

Agnes and Arthur Limited

Agnes and Arthur

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

Agnes and Arthur provides personal care for up to 50 people; nursing care is not provided. At the time of our inspection there were 35 people living at the home. People's needs included those with dementia, mental health needs, older people and those with a sensory or physical disability.

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

There were some omissions in documentation that had not been identified. This had not led to anyone coming to harm, but these gaps in recording had not been identified. Infection prevention and control measures were in place; there was an omission with gloves and aprons during some tasks, but this was rectified immediately. The building needed improvement however action was being taken to address this. Medicines were mostly managed safely, and the registered manager acted on feedback about the recording of the application of topical patch medicine.

There was a positive culture in the service. People, relatives and staff felt the registered manager was approachable and felt engaged in the service. The registered manager was aware of their duty of candour. The home worked in partnership with other organisations and was continuously learning.

People felt safe in the home. People were kept safe from fire risk and staff were trained in how to respond in an emergency. Staff also understood their safeguarding responsibilities and how to recognise abuse. Staff were trained to administer medicines and stock levels matched. We have made a recommendation about the recording of topical patches. There were enough staff to meet people's need and staff were recruited safely. Lessons were learned when things had gone wrong.

Staff received training to be effective in their roles. People had access to a range of health professionals and relatives and staff were updated about peoples' changing needs. People enjoyed the food, had choices and food and drink was provided in line with people's needs and preferences.

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 treated with dignity and respect and supported to be as independent as possible. People had choices about their care. People received personalised care and had plans in place detailing this. People were supported to be involved in activities if they wanted to. People were also supported to keep in touch with relatives whilst there were government-mandated visiting restrictions during the pandemic. Visits were also being arranged as these restrictions were being lifted and guidance was changing.

People were supported to access information and communicate in a way that suited them. People knew how to and felt able to complain and these were responded to. People had their end of life wishes explored,

where they wished to discuss this, and further work was planned to gather more information.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (last report published 27 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found many improvements had been made however the provider remained in a breach of a regulation about good governance and some other improvements were needed.

Why we inspected

We had concerns about the provider's other services and there were previous breaches at the last inspection at this service. This was an inspection to follow up on our concerns and check on the previous breaches of regulations.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We have identified breaches in relation to oversight and governance of the service. We will continue to monitor the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Agnes and Arthur

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

This inspection was carried out by two inspectors and an assistant inspector on the first day and one inspector on the second day.

Service and service type

Agnes and Arthur 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 on 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

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We contacted the commissioners of the service to gain their views. They shared the action plan upon which they were working with the provider on. We also contacted Healthwatch for their feedback.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not have any feedback to share. 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 with three people. We also spoke with six relatives. We spoke with six members of staff, including care assistants, senior carers, a member of the kitchen staff and the activity coordinator. We also spoke with the registered manager and deputy manager.

We looked at care records for five people, medicines records, recruitment records for two staff and other records relating to the management and quality monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who visit or have involvement with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not always assured that the provider was using PPE effectively and safely. We observed an instance of staff not wearing gloves and aprons when hoisting people and an instance of supporting people to take their medicine. This placed staff at risk of being exposed to bodily fluids. We raised this with the registered manager and we were satisfied immediate action was taken to rectify this. Staff wore masks correctly at all times.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to fire safety measures not being in place or not being robust. At this inspection we found improvements had been made so the provider was no longer in breach.

- Some building safety work was ongoing. Carpet had been replaced on a staircase and a doorway had been built to improve safety of the stairs (although people had not been left at risk whilst this had been completed as the stairs had a safety barrier in place until it was resolved). External work was planned to enable sheltered outside visiting. Further improvements were also planned to some bedrooms.
- Fire detecting and firefighting equipment was in place and being checked by appropriate professionals. Work was also planned to replace the fire alarm panel to ensure it complied with safety regulations.
- Staff told us, and we saw they had received fire safety training. Emergency evacuation equipment was in place, which staff also confirmed they had been trained in. One staff member said, "I have completed the fire training and we have fire drills, we don't evacuate the residents, it's just so the staff know what to do." Another staff member told us, "I've had fire training yes and fire drills. A designated person stays inside, they

control the fire panel and call 999 if needed and we would assist residents to evacuate, we don't do it, that would upset them we just practice what we would do."

- The fire risk assessment had been reviewed since the last inspection. Actions identified as part of that had either already been completed or were in progress. The local fire service had also reviewed fire safety measures over the phone with the home and were satisfied.
- One fire escape route led out into the garden area where there was an external gate secured by a combination padlock. At the last inspection staff did not know the combination for this. At this inspection the gate had been added to the fire alarm system so the gate would automatically release in the event of the alarm being activated. An emergency override system was also in place which staff could break to open the gate.
- Care plans were in place in relation to people's needs. Some plans needed further detail. Following our feedback, the registered manager took action to update these plans. Despite this, staff were aware of people's support needs, such as health conditions or if someone could become agitated.

Using medicines safely

- Medicines were mostly managed safely. Stock levels matched records and disposals were recorded when medicine had not been administered.
- Some people had topical medicine in patches applied to their skin. There were records in place indicating where the patches had been applied. The place they had been applied were not always varied enough so there was a risk some patches were being applied in the same place. Some patches should be rotated so they are not put in the same place, as there can be side effects such as irritation or thinning of the skin. We did not find anyone that had come to harm as a result of this. Following our feedback, the registered manager changed their medication administration records (MARs) to make it easier for staff to record where patches had been applied more accurately and ensure they were rotated.
- Staff received training and had their competency checked prior to giving medicines.

Staffing and recruitment

- People did not have to wait for support and there were enough staff to care for people. One relative said, "Yes, there are always enough staff when I come. No one is sat waiting. My relative has no concerns."
- One staff member said, "I think there are enough staff here, all the residents get their needs met." Another staff member said, "I think the residents get everything they need, there are enough staff on duty, if staff are off sick we try and cover with staff then go out to agency. We only use one agency."
- The registered manager used a staffing dependency tool to monitor staffing levels and ensure enough staff were on the rota.
- Staff were recruited safely. Checks were made on staff suitability to work with people who use the service, such as employment history, criminal record checks and references were sought.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told, "The staff are nice, they are helpful, and I trust them to look after me."
- Staff knew of the different types of abuse, knew how to recognise it and understood their responsibility to report concerns. Staff knew they could report this to a manager or report to other external organisations, such as the local safeguarding authority if necessary.
- One staff member said, "I would report it [concerns] straight away. I am here for the residents; they are my number one priority."
- The registered manager referred safeguarding concerns to the local safeguarding authority as necessary and took action to keep people safe.

Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. The registered manager had implemented actions with the staff team since the last inspection to make improvements. The registered manager said, "As a team we have really worked hard. I have such a good team."
- Accidents and incidents were recorded and reviewed regularly to check for trends, such as the time of day, the people and staff involved and the type of incident.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Parts of the building needed maintenance work as they were damaged, such as some décor and skirting boards. One staff member said, "The building, it is a bit run down in certain areas. The company needs to spend some more money."
- The registered manager and provider had already recognised work was required and the work was ongoing to make improvements. The maintenance staff were already working on decorative improvements alongside their usual checks. External contractors were also present in the home during our visit, so we saw action was being taken to address things.
- People were able to personalise their rooms. There was signage to help people orientate themselves.

Staff support: induction, training, skills and experience

At the last inspection there was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due staff not always having enough training. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 18(2).

- Staff received training to be effective in their role and felt the training they received was positive. Staff received supervisions and felt supported in their role.
- One staff member said, "Training is brilliant, we are doing it from home now. We have regular safeguarding training. We have manual handling training; we have practical sessions." Another staff member said, "Training is good, and they are always willing to demonstrate how to do things and offer extra support, most training is online."
- We saw staff supported people appropriately with moving and handling. Staff were able to answer our questions about safeguarding, mental capacity and people's needs.
- The home had a training matrix in place which monitored staff training. This showed there had been a steady increase in the percentage of staff completing their training and overall training was at 96% which was a significant improvement since the last inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to people whose first language was not English being considered as not having capacity due to them not being able to communicate their feedback and decisions in people's best interest were not always recorded. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- The service was now working within the principles of the MCA.
- People who may not be able to communicate their decisions in English were no longer assumed to not have capacity. Decision-specific capacity assessments were carried out.
- People who needed covert medicines had the need for this considered with other health professionals and relatives, where appropriate. Decisions were made and recorded in people's best interest. One person had some medicine missing from the list of medicines agreed in a best interest meeting. The registered manager agreed to get this reviewed.
- Staff explained the support being offered to people and checked consent prior to supporting people.

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; supporting people to live healthier lives, access healthcare services and support

- Relatives confirmed people had access to a range of health professionals and relatives were informed about changes.
- A relative told us, "My relative's mobility has massively improved. They [staff] have worked hard on that. My relative couldn't walk, they were in a wheelchair and now they have a walker." Another relative said, "The staff, if there is anything up with my relative, always rang to inform me, even if just a scratch."
- Staff were also kept up to date with people's changing needs. One staff member said, "We have a handover every morning, it covers all the residents and if you've been off they cover the time you've been off too, so you are up to date."
- Feedback from a health professional was, "The staff have been able to follow any guidance given and not afraid to seek advice if unsure. Paperwork has always been available to us and information provided has also been fine and up to date for our assessments."
- There were records in people's care files of input people had received from other health professionals.

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

- People were supported to have enough to eat and drink of their choice and in line with their needs.
- People told us they liked the food. One person said, "It's [the food] great. The cook is brilliant. They always do a choice." Another person said, "I like the food." A relative said, "My relative likes the food, they have put on quite a bit of weight, which is a good thing, they weren't eating before they moved in. Yes, my relative gets a choice."
- Staff feedback, and our observations confirmed, people had a choice at mealtimes. A staff member said, "People get a choice every mealtime. If they don't want that they can have an alternative." We saw staff offering and showing people options at mealtimes so they could see what was available and make a more informed decision. People were also offered second helpings if they wanted more food.

- Staff were informed when people needed additional support to eat and drink. One staff member told us, "We get told in handover if people need more food or fluids, we record how much fluid they have had. The night staff add up all the fluids and let the next shift know if anyone is low." We also observed staff assisting people at mealtimes.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us they felt well treated. We did see some staff failed to be discreet about a person's care needs whilst in a communal area, but senior staff recognised this and addressed this with staff.
- One person said, "The staff are very nice." One relative said, "They [staff] are very good at caring. They understand my relative is unique, my relative has quirks and challenges and they embrace that. They bring out the best in my relative. They [staff] understand their moods."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and supported to maintain as much independence as possible. One relative said, "Dignity is there all the time."
- Relatives gave us examples of their relative being supported to be independent. One relative said, "Yes, absolutely staff support independence. The way my relative has improved with their overall physical health and mental health, it is a testament to staff." Another relative also told us, "I think they have supported independence. They've [staff] gone out of their way to try keep my relative walking and keep them active."

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

- People were supported to be involved in decisions about their care. People told us they had choices. One person told us, "I have a choice for everything, What I wear, food, everything." Another person said, "I get up when I want and go to bed as I choose." We observed people being offered choices and shown options to help them.
- A relative we spoke with told us an advocate had been involved in their relative's care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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. At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people did not have personalised care plans in place. At this inspection improvements had been made, so the provider was no longer in breach.

- People had personalised care. One person said, "The staff know me well, they know about where I used to work and about my family."
- Relatives also told us the care was personalised. A relative said, "They [staff] have been really great with my relative. I've lived with my relative. They ask me about me about my life too." Another relative said, "Yes, they personalise the care for my relative." Another relative said, "Yes, staff are just really nice with my relative. My relative is a bit spoiled. Staff bring my relative stuff in, anything they want. I've seen it with a lot of the residents."
- Care plans detailed people's preferences and daily routines. Details about people's social history were also included. Staff knew people well.
- People were also supported in line with their cultural preferences, such as the food they liked to eat and their customs.
- People were also supported to follow their religion, if they chose to.
- People had access to a range of activities and felt positively about the activity coordinator. A relative said, "It is brilliant. There is bingo, karaoke, colouring, drafts, knitting. The activity coordinator does quite a lot, they are good." Staff feedback included, "I think it is a happy home, the activities carry on even when the coordinator is not in, we get people up dancing, play bingo and go out into the garden too."
- The activity coordinator was passionate about their job and was able to tell us about the range of activities they organised with people. We observed activities taking place, such as quizzes.
- People were supported to keep in touch with their relatives during the pandemic whilst relatives had not been able to freely enter the home. One person told us, "I have kept in touch with all my family during COVID-19 via the phone and we [used the] visitor room, I had a visitor yesterday, it was lovely to see them."
- We observed people receiving visitors in the home in line with government guidance at the time of our visit.

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 was now meeting the requirements of the AIS.
- People who had English as their second language were supported to be involved in their care in a way that suited them. Staff had learned some words in some peoples' languages, used a communication book and also used an application (an 'app') on their phones in order to communicate.
- The registered manager also explained how they could provide information in alternative formats. They said, "We can get large print. If a person is visually impaired, we have the tablets [hand-held computers] we use so we can make things larger. I put policies up in bigger format too. We do have printed menus on tables but they are a bit small but there is a menu board and we show people the food [options]."

Improving care quality in response to complaints or concerns

- People knew how to complain and told us they felt able to. One person said, "I have never made a complaint; I would speak to [the registered manager] if I needed to."
- Complaints were investigated and responded to.

End of life care and support

- The registered manager informed us nobody was imminently nearing the end of their life at the time of our inspection.
- People and their relatives had been offered the choice of whether they wished to discuss their end of life wishes. Some people had chosen to, but others had not. The registered manager had also completed an audit to review the information they held about this in order to improve this.

Is the service well-led?

Our findings

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

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

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

At the last inspection, there was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider's quality assurance systems had not always been effective. At this inspection, we found the provider remained in breach of Regulation 17 as there were still some concerns about governance, although there was some improvement.

- There was a monthly review of people's weights. One person had lost weight and there was a lack of evidence that this had been addressed. Whilst the person had been reviewed and a decision was made to weigh them more frequently, there had not been a referral for additional health professional support. Therefore, the review had not been fully effective for that person. However, the person's relative was aware of the weight loss and the registered manager took immediate action following our feedback. Other people had their weight reviewed and we could see action was taken when necessary.
- One person's mental capacity assessments accidentally mentioned a different person's name. It had been recorded that these had been reviewed monthly, however this error had not been identified, so we could not be sure these reviews would always be effective at identifying improvements or changes needed.
- One other person had visited hospital. Whilst it would not have been appropriate to fully isolate the person in their bedroom due to their needs, there had not been clear consideration and recording of the decision to not isolate the person. Some communication between staff had been confused around this. Some government guidance regarding PPE had also not been fully followed.
- Some allergies had not been accurately recorded in people's medicine records. Whilst it was recorded in people's care records, it was not always on the MAR. We did not find evidence anyone had come to harm, but medicine reviews had failed to recognise this.
- The physical environment of the home needed improving. Improvements were underway and we will continue to liaise with the provider and registered manager about this and check they were completed at the next inspection.

The above constitutes a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive culture in the service. People told us they were happy, and staff felt they worked in a positive team. One person said, "I am happy here."
- Another person said, "[Registered manager's name] is the manager. I see them every day, they are approachable and they listen to me."
- A staff member said, "I've been to [the registered manager] about different things and they always acted on them." Another staff member said, "[Registered manager] has been brilliant. I am definitely able to go to them."
- One staff member told us, "Staff morale is very good. We generally don't have a high staff turnover; staff are happy here." Another staff member said, "I like working here, I have worked in a few homes and this is the best, a proper little family."
- Staff felt positively about the registered manager and management team. One staff member said, "The [registered] manager is approachable, they are hands on, and the deputy is also very involved." Another staff member said, "The [registered] manager is good, they are on the ball, they have dealt with problems."

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 aware of their duty of candour. Relatives had been told if something had gone wrong, such as medication errors.
- One staff member said, "I think things are transparent, if things go wrong, we say sorry and make it better."
- The homes previous inspection rating was being displayed in the home and on the provider's website, as required. The registered manager submitted notifications to the CQC as required. These are about certain events in the home, such as safeguarding concerns or people passing away.

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

- People, relatives and staff were engaged in the service and felt able to offer their feedback if they chose to.
- Relatives told us they had regular surveys. One relative said, "We have a written survey. We had one a couple of weeks ago." However, some commented they were not always told of the outcome or action taken as a result of the survey.
- Staff were given the opportunity to feedback about their experience at work. One staff member said, "We have staff meetings. We have an opportunity to have our say and things get done – for example the paperwork was in different folders scattered everywhere, we told the [registered] manager it took too much time to locate all the different files, so now it is more compact and we can find it easily."
- The registered manager said there previously were managers meetings with other homes owned by the same provider, however these had not always taken place due to the COVID-19 pandemic, and they felt it would be beneficial for these to resume in a structured manner.

Continuous learning and improving care

- The registered manager was willing to continuously learn and improve, whilst there were still some omissions, many improvements had been made since the last inspection and the registered manager acted on feedback.
- The registered manager told us how they appreciated their staff team. They said, "We all work together as a team, we welcome ideas and we try things. Staff are forever coming to my door with ideas."

Working in partnership with others

- The registered manager and provider worked in partnership with other organisations. They were engaged with the local authority in monitoring and tracking improvements in the service.

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 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not fully effective at identifying areas for improvement and work was in progress to improve the physical environment. Some government guidance had not been fully followed in relation to COVID-19.