

Foxleigh Grove Nursing Home

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Inspection report

Forest Green Road
Holyport
Maidenhead
Berkshire
SL6 3LQ

Tel: 01628673332

Website: www.foxleighgrove.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Foxleigh Grove Nursing Home is a residential care home providing personal and nursing care to older people with a range of needs such as physical disabilities and cognitive impairments. The service is registered to accommodate a maximum of 39 people. On the day of our inspection there were 35 people using the service.

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

People told us they felt happy with how their medicines were managed, however, guidance was not in place for 'as required' medicines and therefore staff did not have all the information necessary when administering these medicines. Staff responsible for people's medicines had not always had their knowledge and competency of medicines management checked in line with national guidance and best practice. We observed staff administering medicines in a person-centred way, taking time with each person and ensuring they knew what each medicine was for.

The provider had undertaken criminal records checks with staff to support them in making decisions on staff suitability. However, some checks had not been made in line with the fundamental standards. We have made a recommendation that the provider further seeks guidance on safe recruitment checks. Robust quality assurance procedures were not always in place to monitor and improve care.

People had access to healthcare services, however, we found that staff had not acted in a timely way when a person required medical attention. We have made a recommendation that the registered provider ensures they have an appropriate falls pathway in place for staff to follow when a person falls.

The atmosphere of the service was homely. The service was clean and free of malodours. We have made a recommendation that the provider considers best practice on making the home more dementia friendly.

People residing in the home on a permanent basis had their needs assessed prior to receiving care and this informed their care plans. However, we found that people who were in the home on a temporary basis for respite care did not always have a robust assessment in place. We have made a recommendation that the provider ensures assessments of people's needs are comprehensive and expected outcomes are identified.

People felt safe living at the service and able to raise any concerns they had. Staff were aware of their responsibility to safeguard people from abuse, and steps were taken to prevent the reoccurrence of accidents and incidents. Staff adhered to safe infection control practices.

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 were supported to eat a well-balanced diet and were offered a variety of meals and snacks. People's social and recreational needs were met through a varied activities programme, which included regular access to the local community.

People felt staff were well trained and competent in their roles. People and relatives were complimentary about staff's kindness towards them and told us staff treated them with dignity and respect and enabled them to be as independent as safely possible.

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

Rating at last inspection

The last rating for this service was Good (published 27 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Foxleigh Grove Nursing 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

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

Foxleigh Grove Nursing Home 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 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 information we had received about the service since the last inspection. We looked at feedback and any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We used all of this information to plan our inspection. 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.

During the inspection

We spoke to 10 people who use the service and three relatives about their experience of the care provided. We spoke to nine members of staff including the registered manager, head of care, nurses, health care assistants, activity coordinator, house keeper and chef. We observed people's dining experience at lunchtime and dinner time. We observed people being administered their medicines. We reviewed a range of records. These included eight people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures, accidents and incidents, complaints, audits and quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and additional quality assurance records. We contacted eight professionals who regularly have contact with the service. We received four responses.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was not always assurance about some aspects of safety. There was an increased risk that people could be harmed.

Using medicines safely

- Although we found no evidence that people had been harmed, staff were not always assessed as competent to administer medicines in line with clinical guidelines and best practice. National guidance states that social care providers should ensure staff have an annual review of their knowledge, skills and competencies. However, we found that staff had not always had their knowledge, skills or competency suitably reviewed in line with clinical guidance, to ensure they were able to administer medicines safely. For example, one staff member had not had their knowledge or competency reviewed to administer medicines since 2017.
- We discussed this with the registered manager who advised that this would be completed promptly. The registered manager confirmed that this had been done following the inspection.
- Where people were prescribed 'as required' (PRN) medicines, guidance was not in place to support staff on when to administer these medicines. We discussed this with a member of the management team who confirmed that they were in the process of reviewing all people's PRN medicine and putting in place appropriate staff guidance.

Failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safely supported with their medicines.
- The provider had new systems in place to respond to any medicine errors, including contact with healthcare professionals and investigation into any errors.
- Medicines were stored appropriately, and medicine stock was checked on a regular basis.

Staffing and recruitment

- We looked at five recruitment files. Three of these did not contain a full employment history. We discussed this with the registered manager who provided this information following the inspection.
- The provider had an appropriate induction, supervisory arrangements and monitoring processes to ensure staff were able to undertake the role they were employed to do. This supported the registered manager to mitigate any potential risks regarding the lack of satisfactory conduct information. However, we found that staff files did not always evidence that satisfactory conduct from the staff's previous employment in a health and social care role had been sought and the provider had not recorded that they had assessed the risk of employing someone without this evidence.
- One staff file did not contain a recent photo or proof of their identity. The registered manager stated that

this was obtained prior to employment but they had not kept a record of this.

- Criminal record checks with the Disclosure and Barring Service helped the provider make safer recruitment decisions. However, we found that the adult barred list had not been checked at the time the person was employed with the service. For example, the registered provider had accepted a DBS that had been completed by a previous employer that was less than three months old but had failed to check if the person was on the adults barred list. This meant that the provider was unable to assure themselves that the person was not on the barred list that would make them unsuitable to work with people made vulnerable by their circumstances.

We recommend that the provider seeks guidance from a reputable source on ensuring recruitment systems are robust and make sure that the right staff are recruited to support people to stay safe, in line with the fundamental standards.

- There were sufficient staff deployed in the service. Ratio of staff to people was calculated using a dependency tool based on people's needs. However, the registered manager told us that they always had more staff working than calculated using the dependency tool.
- We saw that people's needs were being responded to in a timely manner.
- A relative told us, "There is always staff around."

Assessing risk, safety monitoring and management

- Personal emergency evacuation plans (PEEPS) were in place which would identify the level of support people would need if they had to be evacuated from the service or moved to a safer place in the event of a fire. However, these were not up to date at the time of our inspection and did not always reflect the level of support a person might need in the event of an emergency. For example, two people residing in the home at the time of inspection did not have a PEEPS in place. We saw another two people's records did not reflect the level of support required. This meant there was a risk that people may not receive the required support in the event of an emergency to keep them safe. Following the inspection, the provider had ensured that all people's PEEPS were up to date and reflected their needs.
- We saw some good practice in relation to fire safety. The provider worked with the local fire brigade to ensure they had an appropriate evacuation plan in place. Equipment was tested regularly including alarms, firefighting equipment and emergency lighting.
- People had risk assessments in place for risks such as such as choking, falls and the development of pressure sores.
- Regular handover meetings took place with staff to discuss any risks to people and what action had been taken to mitigate these risks.

Preventing and controlling infection

At the last inspection we recommended that the service assesses and manages the internal aspects of the building which required refurbishment based on infection prevention and control risks. At this inspection we found that actions had been taken regarding these specific concerns.

- We saw dedicated staff ensured the service was kept clean, tidy and odour free. Staff were provided with personal protective equipment (PPE), so they could carry out their work safely. We observed staff using PPE appropriately during the course of our inspection.
- Staff had completed training in infection control and knew how to ensure people were kept safe through the prevention and control of infection.

Learning lessons when things go wrong

- Accidents, incidents or near misses that had taken place since our last inspection had been investigated and actions taken to prevent recurrence. However, we found these had not always been fully recorded. We have addressed this concern in the well-led section of the report.
- A staff member told us, "I will report any incident [to a manager] depending on who is in charge, I will document it on [electronic system]. Any incidents are discussed at handovers. Each member of staff on each floor attends handover including matron and the nurse in charge".
- Lessons learnt were discussed with staff in handover meetings and communicated via email.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. They knew what actions to take if they felt people were at risk of harm. One staff member told us, "I will report abuse straight away and if nothing is done I will take it further, I will ring safeguarding."
- The provider had systems in place to ensure the local authority safeguarding team were informed of any allegations of abuse.
- Staff were trained in the safeguarding of vulnerable adults. There was a homely and relaxed atmosphere at the home. People sought out staff's company and were observed being comfortable in their presence.

Is the service effective?

Our findings

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

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

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

- We found that staff had not always contacted an appropriate healthcare professional in a timely way when a person suffered a fall and was indicating pain. A staff nurse undertook an assessment immediately following the fall and began monitoring this person. However, this person was indicating pain and medical attention was not sought until two days after the person was displaying signs of pain. The person was found to have a fracture. We discussed this with the registered manager who confirmed that they were taking action to ensure that staff responded appropriately should an incident of this nature occur again.

We recommend that the registered person seeks guidance from a reputable source to ensure they have an appropriate falls pathway in place for staff to follow when a person falls.

- Should people be admitted to hospital, staff told us they would provide written information about the person to the medical team, to help ensure the person's needs were known and understood.
- People's care records reflected where professionals were actively involved in their care and appropriate information was shared with other professionals. This included GPs, chiropodist, speech and language therapists and opticians.
- People had access to a GP who regularly came to the home to review people's health needs.

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

- We found that not all people had their needs assessed prior to receiving a service. One person who was residing in the home at the time of inspection was there for a short-term basis on respite. However, we found no assessment for this person to identify how staff would need to meet their needs. There were no care plans in place to provide guidance to staff on these people's preferences and how they would like their care to be delivered.
- We reviewed another person's care records who was residing in the home on respite. We found that there was no assessment available to review. Following the inspection the registered person provided evidence of the assessment that had been completed. However, we found that this assessment was not completed in full and important information about people was not always captured to ensure staff understood what was important to people prior to receiving care.
- We spoke with staff who understood how these people like to receive their care and what their preferences were.

We recommend that the provider takes action in line best practice when admitting new service users to the home, making sure there is a robust system to ensure assessments of people's needs are comprehensive and expected outcomes are identified.

- People who were at the home on a permanent basis had their care needs assessed prior to admission to the home to identify the support they required and to ensure that the service was able to meet their individual needs.
- These assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff could tell us about people's individual characteristics and knew how to best support them. This included, people's religious beliefs, cultures and personal preferences.
- A staff member told us, "If there are any changes in any resident [needs], this is communicated through handovers and care plans are updated."

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

- The service had been decorated in a homely manner, with reading and relaxation areas, as well as areas with armchairs arranged in such a way to promote socialisation.
- We saw people moving safely around the home. All areas of the home and garden were accessible to people with mobility issues.
- There were a number of garden areas which were attractively laid out with garden furniture.
- However, the service was not adapted to meet the needs of people with cognitive impairments such as dementia. There was no signage in place to help direct people to areas of the home such as the lounge and dining room. There were no dementia friendly areas in place to provide stimulation to those who were living with the disease, or adaptations to help them recognise their own bedroom. As people at the service had mild cognitive impairments there was little impact on them currently, but this would need to be considered as their condition progressed.

We recommend the provider seeks guidance from a reputable source and considers best practice to ensure they are meeting people's ongoing needs in relation to cognitive impairments, including dementia friendly environments

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.

At the last inspection we recommended that the service ensures all staff have appropriate access to the conditions on people's DoLS authorisations.

- Staff understood people's decision-making capabilities. Details of these and any DoLS in place were recorded on their care plan which staff had access to.

- We observed staff ask people for consent before supporting them and relatives confirmed that staff included people in decision making where possible.
- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these.

Staff support: induction, training, skills and experience

- Staff received regular one to one supervision and group supervision. Staff confirmed they felt well supported. One staff member told us, "During group supervision, staff are informed if they had been praised by anyone..."
- New staff completed an induction programme and regular mandatory training was undertaken by staff to ensure they were able to meet people's needs.
- Staff reported they felt they received appropriate training to ensure they could effectively carry out their duties.
- Staff were supported to undertake additional training to meet people's individual needs such as catheter care and venepuncture [taking blood] training.

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

- People's dietary needs were met. Staff were knowledgeable about people's specific diets and personal preferences, and ensured suitable options were always available for people.
- Care plans contained appropriate guidance for staff on people's preferences and needs to ensure they maintained a balanced diet.
- Staff regularly asked people whether they wanted food or drink and supported them appropriately. People were also involved in menu planning. We observed staff asking people what they preferred for each meal.
- One person told us, "The food is very good."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated kindly by staff who were patient and friendly. A relative told us, "You walk into here and it doesn't look like a nursing home, it doesn't smell like a nursing home, it's a home."
- We observed kind interactions between people and staff throughout the day. People commented how happy they were in the home. Comments included, "I don't think I will ever go anywhere else, I can't fault them [staff]", "The people [staff and residents] are lovely, they are all family" and "They [staff] have been wonderful and lovely. I am very happy. All my friends are here."
- The atmosphere in the home was calm and homely. People appeared comfortable and happy. Staff chatted with people and involved them in a range of activities. Staff regularly involved people in conversation and it was clear from people's responses that they had built positive and meaningful relationships with the staff.
- We observed people looked happy living at the home and appeared well presented and cared for. A health and social care professional said, "During every visit I have only ever witnessed the staff speaking to residents politely and with respect."

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with dignity. When discussing people's care, they did so quietly and discreetly to promote people's right to privacy. People had access to private space in the home if they wished to have quiet time to themselves or to meet with family and friends.
- We observed when people were receiving personal care, their doors were closed to maintain their privacy and dignity. One health and social care professional told us, "On each occasion the staff were very respectful of my patient [person receiving support], during sessions when my patient required the toilet the care staff would ask me to wait in reception for her and would not proceed with any personal care while I was present."
- People's independence was encouraged and promoted. Care records contained guidance for staff on people's ability to undertake tasks for themselves and the level of support they needed from staff.
- We observed people were encouraged to do things for themselves and were supported to go out in the community when they expressed a wish to do so.
- We saw information about people was kept securely and only accessed by those with authority to do so.

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

- People felt able to make decisions about their day-to-day care and felt confident that staff would respect their wishes. People commented on the fact that staff listened to their views and acted on them. We

observed staff doing so throughout the inspection. People were regularly offered choices, such as where they would like to sit, and those choices were always respected.

- People's views on the support they received was regularly sought. People and their relatives confirmed they were asked their opinion on how things were run at the service.
- Staff positively welcomed the involvement of families and professionals, recognising their contribution to people's decision-making processes.

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.

Improving care quality in response to complaints or concerns

At the last inspection we made a recommendation that the service further focused on gaining feedback from people, relatives, friends and community stakeholders and clearly displayed a process for making complaints within the service. We found this work had been done.

- Residents meetings were held which provided people the opportunity to feedback about the service and any concerns they may have.
- There were effective systems in place to deal appropriately with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made to. This had been made available in the reception and in people's rooms.
- The registered manager confirmed that no formal complaints had been made since the last inspection.
- People told us they knew who to make a complaint to should they require. One person said, "I have no complaints at all, everything that goes wrong gets [put] right. I have no worries whatsoever."

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

- Although we found two residents without sufficient information in their care plans. We found most people had care plans which recorded how they wanted their care and support provided, and their likes, dislikes, family histories, and interests.
- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One staff member, "I will look at resident's care plan in case there are any changes. Head of care [member of the management team] is always here to help."
- Care plans were reviewed regularly and when people's needs changed.

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's care plans contained information about their individual communication needs. This helped ensure staff communicated with people in ways that they could understand.
- Staff were aware of people's communication needs and, for example, whether people needed spectacles and hearing aids to effectively communicate their needs.

- Staff told us they could provide information in alternative formats should it be required.

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 were provided with opportunities for meaningful activity and were supported to stay in touch with people who were important to them. One person told us, "I love the activities." Another person said, "I enjoy the activities, the activities coordinator is lovely; I come down to play scrabble."
- People were supported to maintain their hobbies and interests. Two activities coordinators were employed, and an activities programme was in place. Activities on offer included quizzes and arts and crafts. Different activities were put on over festive periods. For example, the home involved a local school who joined in with people making snowmen from arts and craft materials.
- During the inspection we observed people taking part in activities and were seen interacting with staff and each other in a meaningful way. A person commented on an activity they took part in, "I enjoyed the pantomime very much, I enjoyed the pantomime interaction with the audience."
- People were encouraged to keep in touch with their family and friends. One person told us, "The nice thing about this place is that you can have your friends and family come in to have lunch with you. My daughter comes for lunch."

End of life care and support

- At the time of the inspection the service was not supporting anyone receiving end of life care. However, this was an area the service had proactively explored with people. This was documented in care plans detailing people's end wishes.
- Staff received training in end of life care, to ensure this was as comfortable as possible for people and their relatives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Quality assurance systems 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; Continuous learning and improving care

- There was a programme of quality audits to monitor the safety and quality of the service. However, we found that these had not always been completed regularly and had not always identified weaknesses highlighted during the inspection. For example, a management audit which supported in reviewing people's care plans had not been undertaken since February 2019.
- People's Personal Emergency Evacuation Plans (PEEPs) were not always in place or up to date. For example, one person's PEEPs had conflicting information such as, "[Name] will need assistance to get into wheelchair with 2 carers and wheeled out of building with help of one carer." Then it went on to say, "[Name] can walk out of building with assistance of two carers."
- We requested to look at call bell audits, however, we were informed by the registered manager that as a new system was due to be introduced these had not been completed recently. The registered manager provided evidence that this new system was in place following the inspection.
- The registered manager had failed to ensure there was an effective system to ensure people had appropriate guidance in place for 'as required' medicines. Systems were not in place to ensure that staff had their knowledge and competency assessed in medicine management. This meant that the service was not effectively monitoring and improving the quality of the service which would expose people to the risk of receiving unsafe or inappropriate care.
- The management team told us accidents, incidents and near misses had been investigated and discussions had taken place with staff on how to prevent recurrence. However, accident and incident forms lacked sufficient detail and gaps were found where parts of the form had not been completed.
- The management team advised they also discussed trends and themes of any incidents that had taken place, however, this had not always been documented so we were unable to see evidence of these discussions and actions that had been taken as a result.
- The provider had not ensured there was a robust system in place when recruiting new staff.
- Not all people receiving care from the service had a robust assessment or care plan documented that would provide guidance to staff on the care, treatment and risks for those people and how to mitigate any such risks identified.

The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Records were not always up to date and accurate. Audit and governance

systems were not always effective in identifying when the service was not meeting their regulatory requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were able to provide good quality care and support to people because they had a manager and senior staff who got involved. One staff member said about the registered manager, "He is a very good manager and he's trying his best." Another staff member said of the management team, "They are always here to support us." Staff said they could raise issues with any of the management team and their concerns would be listened to.
- The head of care, part of the management team, had recently introduced a new medicines audit to help them identify any medicine errors. We saw where errors had been identified appropriate action had been taken and any lessons learnt communicated to staff.
- There was an 'open door' management approach. The management team were easily available to staff, relatives and residents.
- The home's most recent quality rating was displayed within the home and on the provider's website.
- The registered manager understood their responsibility to inform us of notifiable incidents.

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

- People were at the heart of the service. The registered manager and staff were passionate and continuously strived to achieve good, positive outcomes for people.
- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- Staff told us they felt supported by the management team. A staff member told us, "Management are always supportive, always there to help."

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

- The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong.
- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.

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

- People and their relatives were encouraged to give their views about the service they received. Resident and relative meetings took place regularly throughout the year where people and their relatives could discuss any concerns they had about the home or any ideas they had about how it could be improved.
- Feedback was also obtained via regular surveys. This information was used to make improvements to the service.
- Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.
- The management team and staff worked with other professionals involved in people's care, to achieve good outcomes for them.

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
Treatment of disease, disorder or injury	How the regulation was not met The registered person failed to ensure that persons providing care or treatment to service users have their competence, skills and experience to do so safely reviewed. The registered person failed to ensure the proper and safe management of medicines. Regulation 12 (1)(2)(a)(b)(c)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	How the regulation was not met The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(1)(2)(a)(b)(c)(f)