staff had produced a 'hospital file'. This contained one-page profiles for each person living at the home, along with relevant records, such as medicines records and those relating to decisions about emergency care and treatment, that may need to accompany people if admitted to hospital. The one-page profiles were less detailed than the hospital passports used by some services but provided a summary of their key care needs that could be quickly referenced by staff providing care to that person. The registered manager told us they would monitor the effectiveness of these documents.

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

- A refurbishment plan was under way and improvements had been made to the ground floor to improve the communal areas making them brighter and more modern. The provider had also created a separate room on the ground floor that could be used for people to meet with visiting professionals or their families if they wished.
- People's needs were not always met by the decoration, design and layout of the home. For example, there were people living with dementia at the home and there were limited changes to the environment to make it dementia friendly. This included limited pictorial signage for toilets, or to help people identify their bedrooms.
- The home had been adapted to ensure that toilets, bathrooms and showers were both accessible and safe.

We recommend the provider reviews and considers implementing good practice guidance about making the environment more 'dementia friendly'.

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 registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire.
- A review of people's records evidenced that capacity and consent was explored. People that had capacity consented to their care and support and we observed staff seeking consent before they carried out any interventions or care with people.
- Records of best interest meetings were in people's files for people who were unable to give consent. We discussed, with the registered manager, the need to ensure that these were more detailed to ensure that they were person centred. The documentation did not demonstrate that staff had considered alternative options that may have been less restrictive, and they did not record people's views. People's care plans also needed to be more explicit to make it clearer when people lacked capacity and how staff would act in their best interests.

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 now remained the same. 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 most of the staff knew them well and understood their needs and preferences. People told us the staff were kind and respectful. One person told us, "Yes, I know the staff. They're very good actually."
- During the inspection we saw staff interactions with people using the service were positive, patient and respectful. Staff were quick to recognise if people appeared unhappy or potentially unwell and provided comfort and reassurance in response.
- The registered manager had provided resources for staff to guide them how to effectively meet people's needs in relation to relationships and sexuality. They were also actively exploring ways to strengthen the services approach in this area, including the possibility of building links with an LGBT charity.
- The care plan format allowed staff to record any needs people had in relation to religion or culture. However, this information had not yet been recorded on the new format care plans in most cases.

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

- It was apparent from our observations that staff knew people well and were able to communicate with them effectively. We observed several occasions where a person showed signs of becoming anxious, to which staff responded effectively and in a caring manner. For example, we observed staff took the time to sit with this person, got down to their level to speak with them and used appropriate touch and distraction to help reassure them.
- People told us staff gave them the information they needed in relation to their care. One person told us, "They [staff] were very, very helpful when I move in. I was given the information I needed."

Respecting and promoting people's privacy, dignity and independence

- People felt that staff respected their privacy and dignity. One staff member told us, "It's all about their choices and respecting their space."
- We observed staff provided support to people in a way that helped uphold their dignity. For example, they offered people clothing protectors over meal times and checked whether people needed any help to wipe their hands and face after eating.
- Staff understood how to support people to retain their independence as far as possible. For example, one staff member told us, "We always encourage, but don't leave them. We don't take the easy route. Supporting independence might take longer, but this is our priority." At one point we saw a person wanted to clean up their plate after eating, and staff took the time to enable them to do this.

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 remained the same. 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's care records were person centred and accurately described what support they needed from staff. They provided detail about each area of support required, such as personal care and mobility and included a clear description of people's daily routines and their individual preferences.
- The home was in the process of moving care plans and care records to a new electronic system. This system had benefits such as hand-held devices for staff that enabled them to quickly access and update records.
- Most people we spoke with felt staff involved them in planning their care. One person told us, "I am in control of my care," and a relative told us, "We really like it here. We know she is taken care of. There is good communication and we feel involved."

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.

- Care files contained communication care plans, which included details of any aids or equipment needed to assist effective communication with people. Records noted any difficulties people may have and how best to communicate with them.
- The registered manager told us they were able to access facilities to produce information in alternative formats such as braille if required. They said they had also produced a service guide in Cantonese previously.
- The activities coordinator had produced song materials in large print so that people could participate in singing.

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 told us that the provision of activities had improved since the last inspection. There were more activities for each person and more variety. There was a schedule of planned activities and the home employed an activities coordinator who assessed and reviewed what people liked to do.
- The provision of activities was flexible to ensure that people who required one to one support received it. One person told us, "I like to be in my room. I have one to one, once or twice a week. She [the activities coordinator] is a nice person and asks me what I want to do."
- People less able to join in group activities had limited access to sensory items, that are considered good

practice for people living with dementia. We observed this during the inspection and discussed it with the activities coordinator who confirmed that this was an area that they were trying to improve.

- As at our last inspection, we noted there were times when both the radio and the TV were on in the large communal lounge. This meant it was difficult for people to concentrate as the environment was quite noisy. The registered manager told us they would remind staff about this issue and told us there were fold-back doors that should be used to separate the communal lounge into two. This would enable people to separately listen to the radio and TV.
- The home had some links with the community. Nursery children visited weekly and members of a local church came every week to administer holy communion.

Improving care quality in response to complaints or concerns

- People told us they had not felt the need to raise formal complaints but would feel comfortable doing so if needed. There had been one formal complaint since our last inspection, which related to a leaking roof that was being repaired.
- We saw concerns had been raised by one person, which were recorded in the feedback questionnaire they had completed. We discussed this with the manager who told us the person raising the concern had not wanted this investigated as a formal complaint and told us a verbal apology was given. However, there was no record of this action having been taken, or the concerns having been investigated.

We recommend the provider reviews how they record and manage concerns raised that are not managed as formal complaints.

- Information on how to complain was displayed in the reception area of the home and a copy was also in each person's room. We highlighted to the provider that the procedure did not sign-post people to the local government and social care ombudsman (LGO) as would be good practice. The registered manager told us they updated their policy to include this information shortly after our inspection. The LGO are a body who are able to investigate complaints relating to social care

End of life care and support

- The home was not providing any end of life care and the time of our visit. We saw from people's care records that staff had explored people's needs, wishes and preferences in relation to the care they might want at this stage of their lives.
- The home had appointed a member of staff to act as their end of life champion. Staff received e-learning in 'death, dying and bereavement' and further training relating to the effective planning and provision of end of life care was planned.
- The registered manager told us they worked closely with other health and social care professionals, including GPs and district nurses when providing end of life care.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had put in place a new electronic system for care plans and care records. This system was still relatively new to staff, including managers, who were still learning how to use the system effectively.
- We noted some issues surrounding the introduction of this system, including one person's care plan that was inaccurate as information had been erroneously copied across to it from the standard template. This meant we were not able to tell which information in the care plan was relevant to them. We also found some records for a person who needed support to reposition were incomplete, which the registered manager attributed to recording issues with the new system.
- The registered manager carried out a range of audits, which were completed at varying intervals. These included audits of care plans, accidents and incidents, infection control, complaints and medicines. Some of these audits were not always effective, such as the audit of medicines, which had not identified the shortfalls in medicines management we found.
- The issue in relation to the care plan containing incorrect information had also not been identified. This care plan related to a person who had not lived at the home long and meant there was a risk staff would have provided the incorrect care and support.

The provider did not have robust process in place to monitor the safety and quality of the service provided. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were motivated and told us they enjoyed working at the home. Comments included, "I love working here. I enjoy caring for the residents" and "I love it [the home]. It's one of the best I've worked in."
- Staff told us they felt supported and able to approach a member of the management team for support if they needed it. Staff told us they would feel comfortable raising any concerns they had with the registered manager.
- We received feedback from a professional who commented that they found the registered manager very helpful, open and honest when they had visited the service.

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

regulatory requirements

- The provider had continued to invest in the home since our last inspection. This had included introducing a new electronic care management system, carrying out re-decoration and making improvements to the structure of the building for practical and fire safety purposes.
- There was a registered manager in post who was supported by a deputy manager and care manager. There had been no change in registered manager since our last inspection.
- The registered manager had sent us notifications about incidents that occurred in the service as required.

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

- People told us they had not attended recent meetings for residents or relatives. However, in most cases they told us this was their preference. The registered manager told us there had not been any resident or relatives meetings arranged since our inspection last year.
- The registered manager had sent surveys out to people using the service and their relatives in March 2019 to seek their views on what the home did well, and where it could improve. It was apparent from our conversations with the registered manager that they had considered this feedback to make improvements to the service. However, the written record of the actions they had planned based on the survey findings could not be found.
- Staff told us they were able to attend team meetings where they could contribute their views. The most recent staff meeting took place in August 2019, although it was noted in the minutes that there was a 'disappointing' turn out from staff.
- We received positive feedback from health professionals with experience working with the service. We also saw evidence that the registered manager acted on the advice of others, such as the local authority quality monitoring team. For example, we saw the local authority had made recommendations to change the front door PIN code and to introduce an oral hygiene champion, which the registered manager had done.

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 Medicines were not being managed safely. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not being operated to monitor and improve the quality and safety of the service. Regulation 17(1)