

Mrs L Huntley

Venville House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Venville House is a residential care home providing personal care to up to eight older people. At the time of the inspection there were eight people living at the service. The service accommodates people across two floors. People had access to communal areas and a garden.

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

People told us they were very happy and felt safe living at Venville House. One person said, "I feel so safe here. They [staff] are all concerned and make sure I'm alright." People said staff were always kind to them and respected their privacy and dignity. Staff had built caring relationships with people and knew people well.

Quality assurance systems and processes to monitor the safety and quality of care at the service were either not in place or had not been effective in ensuring the provider could assess, monitor and then use this information to improve the service. This had allowed the quality of the service to deteriorate. Systems had failed to identify the shortfalls found during this inspection.

Medicines were not always managed or stored safely. Guidance was not always in place for as required medicines, the application of medicated creams or medicines administered through a skin patch. Staff had not been appropriately trained in medicines management or had their competencies checked. Since the inspection the provider has made changes to the management of medicines to address the concerns.

People's care plans and risk assessments were not always written in a person-centred way or contained sufficient guidance for staff about how to meet people's needs and preferences. However, staff knew how to support people in the way that they preferred and understood people's risks and how to support them in a safe way. We made a recommendation about person-centred care plans.

Risks to the environment including infection control concerns had not always been assessed or identified. Environmental and infection control audits were not taking place. Cleaning records were not completed. Staff had not received infection control training.

The provider did not have sufficient oversight of training to ensure staff had sufficient training to support people's individual needs.

Staff told us they felt supported by the provider, however, formal supervisions and staff appraisals were not taking place.

People's capacity had not always been assessed following the principles of the Mental Capacity Act 2005 (MCA). Mental capacity assessments for people who were considered to lack the capacity to make decisions

about their care and support, were not in place. Therefore, the provider could not be certain people were supported to have maximum choice and control of their lives and were supported by staff in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were supported by an established staff team who knew them well. People, relatives and staff told us there was enough staff available to meet people's needs. Recruitment procedures were in place to ensure only suitable staff were employed.

Systems were in place to protect people from abuse. Staff described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the provider.

The service had established links in the local community and worked in partnership with health and social care professionals to ensure good outcomes for people.

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

Rating at last inspection

The last rating for this service was good (published 17 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines, environmental risks, safe recruitment, staff training and support and person centred care planning. We also found concerns with the governance in the home as systems and audits were not in place to identify areas of improvement.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Venville House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

Venville 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. The registered manager was also the provider. This means that they were 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.

Inspection activity started on 1 October 2019 and ended on 2 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We also reviewed the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We spoke with five people and two relatives about their experiences of the support they received from the service. We also spoke with the provider, the assistant manager and three staff and a visiting health professional.

We reviewed a range of records. These included four people's care records and all staff records relating to their recruitment, training and supervision. We also looked at records relating to the management of the service, including the provider's governance systems, people's medicine administration records (MARs) and quality assurance information. Following the inspection, we received feedback by email from two relatives.

Is the service safe?

Our findings

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

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

Using medicines safely

- Medicines were not stored in a safe way that met best practice guidelines. ● Staff could not assure themselves that medicines were stored at a safe temperature as the temperature of the medicine's storage area was not monitored
- People were prescribed 'as required' medicine, but staff did not always have clear guidance on when this medicine should be taken. This puts people at risk of receiving medicine inappropriately.
- People's Medicine Administration Records (MAR) were hand written by staff. Information from the boxed medicines had not been fully transferred onto the MAR. For example, the dose, frequency or route of administration.
- When people were prescribed topical creams, body maps had not been completed which provided clear guidance for care staff on correct administration. Where people had medicines administered through a patch applied to the skin, there was no guidance for staff or patch placement charts in place to ensure safe recording and administration.
- Staff had not received up to date training in the administration of medicines and were not having their competencies assessed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicines when they needed them. MAR charts demonstrated that people received their medicines as prescribed.
- Following the inspection the provider implemented a new medicines policy and procedure which included a revised MAR chart. All staff undertook medicines administration training and completed competency assessments.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were placed at risk because records did not provide clear guidance to staff on how to manage and mitigate risks to people.
- Staff did not have access to detailed risk management plans to support people who were at risk of pressure ulcers. Care records did not contain guidance for staff on what action they needed to take to mitigate or manage the risk.

- Where people needed support with their mobility there was no detailed information about how staff should do this or the equipment needed. For example, the correct size sling to be used when moving them with a hoist.
- People who may become anxious, distressed or exhibit inappropriate behaviours towards others, information relating to known triggers and specific guidance for staff on how best to support individual's, required improvement. For example, one person's records stated they 'May lash out. May bite if opportunity arises and shouts a lot.' There was no information or guidance for staff on how to manage this behaviour and help to reduce reoccurrence.
- People were not always protected from risks associated with their health needs. For instance, for people living with diabetes, care records did not identify how they were to be supported to reduce risks and maintain their safety. There was no guidance for staff on how to identify signs and symptoms of possible complications, recognise deterioration and promote good health. There was no information about dietary needs or regular diabetic checks, such as specialist foot and eye care services.
- People had emergency evacuation plans in place. These plans did not contain sufficient detail to ensure people were evacuated safely. For example, one person's evacuation step by step plan simply stated 'Inform [name] of what is going on. Put on coat. Transfer to wheelchair'. There was no information about how the person transfers to the wheelchair or the assistance they might need.
- People were not always protected from the risk of infection and cross contamination.
- Prior to the inspection concerns were raised that some rooms were damp and mouldy. During the inspection we found mould growing on the wall in one room and around a bath in a bathroom. This put people's health at risk.
- People were exposed to the risk of cross contamination. We saw bathrooms and toilets had shared hand towels instead of paper towels or air dryers. One toilet, used by staff and people, had a fabric seat cover that put people at risk because it could not be wiped down after use.
- Informal checks of the building and equipment safety were completed; however, no records were kept. For instance, in relation to the environment, infection control and health and safety. The registered manager carried out spot checks, but they had not picked up on safety issues we identified.
- Cleaning schedules and food hygiene checks had not been completed since August 2018. There were no infection control audits taking place. This meant the provider could not be sure the service was being effectively cleaned and people were protected from the risk of infection.

We found no evidence that people had been harmed however, the provider had failed to robustly assess the risks relating to the health safety and welfare of people and people were not protected from the risk of spread of infection. This placed people at risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were knowledgeable about people's needs and knew how to keep them safe, which reduced the impact of the lack of detailed information in people's records. The service had a good rate of staff retention and staff felt they were provided with the information they needed when they started to work with a new person.
- Equipment needed to mitigate risks, such as pressure relieving mattresses and cushions were in place.
- The provider ensured equipment and installations were checked and serviced regularly. Fire safety systems and procedures were in place.

Staffing and recruitment

- People were supported by an established staff team who knew them well. People, relatives and staff told us there was enough staff available to meet people's needs.

- Recruitment processes were in place to protect people from being cared for by staff that were unsuitable. These included a range of recruitment checks such as; police checks (DBS) and references obtained from previous employers. However, one staff member did not have the relevant recruitment checks in place including a police check.
- We discussed this with the provider who took immediate action and sent us evidence of the staff member's completed police check.

Learning lessons when things go wrong

- When an incident or accident occurred, we saw the service kept a record of what had happened but there was no information identifying what action was taken to reduce the risk of reoccurrence.
- The service did not have a systematic recording process for analysing incidents, outcomes and themes, nor lessons learnt for future practice. This has been covered in the well led section of the report.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Venville House. One person said, "I feel so safe here. They [staff] are all concerned and make sure I'm alright."
- Staff were aware of the types of abuse that could occur, the signs to look for, and the action to take to report any allegations of abuse. One staff member told us, "I'd report any allegations to [provider's name]."
- The provider was aware of the procedure to follow to report any safeguarding allegations to the local authority safeguarding team.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff had the skills, knowledge and experience to meet the needs and promote the safety and wellbeing of the people they supported. The provider had not maintained an effective system to monitor the training completed by each staff member and when this was due for renewal.
- Training records did not demonstrate that staff had been trained in mandatory subjects such as; fire safety, safeguarding adults, health and safety, first aid, infection control, the Mental Capacity Act 2005 (MCA), food hygiene or medicines management. This meant there was a risk that staff were not aware of current best practice guidelines when supporting people.
- Staff told us they had received some on line training and had recently completed manual handling training. Staff we spoke with could not remember what training they had completed or when. One staff member told us, "I don't think training happens every year."
- Records showed staff had not completed induction training prior to working independently. Staff told us they had completed shadow shifts supervised by the provider.
- Staff files contained no supervision or appraisal records.

We found no evidence that people had been harmed; however, the provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported and were positive about the provider and assistant manager. Comments included, "I feel supported. She [the provider] has trust in us and what we do" and "Supported? Yes totally."
- Following the inspection the provider enrolled all staff onto an online training programme to ensure staff received the training they required to meet the needs of the people they supported.

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.

- Care was not being provided in line with the Mental Capacity Act (2005).
- Mental capacity assessments for people who were considered to lack the capacity to make decisions about their care and support, were not in place. For example, the provider told us one person lacked capacity to make decisions related to their personal care or taking their medicines. However, this was not established by completing a decision specific mental capacity assessment. Their care plan did not contain information about their level of capacity and how decisions were made either by them or on their behalf. There was no information in this person's care records which would have indicated which decisions they were able to make for themselves and which they needed support with.
- Decisions staff described as being made in a person's best interests, had not been appropriately documented in line with the principles of the Mental Capacity Act 2005.
- The provider did not have a policy in place to provide guidance for staff about how to meet their responsibilities in relation to the MCA.

The service was not acting within the legal framework of the MCA in ensuring capacity assessments and best interests processes were undertaken. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us most people living at Venville House were able to consent to their care and treatment and people were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.
- At the time of the inspection, no-one living at the service was subject to a DoLS. The provider told us they would follow the correct application procedures if this became necessary.

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

- The service was very homely and comfortable. However, some areas of the service were in need of redecoration, for example, where there was mould on walls and in a bathroom.
- People had been supported to personalise their bedrooms. People had access to sufficient amenities such as communal lounge, dining room and conservatory. People also had access to a courtyard garden.
- Grab rails were situated around the home to assist people with reduced mobility. Assisted baths, showers and raised toilet seats were in place to help people with limited mobility and signs were used to help people find the bathrooms and toilets.

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

- People and their relatives were happy with the care they received at Venville House.
- People were assessed prior to moving into the service. This gave the provider the opportunity to make sure the service would meet people's needs.

- Care plans did not always contain guidance on how to meet people's care needs in line with best practice guidance and individual preferences. Full information was not available to guide staff to provide individualised person-centred care, as detailed in the safe and responsive sections of this report.

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

- People told us they were happy with the food. Comments included, "Very good", "I can't grumble. I eat all the food and I like the fish and chips they get for me" and "It's fine. They get anything I want, I'm asked what I want."
- We observed mealtimes and saw they were unhurried and relaxed. People could choose where they wanted to eat their meal and we saw people eating in their bedrooms and in the lounge.
- People were asked what they wanted to eat at the beginning of the week and any specific preferences were accommodated. People were given options to choose from and offered alternatives if they did not want the meal that was planned. The provider told us they always made sure people had all their favourite foods and snacks available.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as the GP and dietician were consulted for support and advice.

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

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as the GP and district nurses. This supported staff to help people maintain their health.
- A visiting health professional told us, "We all love it here. The patients are really well cared for and it's really homely. The staff know the residents really well and they raise concerns with us straight away, follow up care and follow our recommendations."
- People and their relatives were happy with the support they received to access healthcare services.

Is the service caring?

Our findings

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

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

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

- People and their relatives were consistently positive about the caring attitude of staff. Comments included, "It's lovely. They are very good, and they are kind", "It's absolutely amazing! I can't fault the staff they are so caring. Nan's really happy and they can't do enough for her" and "I am so happy here. I can't believe I'm so blessed. I do thank God for bringing me here."
- It was clear to see that people living at Venville House were very much cared for by staff as if they were one of their own family members. Staff had built caring relationships with people and knew people well. Staff spoke about people with warmth and affection, in a polite, caring and friendly manner. While undertaking tasks staff showed an interest in people and there was a relaxed atmosphere.
- Staff spoke very positively about working at the home. One staff member said, "I love what we do. It's about coming to work and knowing we make a difference to people's lives."
- Staff knew about individual spiritual and cultural needs. People's care plans identified if they had any cultural, emotional or spiritual needs. For example, staff took one person out to their local church every week so that they could continue to practice their faith as this was important to them.
- Staff understood, and supported people's communication needs and choices. One staff member told us, "We know people so well and they tell us in their own way what they want. We look out for particular cues and gestures and speak to their families to try to understand what they do or don't like."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us staff were very respectful and always knocked on their door before entering and we observed this during the inspection.
- Staff were able to give examples of how they promoted dignity and privacy. One staff member told us, "I always make sure care is given in private and never speak about them in front of others."
- People were encouraged to be independent and do as much as possible for themselves. One staff member told us about how they always looked for ways to help people remain as independent as possible; for example, replacing one person's cup with a lighter one so that they could continue to drink independently. Another person was seen to be struggling to eat their meals as their plate was sliding around. Staff recognised this and provided a plate with a non slip base, so that the person could continue eat their meals without assistance.
- People were supported to maintain relationships with people close to them. Visitors confirmed they were made welcome and could visit anytime. One person told us, "Friends can come at any time. They know

when visitors are here and they always bring up a tray of tea."

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

- People told us that they were able to express their views and decide their own routines. Everyone we spoke with told us they were happy with the service they received.
- People and their relatives were involved in their care and support decisions where this was appropriate.

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.

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

- Care plans did not always contain sufficient detail to give staff guidance on how to meet people's needs in a person-centred way and did not reflect the care being provided.
- People's care plans did not always reflect people's backgrounds, likes, dislikes, preferences, social needs and emotional well-being. For example, how staff should support people with their personal hygiene to meet their preferences. This meant there was a risk that people may not receive care in the way that they wished or met their needs.
- Daily records did not describe the care people received during the day or how they spent their time. This meant there may be a risk that staff may not have the information necessary for them to provide continuity of care and important information may be missed and not passed on.
- Staff knew people well and were able to tell us how they supported people with their personal care in an individualised way. Staff told us they got to know people and their preferences by talking with them about their likes and dislikes, preferences and wishes

We recommend the provider seek advice and guidance from a reputable source in developing care and support plans that are person centred.

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.

- Staff were aware of people's communication needs and how best to support them. However, we saw care plans would benefit from more guidance for staff on how best to communicate with people, including verbal and non-verbal methods of communication.
- The provider told us if required, the service could provide information about the service in different formats to meet people's diverse needs.

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 told us they were happy with how they spent their time. During the inspection we saw people reading, watching television and spending time with visitors.
- The provider told us most people preferred to spend their time in their rooms. They told us staff would spend one to one time with people, talking with them or doing things they liked to do, such as, games or puzzles. One staff member told us, "We try and interact with each resident every day. That may be just sitting and watching telly with them or talking about their interests."
- People were encouraged and supported to access and be part of their local community. One person told us how they liked to go shopping and visit their friends and how staff supported them to do this. Another person told us how staff supported them to attend a local community lunch club.
- People were supported to maintain contact with their relatives and there were no restrictions on when people could have visitors.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not had to raise a complaint but felt confident to do so if necessary and that it would be responded to positively.
- The service had a process for recording and investigating complaints.
- Information about how to make a complaint was given to people on admission as part of their information brochure.
- The service had not received any formal complaints. The provider told us minor issues were dealt with as and when they happened to prevent them escalating. The provider made themselves available daily and there was an 'open door' management approach which meant people and family members could easily discuss any concerns or worries.

End of life care and support

- At the time of our inspection no one was receiving end of life care. People had been asked about their end of life care wishes and this had been recorded, to ensure staff knew what their wishes were.
- People could remain in the service supported by familiar staff when approaching the end of their lives.
- The service worked with other health professionals to provide care for people who were approaching the end of their life.
- Staff had not received recent training in end of life care.

Is the service well-led?

Our findings

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

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

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

- People did not always receive effective care and support. During our inspection we identified concerns with the lack of effective systems in place to monitor the safety and quality of care at the service.
- Quality assurance systems and processes were either not in place or had not been completed and were therefore ineffective. They did not identify the concerns we found during the inspection.
 - We asked to see audits and performance monitoring information. We found that no audits or checks were currently being performed. This included in key areas such as infection control, the environment, medicines management, safe recruitment and staff training and development.
- Care plan reviews had failed to identify that care plans and risk assessments were not sufficiently detailed or person centred.
- The provider told us overview of the performance of the service was by visual checks made by the provider and deputy manager, on a daily basis. These checks were not documented. This meant they did not identify where care standards fell short of those required in order to put actions in place to reduce risks to people.
- The provider had failed to ensure staff were recruited robustly and received the training they needed to keep people safe. The provider had failed to ensure the principles of the Mental Capacity Act 2005 (MCA) was followed.

People were placed at risk as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

- During the inspection we discussed the concerns we found with the provider and the assistant manager. The management team spoke openly and honestly throughout the inspection process and acknowledged that they had not maintained adequate governance systems to ensure the safety and quality of care at the service. Following the inspection the management team have been working to address the issues raised.

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

- People and their relatives told us they were happy living at Venville House. One person said, "I consider I'm blessed to be here. I wouldn't want to go anywhere else."
- People and their relatives knew who the provider was and told us they found them approachable and open and they promoted a culture of transparency. A relative said, "[provider's name] really goes out of her way for them. She's very approachable and very friendly. The home is really warm and welcoming."
- Staff spoke highly of the provider and the support they received. A staff member told us, "I think it's well led. I think she [the provider] is somebody you can talk to. She works so hard to make sure the residents have everything they need." Another staff member said, "She [the provider] bends over backwards for them all. If they need equipment, she buys it. She supports their families and tries her best to employ the staff that we need. She is always here."
- The provider told us they understood, and would act on, their duty of candour responsibility.

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

- People and those important to them had opportunities to feedback their views about the quality of the service they received. People were consulted about their views on a daily basis.
- Satisfaction surveys were sent to people, relatives and staff in order to gather their views about the service provided. Comments were very positive and included, "They are always willing to help and support. Well done!" , "I have found that the care and treatment is of a high quality" and "This is the best caring home we have ever had contact with. They do more than is required of them."
- People's relatives told us they were kept up to date if any changes occurred to their relatives.
- Staff told us they felt valued, trusted and listened to. At the beginning of each shift staff attended a handover session so they were informed about people's changing presentation and needs.

Working in partnership with others

- The service had developed positive working relationships with other health and social care professionals which meant advice and support could be accessed as required. Professionals praised the positive working relationships they shared with staff and the provider.
- Links had also been developed with local churches. The provider told us they were also in contact with a local school who brought the children to visit, periodically.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure the principles of the Mental Capacity Act 2005 were followed in order to protect people's legal rights. Assessments of people's mental capacity had not been carried out.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks associated with their environment and risks from infections. Medicines were not always managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that the systems in place to assess, monitor and improve the quality and safety of the services provided.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>A lack of comprehensive training systems meant that people were at risk of receiving care from staff who were ineffective at their role.</p>

