

Care UK Community Partnerships Ltd

Winchcombe Place

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Winchcombe Place is a residential care home providing personal and nursing care for up to 80 people. The home is in one building and provides care and support facilities over three floors. One floor specialises in providing care for people living with dementia. People have their own bedrooms with en-suite facilities and use of a private garden. At the time of inspection, the service was supporting 47 people in the home.

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

The service had systems and processes to safely administer, record and store medicines. However, we found that the records to support the use of medicines were not always available or detailed enough to effectively support staff when administering medicines. The information provided was not always accurate between different types of documents. Staff were provided with medicines training. Competency checks were completed annually or after an error. The service had two staff members who were 'medicine champions'. These staff would be involved in the ordering and receiving of medicines to the home as well as supporting other staff in medicines management.

Where potential risks were identified through the providers audit systems, action had not always been taken. For example, records showed that thermostatic mixing valves had not been serviced or fail safe checked. However, other routine servicing of equipment and facilities had been completed, such as lift and hoist servicing and maintenance.

Systems in place were not always effective in identifying when the fundamental standards were not met. We found that records were not always up to date, accurate, and complete. Action had not always been taken following identified areas of improvement that was required. The registered manager demonstrated a keen willingness to make further improvements and told us they would review documentation and audit processes to make sure any concerns were addressed.

Whilst we found some quality assurance systems were not always effective, other systems were operated effectively to maintain the quality and safety of the service. People were at the heart of the service. The registered manager and staff were passionate and continuously strived to achieve positive outcomes for people. The registered manager and staff team had a good understanding of their roles and staff were empowered to make suggestions to keep improving the care. People said the registered manager and staff were approachable, listened and responded to them and acted on feedback they shared with them.

People were protected from avoidable harm and abuse. People were supported by staff who understood the action to take should they have any concerns about people's safety. There were enough suitably recruited staff available to keep people safe and staffing levels were reviewed and changed to reflect changes in people's needs. People were protected from infection by staff that kept the premises clean and used appropriate protective equipment when needed. Lessons learnt were identified and shared

appropriately with staff.

People received personalised care that was responsive to their needs. People were provided with information in a way they could understand which helped them make decisions about their care. There were effective systems in place to deal appropriately with complaints. People's end of life wishes had been explored and care plans were in place to provide guidance to staff on people's end of life wishes.

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 (published on 24 September 2019). There were breaches in Regulation 12 (Safe care and treatment), Regulation 9 (Person-centred care) and Regulation 17 (Good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the provider was no longer in breach of Regulation 9 (person centred care). Not enough improvement had not been made and the provider was still in breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

The service remains rated Requires Improvement.

Why we inspected

We carried out an announced comprehensive inspection of this service on 27 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Winchcombe Place on our website at www.cqc.org.uk.

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 will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to medicines management, risks relating to equipment and premises and systems and governance processes. 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 ask the provider to provide us with regular updates on improvements made. We will work with the 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Winchcombe Place

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 site visit was carried out by an inspector and an assistant inspector. The inspection was supported remotely by a medicines inspector, two inspectors and Expert by Experience (EXE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

We gave a short period notice of the inspection to enable the service to prepare for our visit and we wanted to be assured that no one at the home was symptomatic in light of the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last 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 of this information to plan our inspection.

During the inspection

We spoke with nine members of staff including the registered manager, clinical lead, quality development manager, regional director, a team leader, care workers and the chef.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at five 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 spoke with three people who live in the home and six relatives to get feedback on their experience of the care provided. We spoke to a further nine staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from five professionals who have regular contact with service and received two responses.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same.

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

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12(2)(g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12(2)(g).

- At the last inspection we found that people were at risk of being given medicines that they were allergic to as care records did not always match that of the medicines administration record (MAR). At this inspection we found that people's MARs did not always contain information on medicine allergies or did not match care record information. For example, people's allergy status was often not completed. We found one record where an allergy was clearly documented in the person's care plan, but this information had not been put on the MAR chart or 'as required' medicine (PRN) protocol.
- At the last inspection we found that information to assist staff on when to administer PRN medicines was not always detailed or person centred. At this inspection we found that information to help staff on how and when to administer PRN medicines was not always available for prescribed medicines. The information provided was not detailed or person centred in most PRN records. This meant that people may not always get their medicines when they needed them or were at risk of being administered medicines inappropriately as this information was not available to staff.
- Medicines prescribed for a person who had their medicines administered both via percutaneous endoscopic gastrostomy tubes (PEG) and orally did not have this specific information on their MAR charts to provide clear guidance to staff on how they should administer these medicines.

We saw no evidence that people had been harmed, however, the registered provider had not always ensured the safe management of medicines. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection we found the provider had made a number of improvements in relation to medicines or had sustained positive practice.
- Daily temperature checks of medicine storage were carried out to ensure they were stored at the

appropriate temperature.

- Medicines were kept in a medicine room and locked trolleys. Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.
- We looked at a sample of MARs and found these clearly detailed prescribed medicines and the dose. We noted that MARs we looked at were completed fully with no unexplained gaps. This indicated that people had received their medicines as prescribed.
- Arrangements were in place for obtaining and disposing of medicines appropriately at the care home.
- Medicines requiring additional monitoring and support were clearly outlined in the care plans.
- Medicines were ordered in a timely manner to ensure that people did not have a break in treatment. The medicines champions and manager monitored medicine supply to ensure that people whose medicines were not available were followed up consistently until supply was obtained.

Assessing risk, safety monitoring and management (Premises and Equipment)

- Measures in place were designed to ensure risks to people were identified and appropriate actions taken to mitigate the risks. However, these measures were not always followed and actions to mitigate risks were not always taken.
- The annual safety check of thermostatic mixing valves (TMV) had been carried out in November 2019. Part of the required checks of TMV valves includes a check to make sure the valve cuts off the water flow automatically if the valve is not able to moderate the water temperature to a safe heat. This is called a failsafe test. On the records we saw, of the 110 hot water outlets due to be failsafe tested, 36 had not been tested and were marked "No access". Once we identified this to the registered manager, they took action immediately and the work to rectify the issues was started on 7 September 2020. After further investigation it was identified that this was a recording issue and all TMV's had been tested in November 2019. We have dealt with this in the well led domain.
- The registered manager put in place a number of measures to mitigate the potential increased risk to people at the service in the interim. These measures included individual risk assessments for each outlet and increased safety checks of hot water temperatures from once a week to twice a week.
- A legionella risk assessment was completed in March 2020. There were two recommendations for TMV valves to be adjusted as they were out of the accepted tolerance levels. The provider reported that due to the pandemic this work had not been undertaken. This work was arranged for the 7 September 2020 when we asked for confirmation that the work had been carried out.
- A recommendation was for a 'dead-end' pipe to be removed. A quote for this work was obtained after our inspection and the service is awaiting a date for the work to be done.

- Other equipment used at the service had been properly maintained and serviced and assessed as safe to use. These included the hoists, passenger lift and rising baths. Safety of the gas appliances in use in the kitchen had been assessed as safe. Records showed that where defects had been identified they had been rectified and parts replaced where necessary, for example to the rising baths.
- People had individualised fire risk assessments and emergency evacuation plans. Fire drill records showed staff and people were involved in regular fire drills. This meant that both staff and people were aware of what action to take in the case of an emergency.
- Routine safety checks had been carried out and were within the safe and expected levels, such as monthly hot water temperatures at taps accessible to people who use the service.
- There was a business continuity plan in place which had been updated by the registered manager in June 2020 and included actions to take in events such as weather-related issues and loss of utilities.

Assessing risk, safety monitoring and management (People)

At our last inspection we recommended that the provider seeks guidance in line with best practice and legislation on food safety and update their practice accordingly, this specifically related to hot temperatures of food and drinks and the risk of scalding. At this inspection the provider had made improvements in relation to this recommendation.

- Risk assessments were in place to provide guidance to staff on checking temperatures of food and drink before it was served. People and their relatives told us staff followed this guidance before serving. One person said, "I have seen the staff check the temperature of the food, it is fine." One relative told us, "I have seen them test the temperature of food and drink before they serve it."
- People had risk assessments in place relating to various aspects of their care, such as moving and handling, falls, skin care and choking. Risk assessments were kept under regular review to help ensure they remained effective in promoting people's safety.
- Staff were knowledgeable about the risks associated with people's care and could tell us what action was needed to promote people's safety and ensure their needs were met. However, we found that some risk assessments contained conflicting information. We have addressed this in the well led domain.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "It is alright here, I feel perfectly safe. There is always someone looking in on you, they will always help you, they check on you all the time."
- Policies and procedures were in place to safeguard people from abuse. The registered manager had acted following whistle-blower and safeguarding concerns and had developed a robust process for reporting safeguarding concerns to the local authority and CQC.
- Staff we spoke with knew how to recognise and protect people from the risk of abuse. They had completed training in safeguarding adults and knew what actions to take if they felt people were at risk of harm.
- Our observations of people throughout the inspection indicated people felt comfortable with staff engagement.

Staffing and recruitment

- During the inspection we found that evidence of safe recruitment checks for temporary agency staff were not available. We discussed this with the management team following the inspection who were able to evidence that a safe recruitment system was in place.
- During the inspection we observed there were enough staff, with the right skills, to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner, and were able to spend time with people during the day. Most staff we spoke to told us they felt there was adequate staff deployed effectively.
- People and their relatives told us there was enough staff. One person told us, "I feel safe here. I have a call bell and they come quite quickly, no problem for me." A relative said, "There is always someone to greet you when you visit, we see cleaning staff all the time, I have never noticed a problem with the staffing."

Preventing and controlling infection

- The service had implemented a personal protective equipment (PPE) and sanitising station at the main entrance of the home. When visitors came to the home, a designated member of staff supports the visitors to ensure they follow safe infection control, PPE guidance and to check whether they had any symptoms of coronavirus before entering the home.
- Where people were required to shield or self-isolate, PPE stations were set up outside the individual bedrooms. Each station was equipped with all required PPE in line with government guidelines.
- The service had appropriate infection control policies and procedures in place, developed in line with

current government guidance. There was prominent signage around the home for staff and visitors on what measures were being taken to minimise the risk of spread of infection and keep themselves and those around them safe.

- The home was clean and odour free and had dedicated staff responsible for the cleanliness of the home. A relative told us, "Everything is always kept clean. They [staff] always hang her laundry up or put it in her drawers. The bathroom is always clean, and we use the coffee shop a lot and that is always spotless."
- Cleaning schedules were in place to ensure all areas of the home were cleaned. This included high touch points such as door handles and light switches.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Where people had accidents, involvement from health care professionals was sought when required. The registered manager responded to incidents by reviewing the underlying causes and taking action based on their findings to prevent recurrence.
- Management carried out reviews of accidents and incident forms to see if there were any patterns and to learn lessons when things went wrong to make improvements.
- The registered manager had introduced a regular newsletter for staff when incidents or accidents occurred which identified lesson learnt and supported staff to review their practice to prevent recurrence.

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 ensure people have choice and control and to meet their needs and preferences; End of life care and support; 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

At the last inspection the registered person failed to ensure records reflected a clear care treatment plan of people's individual needs and preferences. The registered person failed to consistently deliver appropriate person-centred care and treatment that was responsive to people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People and relatives overall felt staff were supportive and knew their needs. We received some feedback regarding agency staff not always knowing people's needs. A relative told us, "They have more agency staff and sometimes they are not as good as others. They don't know the residents so that makes it harder." We found that care plans contained summary information on people's needs for staff to familiarise themselves with. However, we found that some care plans contained conflicting information in relation to care delivery and support needs. We have addressed this in the well led domain.
- Staff understood how to deliver person-centred care. One staff member told us, "Everybody is different, treated differently, have different needs. It is very important to know this so you can care for them as they want." One relative told us, "The staff seem to adapt to [loved one] and treat her as an individual."
- People's likes, dislikes and what was important to the person were recorded in their care plans. One person told us, "We have had a chat about what I like to do, the carers talk to you a lot."
- A relative told us, "They [staff] went through Mums care plan with me and I thought they were very thorough. We also did a 'Life History' book for her. They seem to have got to know her and I know that if she wants to stay in bed she can do, it is up to her."
- The service employed activities coordinators who had sought out people's preferences for activities. Due to the coronavirus pandemic, group activities had been adapted to enable social distancing and individual activities in people's bedrooms had increased. One person told us, "I get involved in anything that is going on. I like the quizzes. There is not much happening at the moment though." A relative told us, "Mums dementia has worsened but the staff still try to get her involved in activities."
- Relatives told us that prior to the pandemic, activity support had improved since the last inspection. One relative said, "They used to have people coming in to do flower arranging and sing. They really do try. I see

pictures of [loved one] on [social media] and they send me photos. She looks happy."

- The registered manager told us that they were continuing to improve how they support people in meaningful ways and engage them in their interests and hobbies.
- During the coronavirus pandemic, people were supported to see their relatives in the gardens of the home in covered areas.
- The provider had an end of life policy which gave clear guidance to staff about how to deliver this care sensitively.
- End of life wishes was an area the service had proactively explored with people since the last inspection. This was documented in care plans detailing people's end of life wishes.
- Staff received training in end of life care, to ensure this was as comfortable as possible for people and their relatives.
- Relatives who had a loved one at the end of their life were supported to visit them in their bedrooms during this difficult time.
- The home had recently introduced a dedicated room in the home for relatives to access when they were visiting their loved one during the end of their life. Relatives could access tea and coffee, toiletries and showering facilities. The registered manager planned to use this room for relatives to sleep in following the coronavirus pandemic, should they wish.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. This information was shared appropriately with those whom it concerned which ensured people's information needs were met. This helped ensure staff communicated with people in ways that they could understand.
- Staff were aware of people's communication needs and, for example, whether people needed spectacles and hearing aids to effectively communicate their needs.
- Feedback was received that some staff did not have English as their first language and at times this created a language barrier. People told us that staff tried to use other means of communication. One person said, "Some of the agency staff are very difficult to understand...I struggle to understand them. We draw pictures and make signs to try and understand each other."
- One staff member told us, "[I] go to care plan to see what exactly [the persons needs are] and means of communication; or if I need to help them with communication."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave guidance to staff about how to handle complaints.
- There had been 10 complaints since our last inspection. The registered manager kept a record of each complaint, concern and compliment. This included clear details of the issues raised, action taken by the service and the outcome. The registered manager explained to us that they ensured that complaints were resolved as soon as possible without delay.
- One person told us, "I haven't had to complain about anything which is good." A relative told us, "I would speak to the manager on the floor and then [registered manager] and then safeguarding if I needed to. I haven't had to raise anything, but I am confident they would deal with it if I did."

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 remained the same. This meant the service management and leadership was inconsistent. Leaders did not always ensure practice supported good governance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the registered person failed to have effective quality assurance systems which meant that they could not always continuously learn, improve and innovate. Ineffective audits put people at risk of potential harm, as areas for improvement had not been addressed to manage risks. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvement, however, there were still concerns remaining and the provider was still in breach of Regulation 17.

- The registered provider did not always ensure their quality assurance systems were always used effectively to promptly identify areas for improvement and meet their legal obligations and the fundamental standards.
- People's records and care plans were not always accurate, complete and contemporaneous. Inconsistent documentation meant that information was not always reflective of people's needs or did not accurately reflect the support people were being offered. For example, one person's mobility care plan stated they used a, "two wheeled zimmer frame with assistance of one staff." However, another care plan stated, "[Name] is unable to stand" and "requires AO2 [assistance of two staff] and a wheelchair."
- Another person's mobility care plan stated they required the support of, "a zimmer frame and two staff" to mobilise. However, this care plan also stated, "No longer able to mobilise." We discussed this with the registered manager who confirmed this person was nursed in bed and could not mobilise.
- Another person had an incomplete choking risk assessment. Another person's care records contained conflicting information about their weight and weight loss.
- We reviewed a person's care records around the management of epilepsy. Although staff knew the person's needs, documents we reviewed did not clearly explain how a seizure presented for the person. The treatment plan also did not follow current national recommendations. We raised this with the registered manager and clinical lead who updated the person's care records and asked the GP to review the person's treatment plan.
- Care record audits had been undertaken, however, these were not always completed in a robust and effective way or in line with the provider's policy. For example, the provider required a minimum of five people's care records to be audited. However, the provider had not always ensured this number of care plans had been reviewed by the auditor.

- Where audits had taken place on people's care records in August 2020, there were no identified actions and the audits stated records were fully compliant. However, the care records had been updated on the same day as the audit and therefore it was not possible to see if areas of improvement had been identified that could be learnt from. It was unclear why the care plans would have been updated on the same day if they were fully compliant.
- Medicine audits were being completed. However, these did not identify all concerns found during this inspection. For example, 'as required' PRN protocols were not always in place for prescribed medicines or were not person centred.
- During this inspection we found some safety issues relating to premises and equipment which had been identified in the providers audits systems had not been addressed, or not addressed in a timely fashion. For example,
 - records showed that some water thermostatic mixing valves had not been serviced or failsafe checked as required.
 - work to repair holes, which were breaching the fire compartmentation at the service, had not been completed until August 2020. This was over 16 months after the issue was identified in their health and safety audit of March 2019.
 - a legionella risk assessment carried out on 12 March 2020 had a number of recommendations to be completed within 3 months, by 12 June 2020. We found there was no clear record to show if the recommendations had been completed. For example, there were recommendations to increase the water temperatures of some storage vessels and water outlets. However, this had to be checked when we asked as there was no record.

The registered person failed to maintain an accurate, complete and contemporaneous record in respect of each service user. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We found a number of other quality audits that were effective in ensuring they provided the best outcomes for people they supported. For example, the registered manager had introduced a new falls trends and themes analysis tool. Where shortfalls were identified, these were addressed and discussed with staff at staff meetings and handover meetings.
- The provider ensured they carried out their own quality and regulatory checks of the service. These evidenced continued improvements since our last inspection.
- Staff were well supported by the registered manager and provider. They had clear understanding of their individual roles in supporting people.
- The registered manager had a clear overview of the training needs of all staff working at Winchcombe Place. The training matrix analysis the registered manager and provider used showed training completion had improved since the registered manager had been in post.
- The registered manager had ensured we were notified of events as required by the law. They had ensured the previous CQC inspection rating was displayed visibly at the home.

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

- The service was led by a motivated registered manager and staff team. They were committed to providing a service that promoted person-centred values and a strong commitment to promoting independence and social inclusion. A staff member told us, "Our [registered manager] has done such an amazing job of turning

the home around for the better. She goes above and beyond to make sure everything is in place to make sure all our residents are safe well looked after."

- We received positive feedback about the changes the registered manager had made since being in post. One relative said, "I think the home is doing a lot better than previously. The staff seem to spend more time with the residents. I think it is down to the manager changing things." Another relative commented, "I think she [registered manager] is doing very well. Everything has improved, she has improved the staffing with regular staff and the food is better."
- There was an 'open door' management approach. The management team were easily available to staff, relatives and people living in the home. A relative told us, "Overall we are very happy with the place now. If I have a question the manager's door is always open. She is doing a very good job."
- Staff demonstrated pride and enjoyment in their roles and valued making a homely atmosphere for people and visitors. One relative told us, "The staff seem happy... it is always a nice atmosphere." People gave positive feedback about living in the home. Comments included, "I would recommend the home" and "I am very happy with everything."

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

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

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

- People and their relatives told us they were asked for their views on the service.
- One relative told us, "The [registered manager] is always very open to questions. They are always giving us updates by email especially around [coronavirus]. I think we are kept very well informed."
- Residents meeting took place which gave people the opportunity to feedback about the care they received. One person told us, "I think the resident's meetings are very good." A relative told us, "The relative's meetings are good. The manager and deputy always attend, and she [registered manager] also has the heads of department there to answer questions which I think is a good idea. They do listen to the issues raised."
- Staff meetings were held regularly where staff could discuss matters affecting people using the service or staffing matters. Staff were encouraged to comment and share ideas about how practice and care might be improved. This demonstrated a focus on ensuring effective communication with staff in all roles. A staff member told us, "My suggestions are always listened to and taken seriously."

Working in partnership with others

- The management team worked well with healthcare services. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- Records showed that staff liaised with external professionals to support people to achieve good outcomes. External professionals gave positive feedback about how staff worked with them. One professional said, "We have had open discussions with [registered manager]."
- Another professional felt staff took appropriate action when there was a concern about a person. They said, "I was given a good background, the home had taken the appropriate precautions."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	How the regulation was not being met The registered person had not always ensured the proper and safe management of medicines. The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care. Regulation 12(1)(2)(a)(b)(d)(g)

The enforcement action we took:

In light of the current situation CQC has taken the necessary steps to review the breaches identified in respect of the above regulated activities. We have also taken account of the impact of any enforcement activity would have on the Provider and the additional pressures that they are currently facing in light of the COVID-19 pandemic. At this time, we have therefore decided against undertaking enforcement activity and to instead ask the provider to focus on driving improvement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	How the regulation was not being met The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(1) (2)(a-f)

The enforcement action we took:

In light of the current situation CQC has taken the necessary steps to review the breaches identified in respect of the above regulated activities. We have also taken account of the impact of any enforcement activity would have on the Provider and the additional pressures that they are currently facing in light of

the COVID-19 pandemic. At this time, we have therefore decided against undertaking enforcement activity and to instead ask the provider to focus on driving improvement.