

Mrs T Schneider

Pinehurst Rest 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

Pinehurst Rest Home ("Pinehurst") is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

Pinehurst accommodated people on two floors. The building had been adapted to meet people's needs. People moved about the floors by use of a stair lift.

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

People were looked after by enough staff who were caring, kind and considerate. However, the provider's recruitment processes did not evidence this was in line with Regulations and always safe.

Staff knew how to identify and act on concerns about people's safety. However, we have recommended the provider ensures they are fully aware of the requirements of the local authority and CQC in respect of what situations to report and how.

We found there were concerns in respect of the safe management of people's risk assessments, medicines, infection control and ensuring people's safe care and treatment at all times.

The systems around leadership and governance of the service were not always as required to ensure a safe service. People, family members and staff felt the home was run well. Everyone felt they could contribute ideas to improve and sustain the service.

People's health and dietary needs were met. People were supported by staff who were responsive to their needs and wanted people to be as independent as possible and well cared for while living at Pinehurst. Staff knew how to respect people's capacity to consent to their care and treatment.

We have recommended the provider reviews their system of ensuring the catering staff have an up to date record of people's dietary need and, their recording of significant health care events to ensure the full story is available for review. This was because the records were either incomplete or absent altogether.

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 practice.

The provider and manager have responded positively to the outcomes of the inspection and updated us on the progress they have made in respect of the concerns raised.

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 (The report was published on 4 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

There have been four rated inspections in 2016, 2017, 2018 and 2019. This service has been rated requires improvement for the last two consecutive inspections. The inspection in 2016 was also rated requires improvement. The service had improved to Good in 2017 but Effective remained requires improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pinehurst Rest Home on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We have identified breaches in relation to recruiting staff safely, ensuring safe care and treatment and governance of the service at this inspection.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

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 ●

Pinehurst Rest 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 was completed 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

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

The service was not required to have a manager registered with the Care Quality Commission. The provider was legally responsible for how the service is run and for the quality and safety of the care provided. They had a manager employed to support them in this process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, we reviewed the provider's action plan from the last inspection and other information we had received about the service. This included notifications which are specific incidents and events providers legally have to inform us about.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what it does well and improvements they

plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with the provider, registered manager, manager, one senior care workers, one care worker and the chef. We gave questionnaires to be provided for staff, family members we had missed and professionals linked with the service. We received questionnaires back from five staff, one GP (on behalf of three GPs) and three family members.

We reviewed a range of records. This included four people's care records and medicine records. We looked at the training records for staff, three staff files in relation to recruitment and the 2019 records of staff supervision. A variety of records relating to the management of the service, including maintenance, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the fire 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 Requires improvement. At this inspection this key question remained the same.

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

- People had some risk assessments in place which were updated. For example, in respect of falls, skin integrity and the risk of malnutrition.
- Some checks were made monthly on the environment to ensure these remained safe. For example, in respect of fire safety and the use of the garden.
- There was no risk assessment and or associated care plan in place for people diagnosed with diabetes or prescribed Digoxin. Digoxin is a medicine for certain heart related conditions. It requires the pulse to be taken with certain cautions to look out for. These were not available or understood by staff. Staff also did not have available details of when someone with diabetes is unwell and what to do about it.
- Risk assessments in respect of people at risk of choking and/or dehydration were not always completed and there was no evidence of recommended actions being followed through. For example, referral to a dietician.
- Air mattresses used by people to prevent skin issues were not set to their weight and there was no system in operation to ensure this and that they were working properly.

Using medicines safely

- Observations of medicines administration showed staff were person centred and two staff completed the task to ensure accuracy. All medicine administration records (MARs) were completed fully. Systems were in place to order and dispose of medicines.
- We observed staff were working from memory for some of the medicine round which we discussed with the staff administering medicines, the provider and manager, to ensure this was put right straight away.
- Staff were administering insulin. The training of staff had not been reviewed or updated since July 2018 to ensure ongoing competency. There was no insulin care plan for this person or details of when, how to read blood glucose levels, and what to do if this reading was outside an expected range. This meant a high reading in July was not discussed with the GP. We requested the service contact the community nursing team to ensure this was sorted.
- The record for medicines that require higher controls was not always accurate. Action was taken during inspection to put this right and ensure practice was correct for the following two days.
- Protocols in respect of 'as required' (PRN) were available to staff however, these were left in the office and

not referred to during the administration round. This meant staff did not have the details about such medicines when labelled 'as directed' on the MARs and prescription label.

- Handwritten changes to medicines were not always signed and dated or showing why that medicine had changed and by whom. There was then no record in the person's GP record, for example, to show why this was.
- Staff were interrupted during the medicine round which can lead to errors. The provider has since bought a red tabard to ensure people, staff and visitors do not disturb staff at this time.
- On the first day of the inspection, staff administered medicine in the lounge which clashed with the serving of tea. This was highlighted in immediate feedback and following this observation was administered discreetly from outside the public areas.

Preventing and controlling infection

- The home was clean and free from adverse odours.
- People and families told us they were happy with the cleanliness of the service.
- One person had an infectious disease, which was managed using barrier care during times of personal care. Their clothing and waste were managed safely. However, this was not made known to the inspection team. This could have placed other people at risk of infection as a result. This was discussed with the manager and provider to ensure this was known to all visitors to ensure appropriate safety measures were in place.

Not ensuring all risk, the administration of medicines and infection control were safe is a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected by staff who were trained and demonstrated they were able to identify abuse and would report it.
- We identified an incident where a person should have been referred as a safeguarding concern which had not been done. We saw the service had investigated this and acted to keep the person safe. However, the manager and provider were not aware of all circumstances they should tell CQC and the local authority about.

We recommend the provider ensures they are fully aware of the requirements of the local authority and CQC in respect of what situations to report and how.

- People felt staff kept them safe when they were moving around as required. A relative said, "My relative is looked after safely. When she uses her walking aid she is supervised. As she stands up her path is obstacle free and her footwear is suitable."
- People told us, "I feel safe, nice people around and friendly" and, "There is nothing that makes me feel unsafe." Family told us, "I feel [my relative] is safe here. There are keypads on the doors and there are staff in her corridor at night which make her feel safe" and, "[My relative] is safe here because the staff know her so well. She seems to know where all the rooms are and doesn't get lost."

Staffing and recruitment

- Staff were not assured to have been recruited safely.
- New staff were appointed and then all checks were completed. This meant the requirement to ensure they

were safe to work with vulnerable people had not been put in place.

- There was no evidence of an interview having taken place or an application form completed. One record held a curriculum vitae but there was no evidence that any gaps in employment history had been explored.

This is a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, staff and family members told us there were enough staff to meet their needs safely. Occasionally, at holiday times, there were less staff, but no one identified this negatively affected them.
- People said, "Staff, as far as I know yes there are enough"; "Oh my goodness yes there are enough staff" and, "I don't think there are enough staff, especially at holiday times."
- Relatives said, "I don't feel the lack of staff"; "I think there is enough staff, it's not overstaffed" and, "I feel because the staff are so capable there are enough."
- People's needs were met in a timely fashion and the call bells seldom rang. People could have their care at the time they desired and, staff were always in the lounge and dining room to respond quickly to any support requests.

Learning lessons when things go wrong

- Systems were in place to learn from some events such as falls and accidents.
- Medicine errors were reviewed but not formally recorded on the incident reports. The manager identified changing the form to include these.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

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 people living at the service had lived at the service for some time. People's records showed they had been assessed before coming to live at the service.
- People's choices were recorded and reviewed with them and/or their family. Letters had recently gone out to ensure people's records were reviewed to ensure any personal details was recorded. Family and people were being encouraged to help with this.
- Important details about preference for appearance were met. For one person living with dementia, this meant they always had their makeup on and wore a nice scarf as they had all their adult life.

Staff support: induction, training, skills and experience

- People and family members told us that staff were trained well. People said, "The staff are very apt"; "By and large yes they are well trained, new staff are helped by the other staff" and, "I think the staff seem well trained."
- Family members told us, "The staff seem well trained; most staff have been here a long time" and, "The staff seem well trained. We have been here when they do a changeover and they spend time doing this."
- New staff received an induction into working at the service. This was complimented by regular supervision and appraisals for new and all staff.
- Staff training was completed by an external, accredited trainer who helped monitor and arrange the provider's mandatory and other training (excluding insulin training) to ensure this was updated as required.
- All staff, including non-care staff, were trained in subjects such as dementia care and Mental Capacity Act which meant they had a good understanding of and ability to interact with people. For example, we observed the domestic and maintenance staff interacting well with people.
- Staff told us they were happy with the training they were given and received extra support and guidance from management and senior care staff when needed.

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

- People and family were very positive about the food and drinks offered to them. People told us catering was flexible to their likes, dislikes and what they felt like eating. Special diets and special requests were

catered for.

- People said, "The food is lovely. If I didn't like something, I could have something else"; "The food is pretty good"; "I think it is rather nice having someone waiting on you for a change. I'm always being offered drinks" and, "I like the food and I get drinks and snacks." Family members said, "[My relative] enjoys the food" and, "She loves the food here."
- Observing lunch and teatime, the food looked appetising. Mealtimes were on time with a good level of chatting and laughter heard.
- Throughout the inspection people were given plenty to drink. Snacks were also offered. Fresh water or juice was placed in people's rooms and people were encouraged to keep up their fluid intake with people achieving a very good record of fluid intake to prevent dehydration and/or urinary tract infections.
- People had their diet in line with their assessed need. The catering staff were extremely flexible and creative in meeting people's requests, likes and dislikes. The staff had worked at the service for some time and knew people well.
- However, there was no system operating to ensure a record of people's individual needs was available for reference to catering staff. For example, in respect of who required a diabetic diet and guidance on how to prepare one person's diet to prevent choking. This meant any covering staff would not have the details available.

We recommend the provider reviews their system of ensuring the catering staff have an up to date record of people's dietary need.

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

- The building was adapted to accommodate people living at the service.
- Mobility issues were compromised in some areas, but other routes were available for people to take to reach a chair lift. Where needed, people were supported by staff to safely move around.
- Signage, in line with dementia care, was used to support people to move around and remain independent in choosing where they wanted to go.
- There was an accessible garden, along with bird feeders, that was enjoyed by people and their relatives throughout the inspection.

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

- Access to healthcare was good. There were regular visits from GPs, a podiatrist and an optician. A GP stated, "[Staff] request home visits appropriately and can be relied upon to provide good care."
- People and family were happy that their health needs were met. People said, "There is a doctor and dentist, there is a chiropodist who comes here" and, "I can see the doctor. I have seen the chiropodist and optician." A family member commented, "[My relative] can see the doctor here."
- The records showed the staff worked closely with local healthcare professionals, social workers, external trainers and the local authority when needed.
- When we spoke with staff, they were able to tell us what happened if someone had a health issue that needed to be discussed with a health professional. However, the records did not always record the full story. This meant the outcome for the person and instructions for staff were not as detailed as the verbal account from staff. Therefore continuity of care may be affected for people.

We recommend the provider review their recording of significant health care events to ensure the full story is available for review.

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.

- People's needs were assessed in line with the MCA and Deprivation of Liberty applications made as required.
- We observed people being given choice throughout the inspection and encouraged to agree to care.
- People who shared a room had their consent to do this recorded.
- A family member told us that they were aware of the MCA and were happy in the way the service managed their relative's care in respect of this. All family felt consulted/asked for consent when and where this was appropriate.
- A GP confirmed that they are involved in assessments of people's capacity and feel the service does this well and appropriately.

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 Requires improvement. At this inspection this key question had improved to Good.

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

- Everyone we spoke with told us Pinehurst staff and the provider were extremely caring and ensured everyone was accepted and treated as an individual. They would seek then to add something special to each person's life.
- The atmosphere in the service was warm, friendly and welcoming to all visitors including the inspection team.
- People said that the staff were very kind and caring. People told us, "The care is excellent"; "The staff are a very nice crowd. If you have to go into a home, you are very lucky to come here" and, "The staff are very kind and caring. It's a very happy place, no one falls out with anyone. I think they treat everyone as special."
- Family members said, "The staff are caring, absolutely, they are always spending time with her" and, "The staff are very kind and caring, they treat everyone with love."
- People told us they felt they were important to staff. During the inspection, one person had a birthday and was treated with a care and flowers. Also, their family held a party on the premises and this was extended to and involved staff and people living at the service.
- A relative told us, "They treat my relative as an intelligent human being; aware of her past and special attributes. They celebrate her Birthday and other days of the year (Christmas, Easter, Mother Day etc) with wonderful treats for all the residents and families alike."
- A staff member said, "Each of us are equal humans. We at Pinehurst like to promote resident's individuality and their preferences."

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

- People were involved in making decisions about their care. Where necessary, family were involved and informed. This was especially important for people living with memory loss and therefore could not make decisions for themselves.
- Staff supported people to make choices from options of care or treatment when needed. For example, following advice from a health care professional.
- A GP said, "The staff are kind and interactive with all the residents and provide an excellent environment for people who seem very happy, content and well cared for."

- A staff member said, "We involve people in making decisions relating to their care; let them choose. Giving people back as much independence and choice as is safe."

Respecting and promoting people's privacy, dignity and independence

- Staff always knocked on doors and asked people if they wanted their doors left open or closed when they were in the room.
- People said, "I'm definitely treated with dignity and respect" and, "They treat me with dignity and respect." Family members said, "[My relative's] dignity and privacy are respected" and, "They treat my mother with respect and dignity".
- Relatives told us they were always welcomed. A relative told us, "Visitors can come and go at any time as no arranged visiting time is necessary. Warmly welcomed by all the staff as part of the "Pinehurst" family and refreshments are always offered".
- People were supported to remain and regain their independence as long as possible. Support services were brought in or supported to attend. For example, one person had an agency staff member come to take them out for social visits. This meant the person had contact with someone who had become very important to them.
- A staff member said, "I listen when people talk about their past and use it in conversations about their future."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question had improved to Good.

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 and family members confirmed there was good communication with them in respect of the care planning.
- People said that their care was good and personalised for them. They could live their life in line with their likes and preferences. Every effort was made for the individual such, as the time when they had a cup of tea in the morning, to how they spent their day.
- One person said, "I'm sure they did a care plan with me." Family members commented, "I did do a care plan when my mother first came in" and, "I did the care plan when she came in."
- People were supported by the provider to access physiotherapy services when required to regain or maintain their mobility. This was paid for by the provider with as many sessions made available as required to improve people's quality of life and/or enjoy life while living at Pinehurst. For example, a person who had experienced a stroke was able to regain some of their physical independence.
- Staff confirmed they read the care plans, involved people and family in their care plans and made sure they were up to date in respect of current needs.

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.

- People with reduced verbal communication were supported by staff who spent time learning to 'read' people's moods and reactions. For example, after a stroke a staff member described how they learnt to read a person's facial responses and allowed the person time to confirm they had understood them.
- Speech and language services were contacted to support people regain their speech.
- Visual cards were available in the kitchen to choose what people wanted to eat.

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

- People had told us that they were really happy with the level of activity taking place in the service. There was a schedule of activities carried out by several different people and live singers came in every Saturday.
- People said, "I like the activities, the music and the quizzes" and, "I play dominoes with a helper on a one to one basis every Wednesday". A family member said, "Mum enjoys the activities, when the weather is good, they do the exercises outside. She sometimes has a taxi to go to facilities in the local town."
- Another family member described how art therapy was used to help her relative regain their ability to paint. Staff used the opportunity to applaud this person's artistic skills and praised them and displayed their work in the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. People and family told us they felt comfortable raising any concerns and these would be dealt with. There had been no formal complaints made since the last inspection. A family member said they would, "Telephone or visit; management always invite collective ideas for improvement".
- A person told us, "If I needed to make a complaint I would go to the manager, but I haven't had to." A Family member said, "If I needed to complain, I would bring it up with the manager, but we have not had to."
- A staff member said, "I would raise a concern with [management] on their behalf. Any outcome would be discussed as to whether it could be widely applied for the benefit of all residents."

End of life care and support

- People's end of life was managed carefully and thoughtfully. People's choices were sought in advance to ensure how they wanted their end of life to be was respected.
- Staff had undertaken training in end of life care and worked with the district nurse team to support people to be pain free.
- One family member wrote following their loves one's passing, "Everyone went above and beyond in making us feel welcomed day and night and treated [our relative] with such kindness and dignity".

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 had remained the same.

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

- People's care records were not always complete and suitable systems of auditing did not ensure all issues were identified, risk assessed and mitigated.
- Systems in respect of ensuring the safety of the building and equipment were not operating effectively to ensure compliance with Regulations, health and safety legislation and associated guidance.
- The records kept to evidence maintenance were chaotic and were not always available to check during the inspection. For example, window restrictors, maintaining heated surface covers, ensuring the legionella check was in date, the chair lift serviced, and the air mattresses were checked.
- Equipment and areas of the home had not always been risk assessed to ensure they kept people safe. For example, call bells in toilets, bathrooms and showers and, the use of mobile radiators.
- The sluice was not locked and water within the room could pose a scald risk and, a rear fire exit did not release in the event of a fire alarm being sounded.
- There was no evidence that the electrical installation had been maintained in a safe condition. For example, checked by the recommended five-year interval by a competent person.
- The archiving of people's records was inconsistent. People's previous medicine records were not easily available to check should this be required.
- Audits were being completed by different staff and management. However, these did not reflect what we found on inspection and staff undertaking these audits had not been trained on what to look for.
- The provider had not ensured their current rating was available in the service and on their website as required.
- The provider had not ensured a provider information return had been returned. This had also been the case at the previous inspection. Despite this, the provider had not contacted CQC to ensure what was required had been clarified.

This is a breach of Regulation 17 (good governance) 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and family members were extremely positive about the provider, manager and staff at Pinehurst. Opportunities were available to give formal feedback and informal contributions were encouraged too. This was used as an opportunity learn as management and staff.
- Everyone spoke of the provider and manager as being easy to speak with and approachable. People and family referred to feeling like 'family' and how the individuality and independence of each person living at the service was valued.
- People told us, "I think all the people who work here like it. That's how it comes over"; "I think the home is well run. The manager is always around" and, "The home is well run."
- Family members said, "Absolutely the home is well run. My mother is so happy here, she loves the people and is able to do what she likes" and, "The home is very well run."
- Staff felt they were supported to deliver good care for people and therefore good outcomes.
- Staff told us staff meetings took place at regular intervals and we saw minutes were kept. Meetings were held to seek staff view of the service and encourage them to contribute ideas on how to run the service better.
- Staff said, "Regular staff and residents' meetings mean that any suggestions which can benefit the residents', or the home can be made" and, "The management and governance of the organisation makes sure we are providing high quality care that is based around people's individual needs."

How the provider understands and acts on the duty of candour (DoC), which is their legal responsibility to be open and honest with people when something goes wrong

- Policies and systems were in place to ensure the DoC was met as required.

Continuous learning and improving care Working in partnership with others

- We found the provider and manager keen to learn from the inspection. Follow up since the inspection has shown they have taken the issues we have raised seriously.
- The service has work closely with the local authority and has worked to improve many areas of concerns following the last inspection.
- Staff, people and family had been part of the solution to the previous concerns and spoke of the hard work that had been undertaken.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1)(2)(a)(b)(c)((e)(g)(i)</p> <p>Care and treatment was not always safe for service users due to the registered person not always ensuring risks were identified and mitigated.</p> <p>Ensuring the competency and training of staff administering the insulin.</p> <p>Ensuring all equipment was safely used.</p> <p>Ensuring medicines management was always safe.</p> <p>Ensuring all infection control issues were safely managed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)((a)(b)(c)(d)(i)(ii)</p> <p>Systems and processes were not always established and operated effectively to ensure:</p> <p>To assess and monitor the quality of the service provided.</p> <p>To assess, monitor and mitigate the risks associated with the health and safety and welfare of service users.</p>

Records were not always complete in respect of people's needs.

Records in respect of people's medicine records were not archived effectively.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Regulation 19(1)(a)(b)(2)(a)(3)(a)

The registered person was not able to evidence that recruitment procedures were established and effectively operating to ensure the safe recruitment of new staff.