

GCH (South) Ltd

Baugh House Care Centre

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Baugh House is a 'care home' providing personal and nursing care to 42 people at the time of the inspection. The service can support up to 60 people. The care home accommodates people on two floors, a residential floor and a nursing floor. Baugh House was providing care to some people living with dementia.

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

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they moved into the home. Staff had the skills, knowledge and experience to support people appropriately. Staff were appropriately supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives (where appropriate) had been consulted about their care and support needs. The home had a complaints procedure in place. There were procedures in place to make sure people had access to end of life care and support if it was required.

The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives views into account through meetings and satisfaction surveys. Staff enjoyed working at the home and said they received good support from the registered manager and management team.

Rating at last inspection: The last rating for this service was requires improvement (published 07 August 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

At our last inspection we found a breach of regulations because sufficient numbers of staff were not deployed throughout the home to meet the needs of people using the service. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

At our last inspection we also found that improvement was required with the provider's quality monitoring processes as we found gaps in people's medicine administration records where prescribed medicines had not been signed by staff as given to people and the reasons for omissions had not been documented. At this inspection we again found gaps in medicine administration records where prescribed medicines had not been signed by staff as given to people. We found breaches of Regulation 12 of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014 because people's medicines were not being managed safely and risks relating to people's care and support were not always managed safely. Staff had not always followed the instructions of health care professionals when supporting people. We also found a breach of Regulation 17 because the home's systems for monitoring the quality and safety of the service were still not operated effectively.

Improvement was also required because some people told us that some staff did not handle them the way they wished to be handled. Some people told us activities provided at the home did not meet their needs.

Why we inspected: This was a planned inspection based on the previous rating.

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 not always caring

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always 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 ●

Baugh House Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector, a specialist nurse advisor and an expert-by-experience on the first day of the inspection. An expert by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector attended the home on the second day of the inspection.

The inspection was unannounced. The site visit activity started and on 9 July and finished on 11 July 2019.

Service and service type

Baugh House 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.

What we did

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted health care professionals and the local authority and asked them for their views about the service. We used this information to help inform our inspection planning.

During the inspection we looked at six people's care records, three staff recruitment and training records and records relating to the management of the home such as medicines, quality assurance checks and policies and procedures. We spoke with the registered manager, regional manager, a nurse, three care staff, the activities coordinator and the chef about how the home was being run and what it was like to work there. We spoke with six people using the service and three relatives. Some people using the service had complex communication needs and were not able to verbally communicate their views to us, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our inspection of the service on 9 and 10 July 2018 we found improvement was required with how medicines were managed at the home. We saw gaps in the recordings of six people's Medicines Administration Records (MARs) where prescribed medicines had not been signed as given by staff. A medicine audit documented there had been no gaps in recording on people's MAR despite these six instances. We found that all other aspects of medicines management at the home were robust.

- At this inspection we found gaps in 10 people's MAR where prescribed medicines had not been signed as given by staff. We saw a medicine audit which documented there had been no gaps in recording on people's MAR despite these instances.
- We saw some handwritten MAR in the MAR folder that started on different days of the month. For example, in June we saw MAR which started on 3rd, 10th, 17th, 24th and 25th. The nurse on duty was unable to explain why this practice was occurring and told us it was on their 'to do' list to rewrite all the MAR to be in line with the new cycle. The registered manager acknowledged this practice could lead to possible medicines errors occurring. Following the first day of the inspection the registered manager confirmed with us they had completed a MAR review and made sure all medicines started on the same date.
- One person's handwritten MAR included the name of the medicine and time that it should be administered but did not include the dose. The registered manager included the dose of this medicine on the person's MAR immediately when we brought this to their attention.
- Another person's handwritten MAR for June 2019 was also being used to record the medicines they were currently receiving in July 2019. The registered manager acknowledged this was poor practice and started a new MAR immediately.
- There were two nurses administering medicines to 26 people on the nursing floor on the first morning of the inspection. One nurse told us the medicines round began at 8:45am and we saw the round finished at 11.30am. This meant that some people were not always receiving their medicine within the expected prescribed time. The registered manager acknowledged this was an issue and told us they were working with the nurses to make sure people received their medicines at the right times.
- A relative commented, "Staff give the medicine to our relative. Very occasionally we visit and there is still some sitting in a pot waiting to be given."

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

- Following the first day of the inspection the registered manager told us they had carried out a medicines audit of all MAR on the nursing floor. The audit established that on the occasions we had identified people's

medicines had been administered when required but were not signed for by staff.

- We found that other aspects of medicines were managed safely. There were safe systems in place for storing, administering medicines and for monitoring controlled drugs.
- One person told us, "Staff give me my tablets in my hand and stand by me whilst I knock them back."
- Staff that administered medicines had received medicines training and competency assessments on an annual basis. People had individual MAR that included their photographs, details of their GP, information about their health conditions and any allergies.

Assessing risk, safety monitoring and management

- People had risk assessments in place which covered areas including malnutrition, falls, skin integrity and risks associated with their behaviour. Staff used the Malnutrition Universal Screening Tool (MUST) which is a nationally recognised tool used for assessing the risk of malnutrition. However, we found risks relating to malnutrition for some people were not being properly managed.
- For example, where one person had lost a significant amount of weight their care plan recorded they needed to be weighed on a weekly basis. However, we found no record of weekly weights and a member of staff told us that the person was not being weighed weekly.
- Where another person had lost weight we saw they had been referred to a dietitian for support in January and May 2019. Monthly reviews of their nutrition care plan since July 2018 made no reference to the fact they had been referred to the dietitian. On the 3 May 2019 the dietitian requested that the person be reweighed. There was no record in the person's notes detailing if the dietitian had been informed of the new weight or that any other advice had been received from the dietitian.
- Following the first day of the inspection the registered manager sent us an action plan from the regional manager's visit dated 24 June 2019. The action plan recorded that historically weights had been poorly managed. The MUST was not calculated correctly. The registered manager was required to check everyone living at the home and identify those needing to be weighed weekly and send the details on a matrix to the regional manager by 19 July 2019. Weekly weights were to be started as soon as these people were identified.
- During the inspection the registered manager showed us a completed matrix that had identified those people that required weighing on a weekly basis. Despite these people being identified we found that weekly weights were not always being carried out for people when it was recorded in their care plans that they should be. These issues meant risks relating to malnutrition for some people were not being properly managed to keep them safe.
- We also found that staff had not been following guidance from healthcare professionals in relation to one person's care needs. This person's care records included detailed information from health care professionals relating to placing a splint on them for two to four hours each day. This person was not wearing their splint throughout the first day of the inspection. We saw records confirming that the person was supported to wear the splint on 22, 23 June and 2 July 2019. However, there were no further dates recorded since then. A member of staff told us, "it's not happening, the person is not wearing their splint." This meant the person was not receiving the care required to support their physical health and wellbeing.

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

Staffing and recruitment

At our inspection of the service on 9 and 10 July 2018 we found sufficient numbers of staff were not deployed throughout the home in order to meet people's care and support needs. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- We observed there were enough suitably qualified, competent, skilled and experienced staff deployed at the home to meet people's care and support needs.
- One person told us, "There are always enough staff on, they have time to talk to me and don't just treat me as a patient." A relative said, "We think there are enough staff on most of the time."
- The registered manager showed us a dependency tool and told us staffing levels were arranged following assessments of people's needs.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.
- Records relating to nursing staff were maintained and included their up to date PIN which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to protect people from abuse and people told us they felt safe. One person said, "It doesn't cross my mind to think about if I am safe here, so I must be." Another person commented, "I feel safe and comfortable living here, particularly when I get into bed at night."
- There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures.
- Training records confirmed that all of the staff had received training on safeguarding adults from abuse.
- Staff told us if they thought safeguarding concerns had not been properly handled by their managers they would report their concerns to social services or the CQC. They said they would use the provider's whistle blowing procedure to report poor practice if they needed to.

Preventing and controlling infection

- The home was clean, free from odours and had infection control procedures in place. We saw hand wash, sanitizer and paper towels in communal toilets and staff told us that personal protective equipment such as gloves and aprons were available to them when they needed them.
- The provider had infection control policies and procedures in place which provided staff with guidance on how prevent or minimise the spread of infections.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- The provider had policies and procedures on reporting and recording accidents and incidents.
- Accidents and incident forms were completed appropriately, checked monthly and analysed to identify any trends. Where required the registered manager had taken appropriate actions to minimise risks and any lessons learnt were discussed with staff and used to improve the standard of the service.

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 remained the same add rating, Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Initial assessments of people's health care and support needs were held within their care records. These assessments were used to draw-up individual support plans and risk assessments.
- People's care plans and risk assessments had been kept under regular review to ensure their needs were met appropriately

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision from management.
- Staff new to care had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This included dementia awareness, dignity, equality and diversity, safeguarding adults, moving and handling, food hygiene, fire safety, health and safety, infection control and MCA and Deprivation of Liberty Safeguards (DoLS).
- Nursing staff had completed training in clinical areas for example medicines administration and pressure area care.
- Records showed that staff received regular supervision and annual appraisals in line with the provider's policy.

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

- People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People told us they liked the food provided at the home. One person said, "There is a new chef and the food has improved." A relative commented, "Today I tried some of the cookies the chef made, and they were lovely. We have stayed for a meal with our relative before and the food was very good. Our relative is a fussy eater but they enjoy it."
- People's care records included assessments of their dietary needs and preferences. These indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs.
- The chef told us staff provided them with information about people's dietary requirements and preferences to help ensure the meals they prepared met their needs. They showed us documents which alerted kitchen staff to people's dietary risks, personal preferences and medical needs.
- We observed how people were supported at lunch time. The atmosphere in the dining areas was relaxed and pleasant and staff were very attentive to people's needs.

- Some people ate independently, and some people required support from staff. Where people required support we saw staff gave them time and encouragement to eat their lunch. Some people were using adaptive cutlery and plates to support their independence. Where people preferred to eat their meals in their rooms we saw they received hot meals and drinks in a timely manner. A member of staff offered each person a drink, a choice of water, orange or blackcurrant. One resident asked for an alcoholic beverage which staff provided.

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

- The home worked in partnership with a GP and other health and social care professionals to plan and deliver an effective service.
- People told us they had access to health care providers when they needed them. A relative commented, "My [loved one] had terrible trouble with their feet but since came here they've seen the chiropodist regularly, they are much better."
- People's care records included records of health care appointments with for example, the GP, dentists, speech and language therapist's and dietitians.

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.

- We found that appropriate mental capacity assessments relating to people's health care and support needs had been completed and held in people's care files. Where people lacked capacity to make decisions for themselves they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The registered manager demonstrated a good understanding of the MCA and DoLS. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place, conditions were being followed and kept under review.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.
- We discussed with the registered manager their plans to make the home more dementia friendly for people living with dementia. They told us they had recently visited another care home to learn about dementia friendly environments. Following their visit, they made suggestions to the provider that would improve the way people living with dementia were supported. The regional manager confirmed they had agreed financial support make the home environment more dementia friendly. We will check on this at our next inspection of the service.

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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- Throughout our inspection we observed positive interactions between staff and people using the service however, improvement was required in this area.
- Comments from people as to whether they were well treated and supported were mixed. Two people told us they were not always handled how they would wish to be. We brought these comments to the registered manager's attention who reported the alleged concerns to the local authority safeguarding team.
- We received positive comments from other people and their relatives, one person told us, "Staff are very nice and helpful, and they do a lot of things for me." Another person said, "Staff are very kind, they know I am nervous in the evening and at night, so if they have a bit of free time they come and chat." A relative commented, "Some of the staff are really lovely and obviously care." Another relative said, "The staff are always very patient and caring."
- Training records confirmed staff had received training on equality and diversity. A member of staff told us, "None of the people currently living at the home are from different cultural backgrounds. We have supported people with diverse needs in the past. We do everything we can to support people to do whatever they want to do."
- The registered manager told us they were trying to promote Lesbian, Gay, Bisexual and Transgender [LGBT] awareness for people using the service and staff so people could feel more comfortable with their sexuality. We saw 'I support my LGBT friends' posters located throughout the home.

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

- Relatives told us they were fully involved in making decisions about their loved one's health, care and support needs.
- People's care records were person centred and included people's and their relatives' views about how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- We saw staff respecting people's privacy by knocking on their doors before entering their rooms. People's doors were closed when staff were supporting them with personal care tasks to promote their dignity.
- Staff said they maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. For example, some people washed themselves were they could, and some people brushed their teeth.
- Staff ensured information about people was kept confidential. We saw that information about people was locked away in the nursing stations.

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

- People were supported to partake in activities however, improvement was required in this area.
- The home employed two activities coordinators however one had recently left. The registered manager told us they were in the process of recruiting another activities coordinator.
- We saw the minutes from a residents' activities meeting in January 2019 and relatives' meetings in March and April 2019 where activities were discussed. The registered manager told us the activities were arranged according to what people had suggested.
- We observed the activities coordinator playing games and engaging with people around the home on both days of our inspection. The activities coordinator showed us a weekly and monthly activities programmes for the home. Activities in June included arts and crafts, games and puzzles, stone painting and hiding, an owl's display, baking, gardening, flower arranging, pampering, movie days, shopping trips, a wine and cheese afternoon and reminiscence sessions.
- The activities coordinator told us they kept time free to provide activities and engagement for people who were nursed in bed. They offered these people hand massages and read and chatted to them about anything they wished.
- Despite our observations people's views about the activities provided at the home were not always positive. One person told us, "There is nothing to do. I just wander about. I like the fact there is a cat here as I like animals." Another person said, "I went on a shopping trip recently. I hated it, I don't want to sound like a snob but there was no one I could talk to. There is nothing of interest to do so I stay in my room. I love the cat who comes and sits on my lap."
- A relative commented, "There is no stimulation for my relative who is very active but bored. Flower arranging, pampering and cheese and wine is not what they need." Another relative told us there wasn't much their loved one could do because of their age. But they were pleased the home was reintroducing the summer fete along with a cream tea.

We recommend, considering the comments received from people and their relatives above, the registered manager and activities coordinator meet again with people to discuss if the current activities at the home are meeting their needs and wishes.

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

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to support people with eating and drinking, mobility, moving and handling, using equipment and managing people's behaviours safely. However, as reported in safe staff were not following guidelines from professionals when supporting

a person with their needs and this requires improvement.

- People had oral health assessments and care plans in place. The assessments recorded people's daily routines, the support required from staff and the products they used.
- Care plans contained information about people's likes and dislikes as well as details about their life histories.
- Relatives told us their loved one's care plans had been discussed with them to help establish their preferences in the way they received support. One relative told us, "My loved one's care plan is up to date, I have meetings with their key worker to go through it and I sign it."

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 service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in their care plans.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure in place. The complaints procedure was displayed throughout the home for people's reference.
- One person told us, "I have no complaints. I would say if I had a problem." A relative said, "If I have a concern I usually email the registered manager and they respond very quickly either by email or they phone me."
- We saw some complaints had been received from relatives relating to the standard of care provided to their loved ones. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with complainants to resolve their concerns.

End of life care and support

- Some people's care records documented their end of life care wishes. The registered manager told us these had been completed with people and their relatives.
- None of the people currently living at the home required support with end-of-life care. The registered manager told us when required advice was available from the GP and a local hospice to help ensure people received appropriate end-of-life care.
- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. These had been signed by people, their relatives (where appropriate) and their GP to ensure their end-of life care wishes would be respected.

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, 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.

Continuous learning and improving care

At our last inspection of the service on 9 and 10 July 2018, we found improvement was required because the home's systems for monitoring the quality and safety of the service were not operated effectively. We found gaps in the recordings of six people's MAR where prescribed medicines had not been signed as given by staff. A medicine audit documented there had been no gaps in recording on people's MAR despite these six instances.

At this inspection we found the home's systems for monitoring the quality and safety of the service were still not operated effectively. We found gaps in the recordings of 10 people's MAR where prescribed medicines had not been signed as given by staff. A medicines audit documented there had been no gaps in recording on people's MAR despite these instances. We found that weekly weighing was not always being completed for people when it was recorded in their care plans that they should be. We also found staff had not been following guidance from healthcare professionals in relation to meeting people's care needs.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager sent us an action plan following the regional manager's visit on the 24 June 2019. The action plan recorded that historically weights had been poorly managed. On the second day of the inspection the regional manager introduced us to a quality manager. They told us the quality manager would be acting as clinical lead nurse until a new clinical lead nurse was appointed. Once a clinical lead nurse was appointed the quality manager would work at the home full time until the current issues identified at the inspection, and in their action plan, were resolved. We saw that the quality manager was reviewing people's weights and medicines records and taking steps to make sure staff were using the MUST tool correctly.
- The action plan also recorded where action had already been taken to improve the service for example, using a new dependency tool, ongoing improvements of people's meal time experiences and reviewing people's 'as required' (PRN) medicines.
- We also saw that the registered manager had taken immediate action to rectify the issues we found with the medicines records on the first day of the inspection and they were working with the nursing team to make sure people were receiving their medicines at the right times.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 understood the requirements of managing a care home under the Health and Social Care Act 2008. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed. They were also aware of the need to display the current rating of service.
- They also understood their responsibilities under the duty of candour. They told us they were open and transparent with people, their relatives and professionals when things go wrong.
- We saw information on the staff room notice board reminding staff about the providers responsibilities under the duty of candour.

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

- Our observations indicated that people were treated equally, with compassion and they were listened to.
- A member of staff told us, "I love my job and I am always happy when I get to work. The registered manager is very good for the home. Teamwork is good and we all try to make sure people are well cared for and safe."
- A relative commented, "The home is better run since the registered manager came here, he engages well with the residents."

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

- The provider sought people and their relative's views about the home through annual surveys and residents and relatives' meetings. Action had been taken because of these, for example, we saw a 'You Said, We Did' notice displayed at the home. This recorded that relatives had requested china tea pots instead of old silver ones. New china pots were obtained for both floors at the home. Puree moulds were requested to improve people's dining experience. These were purchased and at use in the home. The registered manager also told us as a result of residents' and relatives' meetings shopping trips were arranged and some people visited a local garden centre.
- The registered manager told us as a result of the last relatives' meeting they were in the process of upgrading the garden, purchasing new garden furniture and a Summer Fete was being organised.

Working in partnership with others

- The registered manager told us they had regular contact with the local authority that commissioned the service, health and social care professionals and they welcomed their views on service delivery.
- They regularly attended Clinical Commissioning Group meetings and provider forums run by the local authority. They told us they had followed a suggestion from an officer from the local authority to visit another care home to learn about dementia friendly environments. Following the visit, they had liaised with the provider and funding had been agreed to support them to make the home more dementia friendly.

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 Medicines were not always managed safely. Risks to people were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems for monitoring the quality and safety of the service were not operated effectively.