

## Neva Manor Care Home

# Neva Manor Care Home

### Inspection report

4 Neva Road  
Weston Super Mare  
Somerset  
BS23 1YD

Tel: 01934623413  
Website: [www.nevamanorcarehome.co.uk](http://www.nevamanorcarehome.co.uk)

Date of inspection visit:  
25 June 2019  
26 June 2019

Date of publication:  
16 August 2019

### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Neva Manor Care Home is a residential care home providing personal care to 14 people aged 65 and over. At the time of the inspection there were 13 people living at the home.

The building is laid out over two floors, there are bedrooms, two communal lounges, a dining room, accessible garden and communal bathroom on the ground floor. Stairs and a stair lift lead to the first floor where there are two communal bathrooms and further bedrooms. All bedrooms have hand washing facilities and a toilet. There is a separate building with laundry facilities and car parking is available at the front of the home.

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

The provider did not always protect people from the risk of harm and abuse. Not all safeguarding incidents had not been identified and reported to the local safeguarding team as required. Staff did not receive safeguarding training, however staff we spoke with were able to tell us what actions they would take if abuse was suspected or witnessed. Risks were not consistently identified and when they were, information was not available to guide staff about actions they could take to lower the environmental risks to people.

Medicines were not consistently managed safely, for example the provider did not use body maps to guide staff about where to apply which creams and there was no information available to guide staff about the application of creams in people's care plans. Staff used personal protective equipment. However, soap bars were available for communal use and these posed a risk of cross-contamination and infection. The provider was not assessing and monitoring staffing arrangements to ensure there were appropriate levels of staff available to meet people's needs.

Not all people's needs were assessed, and guidance was not consistently available for staff about actions they should take to meet people's needs. However, care plans did reflect people's choices and preferences. Information was not always accessible to people with a visual impairment as it was not produced in larger font.

Staff did not always receive training in line with the provider's training programme. Activities were discussed with people and the provider had identified people were not consistently participating in activities, the service had confirmed the activities coordinator was exploring new activities. The provider had also asked people to participate in the activities because it negatively impacted staff morale if they did not. There was a lack of consultation around people's preferences and choices of activities. The service made timely referrals to healthcare professionals and worked with them when the need arose. The provider was not consistently consulting and working in line with best practice guidance.

There were no End of Life care plans available for us to review during the inspection, however we reviewed compliments from loved ones who had been supported by the service towards the end of their lives. The service had not received any recent formal complaints.

People told us they were supported by staff who were kind and caring, and we observed many caring interactions between people and staff during our inspection. Staff ensured people were treated with dignity, this included calling people by their chosen name and ensuring the doors were closed when people were receiving assistance with personal care and using the toilet.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

The inspection was prompted in part due to concerns about a lack of statutory notifications received from Neva Manor Care Home. Statutory notifications are important as they tell us about import events and incidents that occur at a service and help us to monitor services. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive, Effective and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Neva Manor Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will 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 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.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Neva Manor Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector, one assistant 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced, the second day was announced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

#### What we did before inspection

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

#### During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care worker, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

Environmental and health risks to people were not managed safely.

- Potential risks of burns and scalds from hot water were not managed safely. The Health and Safety Executive guidance states that hot water should be delivered at 43C. We tested the temperature of water from some taps because the water felt very hot. We used the thermometers available in the service.
- One thermometer showed water temperatures in three communal baths, three communal sinks and three-bedroom sinks exceeded safe temperature levels and were reaching the thermometer's top temperature of 50 °C. Another thermometer showed water temperatures within safe ranges. We used both thermometers to check the water temperature in one bathroom and both indicated different temperatures. Staff were using unreliable thermometers to check the temperature of the water before assisting people to bathe. We spoke with the registered manager who confirmed there were no measures in place, such as specialist valves, to ensure water temperatures were within safe levels.
- We did not find evidence that people had come to harm as a result of hot water temperatures, however there were no risk assessments in place. The provider contacted us after the inspection and confirmed that all thermometers had been replaced since the inspection and an engineer would visit the service and fit valves to reduce the temperature of water running from taps.
- People were at risk of burns from hot surfaces. There were eight uncovered radiators and one uncovered portable radiator in communal areas and bedrooms within the home. Two radiators and one uncovered portable radiator were not accessible to people as they were behind furniture. There were no risk assessments in place relating to the radiators where people were at risk of coming into contact with them. The registered manager confirmed none of the radiators had low surface temperature controls. The provider completed a risk assessment and action plan to inform us about actions they would take to reduce the risk to people of burns from hot surfaces.
- When risk was identified, there was not always guidance available for staff to follow. For example, one person was allergic to a certain food type, although this was documented, there was no guidance available for staff to follow to identify the allergic reaction or what action to take should a reaction occur. Staff were not fully informed about the person's allergy. One member of staff told us the person didn't have an allergy and only disliked the food type, another member of staff was unsure about peoples' allergies and had to check the information.
- Another person was a diabetic, however, there was no risk assessment or guidance for staff about how the person's diabetes was managed. The registered manager told us no formal assessment was in place because they were unsure if the person would remain at the service.
- Care-plans and guidance for staff did not always reflect changes that occurred and people's most current needs. For example, one person's risk assessment recorded a person required assistance from two staff and the use of equipment to help them transfer. The risk assessment was not up to date as health care

professionals had recently advised against the use of the equipment. However, staff were aware they should not be using the equipment and updates were discussed during the staff handover.

#### Using medicines safely

- There was insufficient information available to staff to support them to administer medicines safely.
- There was no guidance available for staff about the application of creams; body maps were not being used to guide staff about where to apply which creams and no information was available in peoples' care-plans.
- There was no information available to guide staff about the use of 'as required' medicines (PRN). Published information had been printed and was stored in the medicines folder. The information directed the completion of PRN care plans, including relevant information such as when symptoms indicated a need for PRN medicines to be administered and how the person could ask for their PRN medicines. However, PRN care plans were not completed for 13 people who were having PRN medicines.
- Information relevant to the management of medicines was not always available to guide staff. For example, one person was allergic to penicillin, however this information was not available in the person's medicines information sheet. One person's medicines information sheet was not completed, we brought this to the attention of the registered manager who told us this was because they were unsure if the person would remain in the home.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicines when they should. Comments from people included, "They [tablets] come in little pots, I have four or five in one go, but they [staff] always make sure I take them."

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

- The systems in place to safeguard people from abuse were not fully effective.
- The Local Authority safeguarding team had not always been contacted appropriately regarding safeguarding concerns. For example, one person's body map recorded eight separate areas of unexplained bruising and 'red marks'. However, no action had been taken by the provider. The registered manager was unable to confirm why the local safeguarding team had not been contacted.
- There was no provider oversight of safeguarding allegations because potential safeguarding incidents were not categorised as such and were instead recorded in people's care notes and no further action taken.
- Not all staff received safeguarding training. Those new to care received safeguarding training as part of the Care Certificate, however staff did not receive safeguarding training updates. The registered manager confirmed staff had not received safeguarding training updates. However, they told us safeguarding was discussed during team meetings.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff could tell us about potential indicators of abuse and what actions they would take if abuse was suspected. Comments from staff included, "If someone is being abused you would notice marks, bruises, shouting – I would go to [registered manager's name] straight away if I suspected abuse." Comments from people included, "I love it here and I feel safe."
- During a recent meeting with people, a decision was made to, "Restrict visiting times to no later than 6pm every day." The minutes recorded this was because of safety concerns and so people could sit in their nightclothes, however there was no information about what the safety concerns were or alternative actions

that could be taken. We spoke with the registered manager about the restrictions on visiting times and they told us these were not enforced and there were no formal restrictions for visiting times.

#### Preventing and controlling infection

- Overall, arrangements were in place to protect people from cross infection.
- Bars of soap were available for people to use in communal bathrooms and this posed a risk from cross-contamination.
- Staff were using personal protective equipment including gloves and aprons.
- The home was clean and there were cleaning staff present on both days of the inspection.
- The service achieved a four-star Food Hygiene Rating in December 2018.

We recommend that bars of soap are replaced with liquid soap dispensers in line with published guidance.

#### Staffing and recruitment

- During both days of our inspection there were two care staff available to provide people with care. One person was assessed as requiring assistance with transfers from two care staff. This meant that staff were not available to support the other 12 people when they were assisting this person to move.
- During the afternoon, one of the two members of staff working in caring roles was also preparing evening meals for people.
- When the person required assistance with a transfer the staff had to stop serving lunch to assist the person and there were no further staff available to meet the needs of other people. This resulted in people having to wait for their lunch to be served as staff were not available to serve it, the chef had to leave the kitchen to serve people their meals.
- We spoke with the registered manager about staffing levels and they told us they worked in a caring role when required. However, we reviewed the rotas and when the registered manager was on annual leave for three days, no extra staff had been rostered to replace them. During the first day of the inspection, the registered manager was absent from the service for just under an hour while they supported a person to attend an appointment.
- The provider did not have a systematic way of managing staffing levels, for example using a staffing dependency tool or other system to assess staffing requirements. One person was asked if they thought there were enough staff and said, "No not really."
- Staff were recruited safely. Checks included those with the staff member's previous employer and the Disclosure and Barring Service. DBS checks are important as they help prevent the service employing people who may be unsuitable to work in care.

#### Learning lessons when things go wrong

- The service had recently reviewed and increased the frequency of team meetings. The provider told us this helped to prevent, "The escalation of small problems" and meant staff felt, "More valued and listened to."
- The provider reviewed accidents and incidents to identify themes and trends.

# 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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider could not always determine when a staff member's training was due for renewal because the staff training matrix did not always include this information; the provider could not be clear about how much time had lapsed since the staff member had received their training because the only information available in the training matrix was the year of completion. There were gaps in the provider's training matrix. For example, the training matrix did not include information about 'First Aid' training for 12 staff. Three staff files we reviewed showed each of those staff did not have training in line with the provider's mandatory training requirements.
- Staff did not always receive training in line with the provider's training programme. For example, the 'Staff Training Calendar' showed staff should receive 'First Aid' training three yearly, however the training matrix recorded three staff had not received first aid training since 2015. So, the provider could not be sure staff had received training appropriate to their roles or that their training was up to date.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff induction programme was aligned with the Care Certificate. The Care Certificate is a set of standards that includes information all staff new to care should know.

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

- Care plans did not always include detailed information to guide staff. For example, one person's care plan recorded they needed, "Some assistance and encouragement to maintain toilet hygiene" and another person's care plan said, "[Person's name] needs a lot of help, physical help and assistance with washing bathing and hair washing." However, staff knew people and their needs.
- The provider was not consistently consulting and working in line with best practice guidance. For example, information about allergies was not documented in line with published guidance about best practice and staffing levels were not determined in a systematic way

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

- Food looked appetising and was prepared by the chef working on-site. Comments from people included, "[Food is] very nice thank you, they [staff] know what I like and what I don't like."
- People were offered a choice of meals, when one person didn't like the meals available they were offered an alternative meal.

- The provider listened to feedback from people about food. For example, the registered manager had stopped ordering gammon in response to peoples' feedback.
- People were provided the opportunity to request food items weekly and these would be incorporated into the shopping list.

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

- Staff worked well with healthcare professionals. For example, the service worked with occupational therapists and physiotherapists trialling different types of equipment to ensure a person had the correct equipment to transfer safely and to help the person retain their independence.

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

- There were photographs of people and staff displayed throughout the service and this helped to give the service a 'homely' feel.
- People's rooms were personalised with their own belonging including pictures and ornaments.
- Fresh flowers were displayed in communal areas of the home and plants in the garden were positioned on the table in front of the patio doors, so people could look at them. People were able to access the garden via the patio doors when they wished.

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

- Referrals to healthcare professionals, such the GP and occupational therapist were made appropriately. For example, one person had experienced emotional distress prior to their move into Neva Manor Care Home. Staff had made a referral to a psychologist, so the person could access support if they needed to.
- When required, people were accompanied by staff to medical appointments.

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.

- People were asked to record they consented to receive care, and this was included in the person's care plan. People were also made aware they could access their care records at any time.
- The provider ensured consent was gained and recorded appropriately. For example, people who had falls sensor mats were asked for permission before the mats were placed in their bedrooms and this information was available as guidance for staff.
- The service assumed people had the capacity to make decisions and when appropriate a person's capacity was assessed and if the person lacked capacity a best interest decision was considered.
- At the time of our inspection, no person living at the service was subject to a DoLS authorisation.

## Is the service caring?

### Our findings

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

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

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

- People told us they received support from staff who were caring. Comments from people included, "The staff are so helpful and caring" and, "I can't fault the staff. When I needed two carers, they changed me, and they changed the linens." Comments from relatives included, "The staff are all very nice and always make sure I have a coffee."
- We observed many kind and caring interactions between staff and people. For example, one person enjoyed to 'help out' and was supported to help lay the table.
- Staff told us they considered people as members of their family. Comments from staff included, "We look upon them [people] like family" and, "I love it here, it's homely. We are like a little family".
- The provider had arranged for photographs of one person's pets to be framed and displayed in the person's room.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on peoples' doors before entering their rooms and people were supported to use the toilet with the door closed.
- One person expressed a wish to remain living in the home, the provider supported the person and worked to ensure the person's wishes were respected.

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

- Peoples' views about their care were listened to and respected. For example, one person did not wish to attend a medical appointment, the service communicated this wish and informed the person's GP, so they were aware.
- There were some people who wished to be called by a different name to their 'birth name' these wishes were respected by staff.

## 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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- A range of activities were offered but did not always reflect people's preferences and choice.
- Records of a meeting with people recorded a discussion about activities. The provider had identified, "Some service users were not so keen [about] doing some activities." Although the provider assured people they were exploring alternative activities, they requested people participate in activities, "Otherwise staff feel they are constantly trying their best for you [people] and if you [people] constantly refuse, we don't feel we do our job properly".
- The service offered in-house activities, such as arts and crafts and arranged for entertainers to visit the home, an entertainer visited during our inspection and sang and exercised with people.
- People's interests were recorded in their care plans and guidance encouraged staff to support these. For example, one person's care plan said, "[Person] enjoys reading [their] books. Staff to read to [them] whenever possible and to encourage [their] hobbies and interests." However, aside from group activities, daily records did not include information about how people had been supported or offered support to pursue their individual interests.
- People told us activities did not involve them leaving the home often. Comments from people included, "There are no outings" and, "I can't remember the last time I went out." One person told us they thought staff were, "Too busy" to support them on trips away from the home. One staff member said, "It would be nice if they [people] went out a bit more, quite a few of them go out with their families."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had taken some steps to ensure that information was accessible to people. For example, making a referral to the local opticians so a visually impaired person could have access to a talking clock and a watch with large numerals and including
- Guidance was available for staff about how people communicated and should be communicated with.

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

- Care plans included information about a person's choices, preferences and how the person would communicate them. For example, care plans we reviewed said, "[Person's name] likes hot drink before bed time and, "[Person's name] communicates verbally their choices and decisions."

- Staff responded to people's needs appropriately and told us because Neva Manor Care home was small, they knew what people needed. One staff member said, "It's nice because it's a small home. We can build much better relationships and give much better personalised care."

#### Improving care quality in response to complaints or concerns

- The provider maintained a compliments, comments and complaints folder.
- The provider had not received any recent formal complaints. People told us they could approach the registered manager with concerns and complaints. Comments from people included, "If there's anything wrong we can go to [registered manager]."

#### End of life care and support

- Staff told us people received good end of life care. One staff member described how they had supported a person towards the end of their life and said, "Staff would sit with [person] and we played soft music so [person] wasn't alone. If I was going to pass away, I would have liked that treatment." At the time of our inspection no one was receiving End of Life care so there were no End of Life care plans for us to review.
- The service had received compliments from the relatives of loved ones who had received End of Life care at the service. Compliments included, "I cannot thank the management and staff of Neva Manor enough for the way they have looked after my parents and especially my Father in the last few months of his life. Everyone at Neva Manor did all they could to make my Father's last months of his life comfortable and happy, and most of all ensured my parents spent this precious time together."

# 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. 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

- The service did not consistently submit statutory notifications to the Care Quality Commission. Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found two statutory notifications had not been submitted. These included one regarding a grade four pressure ulcer and one incident recorded as 'safeguarding concerns' involving missing money and belongings. Statutory notifications are important as they help us to monitor services.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

- Provider audits had not always been used effectively and had not identified all the shortfalls and concerns we found during our inspection.
- The provider had undertaken a 'Community Pharmacy Care Home Advisory Visit' audit to look at medicine's safety. The audit had not identified that there were no protocols or care plans for people who were receiving as required (PRN) medicines.
- People's confidential information was not always stored securely and was accessible to people. Information, including completed accident forms, medicines charts and care plans could all be accessed by people and visitors to the service.
- The provider had not identified people were at risk of scalds from hot water. Water temperature checks completed by the provider recorded water temperatures within safe levels, which is contrary to our findings during the inspection. However, at least one thermometer being used in the service was not displaying the correct temperature.
- People were at risk of burns from hot surfaces as there were uncovered radiators within the home that were accessible to people. Provider checks had not identified this risk.
- Audits had not identified the shortfalls in staff training or the lack of information in people's care records.

This was a breach of Regulation 17 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

- Staff spoke positively about the registered manager. Comments from staff members included, "The

registered manager is in every single day in the week. Any problems, I don't wait for supervision because their door is always open" and, "I wouldn't work here if I didn't think people had good care, if we are busy the registered manager comes in and does things."

- Staff we spoke with told us there was a team culture. Comments from staff included, "We're a team we work together, the residents are always happy" and, "We work as a team."

People spoke positively about the registered manager. Comments from people included, "I think [registered manager is] very good at their job, always polite and kind."

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

- When things went wrong, the provider worked with relevant professionals to investigate what had happened. For example, the registered manager had worked with a social worker to investigate a recent incident when a person said their belongings went missing.

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

- The provider facilitated meetings with people. Various topics were discussed including food and drink, visiting times for relatives and friends and people were reminded of the open-door policy.
- People's religious and personal beliefs and cultural requirements were recorded in their care plans. Staff were guided to support people in their beliefs.

Continuous learning and improving care

- The provider had introduced a 'communication book'. The book was accessible to all staff and helped to improve communication.
- In response to feedback from a recent food safety inspection, the provider had developed the records used in the kitchen.
- The provider was not involved with any formal learning, development projects or pilot schemes at the time of our inspection.

Working in partnership with others

- A religious organisation visited the service monthly so people could practice their faith while living in 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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The service did not consistently submit statutory notifications to the Care Quality Commission.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not consistently identified or managed. When risks were identified, assessments did not always contain sufficient guidance for staff or information about how the level of risk could be lowered.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not established or used to protect people from potential abuse or harm.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Provider governance systems and audits were not always used effectively to identify shortfalls, errors and omissions.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There was no provider oversight of training. Staff did not always receive training relevant to their role or in line with the provider's mandatory training requirements.