

Cephas Care Limited

Clarence House Care 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:

- Clarence House Care Home is a residential care home that was providing personal care to 36 people aged 65 and over at the time of this inspection. Some of those residing at Clarence House Care Home were living with dementia. It is registered to provide care and support for up to 41 older people.
- This was the service's first inspection under a new provider.

People's experience of using this service:

- The provider's quality monitoring auditing system was not robust enough to identify and rectify the concerns we found at this inspection and what they themselves had previously identified.
- Good practice guidance and the provider's own policy and procedures had not been followed in relation to the management and administration of controlled medicines.
- Although people received a person-centred service, care plans that lacked detail and recent reviews put people at risk of receiving care and support that did not meet their needs, particularly as a high number of agency staff were being used within the service.
- We saw that people were involved in making day to day decisions about the care and support they received. However, people's involvement in the planning of their care was not evident.
- The individual risks to people had been identified and managed but written assessments of the risks lacked detail and reviews. This put people at risk.
- We have made two recommendations to the provider about care plans.
- Accidents and incidents were recorded and actioned but full analysis was not completed to fully mitigate future risk.
- The risks associated with the environment and working practices had been managed.
- Staff recruitment was safe and there were enough staff to meet people's needs.
- The provider had systems in place to help protect people from the risk of abuse and infections.
- People were happy with the care and support they received as were their family members.
- Staff demonstrated respect for people and interacted in a kind and meaningful way.
- People's independence was encouraged and virtual assistive technology was being employed to further enhance this.
- People experienced positive, social and engaging mealtimes and their nutritional needs were met. They had access to healthcare professionals.
- Staff were supported, inducted and received ongoing training to further improve the service people received. People told us they had confidence in the staff's abilities to support them.
- There was an open and transparent culture within the service and suggestions and opinions on the service was encouraged, investigated and listened to.
- Staff worked well together and shifts were well organised.
- The environment was safe and warm. Refurbishment was ongoing.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Accessible information was available to those that lived at the service and others in order to make informed decisions.

- Activities were provided that people enjoyed.
- Improvements to the service continued however we did not yet see the full impact of these at this inspection. The service met the characteristics of good in three key questions however concerns about the management of controlled medicines and issues with care planning meant the service was in breach of the Regulations in two of the key questions.
- For more information on our inspection findings, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection:

- This was the service's first inspection under its new provider. The regulated activity of 'accommodation for persons who require nursing or personal care' was registered with the CQC on 12 June 2018.

Why we inspected:

- This was a planned comprehensive inspection based on the service's new registration.

Follow up:

- We will continue to monitor the service to ensure people receive safe, high quality care. Further inspections will be planned for future dates taking into consideration the overall rating for the service.
- Please see the 'action we have told the provider to take' section towards the end of the report.

For more details, please see the full report which is on the CQC website at 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?

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 ●

Clarence House 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by two inspectors 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, specifically for people who live with dementia.

Service and service type:

- Clarence House is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection, there were 36 people living at Clarence House Care Home, some of whom lived with dementia.
- Accommodation was over three floors of a period building which had been adapted.
- The service had a manager in place who had applied to register with the CQC. At the time of this inspection that application was being processed. For this report, we will refer to this person as the manager. As there was no registered manager in place, the provider is solely legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This was an unannounced inspection and the provider was not aware of our inspection prior to our visit on 5 March 2019.

What we did:

- Prior to our inspection we reviewed and analysed the information we held about this service. This included reviewing statutory notifications the service had sent us. A notification is information about important events which the provider is required to send us by law.

- We also viewed the information sent to us by stakeholders. Feedback was requested from the local authority quality assurance and safeguarding teams.
- A Provider Information Return (PIR) is key information providers are requested to send us on their service, what they do well and improvements they plan to make. This information helps support our inspections. We did not request a PIR for this inspection.
- We spoke with eight people who used the service and two relatives. We also spoke with one visitor who attends the service on a regular basis.
- We spoke with the provider's head of residential and older people's services, the manager, the maintenance person, the catering manager, one senior care assistant, one agency worker and two care assistants.
- We reviewed the medicines administration record (MAR) charts for eight people and the controlled medicines records only for a further two people. We also reviewed the care records for seven people and other records associated with the management of the service.
- After our inspection, we asked the provider for further documents and these were received within the requested timescale. These were reviewed and were included as part of our inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe.

Using medicines safely

- Good practice guidance such as the National Institute for Health and Care Excellence (NICE)'s Managing Medicines in Care Home had not been followed in the administration of controlled medicines. The service had also failed to follow their own policy and procedures.
- For all the controlled medicines records we viewed all had gaps which showed the preparation and administration of controlled medicines had not been consistently witnessed by a second member of staff
- A controlled medicine was also found to have been pre-dispensed and sat, unattended, on the drugs trolley in the medicines storage room. Whilst there was limited access to this room and the room was locked, medicines should not be pre-dispensed due to the risk of misadministration.
- Whilst staff had not followed good practice, there was no evidence to show that people had not received their medicines as prescribed. We concluded that it was a recording issue.
- The above concerns relating to controlled medicines were immediately raised with the manager and head of older people's service who took prompt and appropriate action to safeguard people.
- Whilst the staff who administered medicines had received training in this, those that witnessed it had not.
- We observed that the morning medicines administration round took over three hours to complete. Whilst the staff member administering the medicines understood the need to give adequate time between doses of certain medicines, some people's medicines would not have been administered at the prescribed time.
- We saw that for those people who had been prescribed medicines on an 'as required' (PRN) basis, protocols were in place to support staff in administering these safely and appropriately. However, we saw that these had not been recently reviewed.
- In addition, we viewed the medicines administration record (MAR) charts for eight people. We saw that good practice guidance had been followed and concluded people received their medicines as prescribed.

Assessing risk, safety monitoring and management

- Individual accidents and incidents were recorded along with appropriate follow up actions. However, these were not analysed as a whole to identify any trends or contributing factors to help mitigate future occurrences.
- For people who were at risk of pressure areas, we saw that good procedures were in place to manage the risks associated with this. However, there was little or no information in place to help staff support people with this risk and that the risk had not been assessed for many months.
- Whilst we were confident that staff knew the risks and associated support required for people, having inaccurate or lack of information put people at risk of receiving care that does not meet their needs.
- The individual risks to people, such as the risk of falls or those associated with a medical condition, were being managed and mitigated however there was a lack of written current risk assessments in place.
- The people who used the service, and their relatives, had no concerns in relation to safety. One person said, "I need to be hoisted but I always feel safe, never felt that I'm going to be dropped."

- The risks associated with the environment and working processes had been assessed and mitigated, including in the event of a fire.
- Our observations of the environment showed no apparent risks and during our inspection visit we found the home to be of an appropriate temperature to aid health and wellbeing.
- We observed that people had call bells within reach to summon assistance when they required it. For one person, we saw that a cordless bell had been used to mitigate the trip risk associated with a wired call bell.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and our evidence demonstrated this. We saw that the provider had systems in place to help protect people from the risk of abuse.
- Most staff had received training in safeguarding adults and, though discussion, demonstrated they could identify and report potential abuse.
- We saw that extensive and accessible information on abuse and reporting associated concerns was clearly on display in the home.
- We saw that the service had referred potential safeguarding concerns to the local authority as required to protect people.

Staffing and recruitment

- The service had a system in place that mitigated the risk of employing staff not suitable to work with the people who used the service.
- We viewed the personnel files of three staff members and records confirmed that this system had been followed.
- All except one person we spoke with who used the service told us there were enough staff to meet their needs. They told us many agency staff were used but that it did not impact on the level of service they received. One person said, "There are a lot of staff changes, it doesn't affect the care I get but I have to keep building relationships with new people." Another person told us, "Most of the agency staff are quite good, it doesn't affect me."
- Most people told us that their call bells were answered promptly and that staff came quickly when they needed them. One person said, "If I ring the bell the response is very prompt." However, two people did say the response times were not always consistent and that they were poorer at the weekends.
- Staff gave us mixed opinions on whether they felt there were enough staff.
- We saw from the records we viewed that staffing levels were of a consistent level.
- Agency staff were regularly required to fill vacant shifts. However, wherever possible, the same staff were requested to ensure continuity of care. The use of agency staff did not have a negative impact on the people who used the service or the care they received.

Preventing and controlling infection

- People were protected from the risk of infection as the service had procedures in place to manage the risks associated with this.
- Staff had received training in infection prevention and control and had access to personal protective equipment such as gloves and aprons.
- The home was visibly clean with no malodours. However, we did find some deeply stained toilets that required attention.

Learning lessons when things go wrong

- We saw from the survey completed in October 2018 that people said they would like more visibility of the manager. We saw that as a result 'chit-chat' sessions with the manager had been introduced on a weekly basis giving everyone the opportunity to attend.
- The service had identified the risk associated with receiving verbal messages from the GP surgery and, in

consultation with them, had set up a specific email address so messages could be received out of hours and in written form. All senior care assistants had access to this.

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

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

- From the care plans we viewed we saw that assessments had been completed prior to people moving into the home to ensure their needs could be met.
- Through discussions with staff, they demonstrated that they had good knowledge of people's needs, likes and preferences. However, there was little information on people's likes, wishes and preferences in the care plans we viewed.
- From the records we viewed, we saw that the service had worked with others, such as the district nurses and falls team, to ensure people received consistent care. During our inspection we saw that the GP was called due to someone becoming unwell.

Staff support: induction, training, skills and experience

- The staff we spoke with told us they had received an appropriate induction, ongoing training and continued support. The people who used the service told us they had confidence in the staff's abilities.
- Staff had received an induction prior to starting in their role. This included shadowing more experienced staff and having their competency assessed. However, we did note, for one new member of staff, that their competency had not been fully assessed prior to them starting unsupervised work.
- Staff received training in areas the provider deemed mandatory such as moving and handling, first aid, safeguarding and dementia. Some staff had received additional training in specific areas such as communication, continence and nutrition and hydration but this was inconsistent.
- Supervisions were regularly completed with staff to discuss and assess performance. Staff told us they felt well supported. One told us that if they had any concerns they felt comfortable in raising them with the manager. They went on to say that the manager not only appropriately actioned concerns but kept them updated.

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

- People's nutritional needs were met and they told us they enjoyed the food they received. We saw that people had drinks in reach. One person said, "I've always got a jug of squash."
- One person who used the service told us, "I choose lunch in the morning, once or twice I've asked for something else and it's never been a problem." Another person said, "The food is good" whilst a relative told us "The chef is fantastic, all the food is very good, it's proper food."
- We spoke to the catering manager during our inspection and they demonstrated good knowledge of people's needs and how to meet them. They gave us an example of how they had liaised with the family of one person to improve their nutritional intake and made the food provision more suited to their individual wishes.

- We observed lunch being served on the day of our inspection. We saw that it was a sociable, upbeat and enjoyable occasion with people chatting and laughing. Tables were clean and nicely decorated and laid with everything people might need. Each table was served at a time and the food was served hot. We saw that staff checked that people still wanted what they had previously ordered and were attentive throughout. It was clear from our observations that people enjoyed eating together and that the staff contributed to the jovial and positive atmosphere.

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

- The home was a large, period building that provided mostly spacious and airy rooms that were warm and welcoming. The home was situated on a clifftop overlooking the sea but remained draught-free due to double glazed windows.
- People had access to a large garden overlooking the sea.
- Toilets had been adapted to provide large accessible spaces to assist people.
- There was signage in place however these were in written form and some people may benefit from pictorial signage, particularly if they are living with dementia..
- We saw that people's rooms were personalised and contained objects important to them.
- One relative told us, "Nothing is too much trouble, they made adaptations to the bathroom to help [family member's] mobility."
- Refurbishment plans were in place to further enhance the environment for people.

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

- People had access to a wide range of healthcare professionals and, from the records we viewed, we saw that appropriate referrals had been made and recommendations followed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Most of the people who lived at Clarence House had capacity to make their own decisions.
- For those whose capacity was in doubt, this had been assessed in line with the MCA and outcomes recorded. However, the specific decision the assessment related to was not always clearly recorded.
- The service had made appropriate DoLS applications to the supervisory body and these were still being processed at the time of this inspection. None had been approved and therefore no conditions were in place.
- Staff told us they had received training in the MCA and records showed that most had. Our observations showed that staff involved people in decisions and gained consent before assisting them.

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

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

- All the people we spoke with told us staff were compassionate and thoughtful.
- One person said, "Everyone is kind and helpful." Another person told us, "Treatment and staff are first class."
- During our inspection we saw that all staff interacted with people in a warm and compassionate manner and used humour as appropriate. We saw that people reacted positively and enjoyed the interactions. People were clearly comfortable with the staff that supported them.
- When we spoke with staff, they talked about the people they supported with warmth and knowledge. One staff member described one person as a, "Very clever and funny person." They went on to tell us, in a respectful and thoughtful manner, how they supported this person to maintain a loving and engaging relationship with their spouse. This demonstrated compassion and a sensitivity to the needs of the person's relationship and what was important to them.

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

- There was inconsistency in gaining people's written consent for care and support and, due to care plans containing only basic information, we could not see how people had been involved in the planning of their care.
- We recommend that the service seeks advice from a reputable source on ensuring they can demonstrate that people have been involved in the planning of their care and support.
- However, we were reassured by our observations and discussions with people. People told us staff liaised with them as did the relatives we spoke with. We saw that staff always gained consent from people before assisting them and that they were respectful of people's wishes and choices.
- We are aware that the service is planning on introducing an electronic care planning system in April 2019 and that plans were being made to transfer information onto this system at the time of this inspection.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was encouraged.
- One person told us, "I enjoy the care I get from staff; I'm very comfortable. I'm always treated with dignity and respect."
- One relative we spoke with explained, "The care is second to none. When [relative] came here they had no mobility but the care plan said they needed to be encouraged to build up their mobility and now they can wash and dress themselves with very little help."
- However, we did notice that one staff member wasn't always maintaining people's dignity and this was discussed with the manager. We found no concerns with any other staff members.
- The service had started to install virtual assistive technology in people's rooms to help them remain as

independent as possible. This allowed people to, for example, change radio stations and switch lights on and off as they required.

- For one person, the service had installed a video version of a virtual assistant so they could video call their family member who lived some distance away. For another person who was struggling to pronounce the trigger name of the virtual assistant, they changed this to make it easier for them to use it.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was due to introduce an electronic care planning system in April that was hoped would give a better recording system of people's care. However, in the meantime, people's care plans had been allowed to become outdated.
- Whilst records such as handover sheets, accountability sheets, accident and incident forms and medical professional notes had all been kept up to date, plans of care had not. These, coupled with the discussions we had with people and their relatives, showed us that people received an appropriate service and prompt referrals to healthcare professionals. People told us they received a person-centred service and we saw this was the case. However, having out of date, inaccurate and basic person-centred information in care plans, risked people not receiving the care they required. This was especially appropriate given that the service was using a high number of agency staff at the time of this inspection. This was mitigated to some degree, however, by the robust handovers in place where both verbal and written information was available. This was strengthened by the discussion we had with agency staff that demonstrated they knew people's needs. Furthermore, the same agency staff were being used to help maintain continuity of care.
- We recommend that the service seeks advice from a reputable source on ensuring care plans are accurate, up to date and regularly reviewed.
- One person told us, "All the staff are brilliant, I'm checked regularly, get my tablets on time, I'm very find indeed." Another person told us they received a new mattress to help maintain good skin integrity and a third said, "I hated it for the first two weeks as I've been independent for so long but the staff helped me a lot, they were first class."
- People also praised the laundry service telling us it was 'perfect' and 'good and done quickly'.
- All the people we spoke with, both who used the service and their relatives, told us they were happy with the care they received.
- People were happy with the activities and social stimulation that was available to them. They told us they were always made aware of what was going on and that staff assisted them to the activities if required. One person said, "I don't do many activities but the carers always tell me what's on so I can join in if I want." Another told us, "I prefer my books but I see what's on from the list in the lift." One relative we spoke with said, "[Family member] does get lots of stimulation." We also saw that a list of activities was on show in the foyer so people could arrange their days as required.
- People told us they particularly enjoyed the special events the service held. A number complimented the service on the most recent event held which was for Valentine's Day. One person said, "There was a great spread" whilst another told us, "I had pancakes today (it was pancake day on the date of our inspection visit), they were lovely and all the ladies had a rose from the chef on Valentine's Day." A third person explained, "The Valentine's tea was lovely."
- An activities coordinator had recently been employed and was due to increase their working hours to 40 hours per week in the home. They had started gathering people's life stories, interests and hobbies and

seeking their views on the activities provision.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place and people told us they had opportunities to raise any concerns they may have.
- One person who used the service told us of a concern they had raised with the service. They told us the manager met with them to discuss their concerns and that they received a formal written reply in response. They told us they were satisfied with how the complaint was managed and that it has not had a detrimental effect on the service they received.
- Another person told us, "I see the manager but I've not had the need to raise a concern though."
- People had the opportunity to meet with the manager every week in 'chit-chat' sessions. One person said of these, "I go to the chit-chats, we're encouraged by the manager to go along. I've never heard anyone complain at these meetings." We saw posters up in the service advertising these sessions and written records of discussions had.
- We saw, from the records we viewed, that when complaints were raised, these were fully and appropriately investigated and a response given to the complainant.
- Complaints and compliments books were also available in the foyer for people to record comments. We saw that these had been responded to by the manager.
- We saw that the service had last formally sought people's feedback on the service in October 2018. We saw that the responses were mostly positive and that action had been taken where concerns were raised.

End of life care and support

- There was one person on end of life care at the time of our inspection. We saw that this had been planned for considering the person's wishes. We also saw that the service had obtained anticipatory medicines to aid a dignified and pain free death when the time came.
- However, from the other care plans we viewed, we saw that not everyone had an end of life care plan in place.

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

The governance systems in place were not fully effective at ensuring people received a consistently safe and high-quality service. Some regulations may or may not have been met.

Continuous learning and improving care

- The provider had a basic quality monitoring system in place to monitor care and drive improvement. However, this had not been effective at identifying and rectifying issues previously found by the provider and during our inspection.
- Medicines audits were completed monthly and we viewed those completed for November and December 2018 and January 2019. We saw that the audits for December 2018 and January 2019 had identified issues with the controlled medicines procedure however these issues were still evident at our inspection completed on 5 March 2019.
- A supervision, held with the relevant staff member, had also failed to improve practice around the controlled medicines procedure. We also noted that this issue had been ongoing since 22 December 2018, however an investigation into the errors had not been commenced by the provider till the day of our inspection.
- All the medicine audits we viewed had identified that topical medicines administration charts were required but they were still not in place at the time of this inspection.
- The last audit completed by the provider had taken place in November 2018 and had not assessed medication administration and management. No provider audits had been completed since.
- We were told that two senior care assistants should be in place for each day shift and that medicines administration was completed between them both. We saw from the rotas for the past four weeks that there was consistently only one senior care assistant on shift for three days each week. We saw that the one senior care assistant on shift on the day of our inspection was rushed. This may have contributed to the concerns identified regarding the mismanagement of controlled medicines.
- Due to care plans and other care and support records being out of date, including those associated with medicines administration, the provider had failed to maintain complete and contemporaneous records as required by law.
- All the care plans we viewed had a note in them explaining that they would be up to date by 31 January 2019 however this had not been met. The last provider audit completed in November 2018, based on the five questions asked by CQC, rated people's involvement in planning their care as poor and called for improvement in this area. This was still evident at this inspection.
- At the start of our inspection, the manager told us that care plans were out of date and acknowledged the failure of this. Whilst positive steps were being taken to introduce an electronic system that the service felt would improve record keeping and ultimately the service people received, no plan had been in place to safely accommodate this.
- Whilst we observed good quality care and support being provided, there were a lack of person-centred and up to date care plans in place. We saw that people were involved in their day to day care decisions but their

involvement in the planned support they received was not evident. Other than infrequent provider audits, there was no system in place to monitor and assess the accuracy and completion of care plans.

- The above concerns constitute a breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were few formal and regular audits in place to monitor and assess the service. Medicines had been audited and the provider completed infrequent audits of the whole service. Whilst most areas of the home provided a good service, lack of formal auditing risked concerns arising where there could be a delay in identifying and rectifying them. This was mitigated to some degree by informal audits.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- From the complaints we viewed and through discussion with the people who used the service, we saw that the provider was open and transparent regarding complaints, concerns and suggestions.
- From documents we viewed, and from the people we spoke with, we saw that the service had correctly followed the duty of candour requirements. This regulation requires incidents to be managed transparently, apologies provided and the relevant persons informed on all the facts of the matter.
- The refurbishment being undertaken demonstrated a commitment to improving the environment and the service people received.
- The manager and head of residential and older people's services explained improvements were required in the service but that they had plans in place to address this. We saw, from previous action plans, that improvements had been made and were continuing to be made. From discussions, we saw that the senior management team were enthusiastic about the plans they had in place and were keen to move them forward.

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

- Services are required by law to report certain events to CQC, one of which is any allegation of abuse. During our inspection we found one incident that the service had reported to the local authority safeguarding team but not to us. However, we saw that the service had responded appropriately to protect the individual and had reported the incident to the local authority to further safeguard. Following our inspection, a discussion was had with the manager regarding this who confirmed all referrals to the local authority would be made to CQC in future.
- There was a clear organisational structure in place and both the manager and a senior manager was in the home on the day of our inspection. From our observations we saw that the senior care assistant effectively managed the staff and shift, allocating responsibilities as required.
- The manager demonstrated knowledge and explained how they kept their knowledge up to date through attending training and checking the websites of good practice organisations. The manager held a nationally recognised management qualification.
- The manager told us they felt supported in their role and had daily contact with senior managers as well as regular meetings. They described the organisation as 'transparent and open'.

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

- We observed relevant and full information available to people around the home. This information gave people the information they needed to make informed decisions. For example, safeguarding information was available to all as was details of an advocacy organisation.
- There was a positive workplace culture at the service. Most staff told us the team worked well together, including agency staff, and this was observed on the day of our inspection visit.
- There were regular meetings for staff and service users within the home. These were arenas for discussion,

problem-solving and the sharing of information to improve the service.

- Informal feedback was encouraged at all times as demonstrated by the compliments and complaints book clearly visible in the foyer and through weekly 'chit chats' with the manager.

Working in partnership with others

- Links with the local community were limited although on the day of our inspection visit we observed a service taking place presided over by a local minister which was well attended.
- However, the service had plans in place to address this and had started doing so. For example, plans had been in place for children from the local school to visit the service over Christmas but an infectious outbreak had prevented this from happening. The manager told us more visits were to be arranged. The manager also explained that they were planning a monthly 'meet and greet' to encourage the local community into the home.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(a)(b)(c)(f)</p> <p>The provider failed to have an effective system in place to assess, monitor and improve the quality and safety of the service and the risks relating to the health, safety and welfare of service users.</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records in respect of each service user.</p>