Ms Susan Munro

Camelot Nursing and Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Camelot Nursing and Residential Care Home is a residential care home providing personal and nursing care for up to 35 older people with various support needs, including physical and sensory impairment. At the time of our inspection, 30 people were in residence. The home has 34 single occupancy rooms, most of which have a toilet while two have en-suite bathrooms. There is a courtyard garden area for people to enjoy.

People's experience of using this service and what we found
Records of risks identified in people's care were not always complete. We found significant gaps in records of bowel and fluid monitoring. Whilst we found no evidence that people had been harmed, there was a risk people may not always receive the support they required. Guidance relating to 'as needed' (PRN) medicines lacked personalisation and detail. A significant number of staff had not received training in how to use some fire evacuation equipment. We referred our concerns to the West Sussex Fire and Rescue Service.

Although the registered manager used audits to identify issues and improve the service, these had not been effective in picking up the issues identified during our inspection. When we discussed our findings, the registered manager demonstrated a willingness to make appropriate changes and to ensure that all aspects of people's care were monitored and managed safely.

People felt safe at the service and told us they would recommend the home to others. Compliments sent to the home spoke of, 'the tender care' and of how happy people were living there.

Staffing levels were enough to meet people's needs. The home was clean and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

People spoke positively about the staff who supported them and had confidence in their skills and experience. People were enthusiastic about the food and were able to make suggestions for additions to the menu. People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were looked after by kind and caring staff who knew them well. People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect.

People received personalised care that was responsive to their needs. Activities were organised according to people's preferences, interests and suggestions. People who were physically able enjoyed outings in the

local area. As many people were cared for in their rooms, the activity manager ensured that each person received one to one time. There was also a volunteer who visited people in their rooms on a weekly basis.

People could spend the rest of their lives at the home, if their needs could be met and this was their wish.

People considered the home was well-organised and spoke highly of the management team. People were encouraged in their involvement and development of the home and their feedback was encouraged. The home worked proactively with healthcare professionals.

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 24 January 2017).

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

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring 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.

Camelot Nursing and Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Notice of inspection
This inspection was unannounced. When we returned for a second day of inspection, this date was announced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

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.

During the inspection
We spoke with ten people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, administrator, two registered nurses and four care workers. We also spoke with a specialist nurse who was visiting a person at the service and a volunteer who regularly visited.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information and audits were reviewed.

After the inspection
We returned for a second day of inspection to meet with the registered manager, to seek clarification and validate evidence found. We received written feedback from two healthcare professionals and spoke with the hairdresser who visits the service.

Requires Improvement

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.

Assessing risk, safety monitoring and management

● Risks had been identified, but the records in place did not show that people had always received appropriate support to keep them safe.

● Some people had been identified as at risk of constipation. Records of bowel monitoring were absent or contained significant gaps. A nurse told us that they would administer 'as needed' (PRN) medicine if a person hadn't opened their bowels for three days, but the gap in one record was of ten days. Where PRN medicine had been prescribed to ease the symptoms of constipation this had not been given.

● Staff kept fluid records in people's rooms. There was no evidence that these were checked to ensure people were drinking enough. One person's care plan stated, 'Needs to be encouraged to drink at least 1-1.5 litres of fluids a day in order to prevent constipation and UTI (Urinary Tract Infection)'. There were no totals in the fluid monitoring records, or evidence to indicate they had been reviewed. On the day prior to our visit, this person was recorded as drinking 600ml, with no fluids given between 3pm and 6am the following day. Following our visit, the registered manager put in place a system to check and record daily fluid intake. She also told us she was confident staff were supporting people to drink sufficient amounts and explained how one person with a history of UTIs had not suffered any since their admission to the home last year.

● There was no care plan in place for one person who had moved to the service more than two weeks earlier and no written guidance on how to assist them to mobilise. There was a risk assessment for hoisting on file, but staff told us they did not need the hoist since the person could weight bear and transfer with assistance. In the transfer documentation from the person's previous home it stated that a stand aid was used for transfers. The lack of clear guidance could lead to inconsistent or unsafe care. By the second day of our visit a care plan had been put in place for this person.

● Staff on duty were not trained in the use of some fire evacuation equipment. Most people were cared for in bed and would be unable to mobilise if an evacuation was needed. Evacuation sledges were available, but most of the staff on duty had not been trained in how to use them. We shared our concerns with the Fire and Rescue Service who have arranged to visit in September. The registered manager spoke with the home's fire safety training provider following our visit and has requested additional training.

Using medicines safely

● There was limited guidance in place for staff on when to administer PRN medicines. This could mean that medicines were administered inconsistently or not given to people when they needed them. For example, there was no guidance on how an individual prescribed medicine to manage anxiety would present when the medicine was needed. The PRN guidance said to administer for, 'agitation, confusion'. The nurse on

duty told us the person would likely be 'shouting or restless'. The registered manager undertook to review the guidance available for PRN medicines.
● Barrier creams were administered to people by care staff but signed for on the medicines administration record (MAR) by the registered nurse. Whilst we did not observe a negative impact of this practice there was a potential risk of inaccuracies.
● Nurses had not had access to medicines updates and refresher training. Their competency had not been assessed to ensure the home's procedures were being followed and medicines were administered safely.

We found no evidence that people had been harmed however, systems and records were either not in place or robust enough to demonstrate risks and safety were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People received their regular medicines as prescribed. The MAR were completed accurately.
● Medicines were stored appropriately and securely and in line with legal requirements. Medicines which were out of date or no longer needed were disposed of safely.
● We observed a member of staff giving medicines. They administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.

Staffing and recruitment
● Staffing rotas confirmed there were sufficient numbers of nursing and care staff on duty to support people. The registered manager had increased the number of care staff working in the afternoon following staff feedback and her own observations.
● Most people had a high level of care needs and many were cared for in bed. Staff told us there were enough staff on duty to be able to care for people safely. One staff member said, "It's not so bad. We have quiet and more busy days. There are always two nurses on duty". Another told us, "It is a stable staff team, we don't have a lot of people leave".
● People and staff felt there were enough staff on duty. A specialist nurse who was visiting told us, "They look after the residents very well, there are always staff available". The hairdresser who visited regularly said, "Staff are always lovely and helpful". She explained that if when she needed support to cut a person's hair in bed, a staff member was always available.
● New staff were recruited safely. Staff files showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

Systems and processes to safeguard people from the risk of abuse
● People felt safe living at the home. One person told us, "I never think about safety. I have a bell I can ring and they come as soon as they can".
● Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people's safety. One staff member explained, "We report to the manager if something goes wrong or someone is maltreating someone. I can go to the outside agencies too. I've not had any concerns. I know how to act if I see something. I know what to do".
● Guidance on how to raise a safeguarding concern was displayed in the home. The registered manager demonstrated a good understanding of her responsibilities and how to protect people from the risk of abuse. She told us how she would, "Report any concerns and take action to remove the risk".

Preventing and controlling infection

● The service and its equipment were clean and well maintained.
● People were satisfied with the cleanliness of their rooms. One person told us, "They clean my room twice a day and the laundry is very good".
● Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. We observed staff using gloves and aprons when appropriate.

Learning lessons when things go wrong
● Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Following two falls in July, staff had increased the checks on one person which had so far helped to prevent any further incidents.
● Incidents were discussed to see were improvements could be made. Following a theft at the property, CCTV was installed around the building.

Good

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 remained the same.

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
- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a detailed care plan for each person. This included guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Everyone we spoke with told us they were pleased by the care they received. Documentation confirmed people and relatives were involved in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs. One staff member told us, "The care plans give plenty of information about the residents".
- Staff maintained clear records of catheter and wound care. Wound care records included guidance on the frequency of dressing changes, photographs and evaluation notes. We looked at a selection of records and noted that wounds were improving. One person was admitted with a grade four pressure area and this had healed.

Staff support: induction, training, skills and experience
- People had confidence in the staff team. One person said, "They know what they need to do and do it well". Another told us they were, "Very good and well trained".
- Staff had received training in key areas including safeguarding, moving and handling and infection control. Forthcoming courses included fire awareness, bowel management, oral care, diabetes awareness and palliative care. One staff member told us, "Training is on par, the support is there and there is always someone there if you need something".
- Staff received supervision both individually and as groups. The registered manager had a plan in place to carry out appraisal meetings with staff, starting with three staff per month. While some staff training was overdue, the registered manager had an overview of training that was required and prompted staff to attend updates.
- New staff received a detailed induction. One staff member told us, "I had a proper induction, I did shadowing and they checked me doing personal care. It is a nice team, I can ask anybody and they are more than happy to help".

Supporting people to eat and drink enough to maintain a balanced diet
- People were offered nutritious food and drink which met their nutrition and hydration needs. The hairdresser who visited the home told us, "The food looks amazing and smells great. The residents seem to

really enjoy the food".
● There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. We saw that alternatives were offered. One person had cheese and crackers during the afternoon as they hadn't felt hungry at lunchtime.
● Detailed information on people's likes and dislikes was collected before admission. The registered manager told us how they had bought in a particular biscuit before one person moved to the service as it was their favourite.
● Pictorial menus were used to help people choose from the options available. People were asked daily for their preference of lunchtime and evening meal.
● We observed staff supporting people to drink. One staff member said, "Between meal and drinks times, we always give extra drinks if they want. They all have a squash or water in their rooms".
● Staff monitored people's weight and took action if there was a concern. Some people were given high calorie drinks to boost their calorie intake.

Staff working with other agencies to provide consistent, effective, timely care
● People's needs were continually assessed in line with best practice. Advice had been sought from a range of professionals as needed. For example, training and guidance was provided to staff from a local hospice in relation to end of life care.
● A specialist nurse who was visiting told us staff followed advice and were receptive to suggestions. They added, "Anything in between they are very good at ringing us to discuss or request a visit". An Advanced Nurse Practitioner explained how, following their request, staff now ensured they had up-to-date observations on people ready for their visits.

Adapting service, design, decoration to meet people's needs
● People's individual needs around their mobility were met by the adaptation of the premises. One person told us, "I have a nice room with a new wooden floor. There are no trip hazards so I feel safe".
● Clear signage helped people orientate and find their way independently around the service. There was a communal lounge, dining room and activity area.
● Slopes allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets.
● There was a patio and garden area for people to enjoy. One person told us how much they enjoyed going outside and said, "It gets the sun in the afternoon".

Supporting people to live healthier lives, access healthcare services and support
● People told us they received effective care and their individual needs were met. One person told us, "I have not seen a GP since I came here, but it has not been necessary. They have good nurses".
● People were supported to access external healthcare professionals. One person said, "They took me for an appointment to the eye hospital in a taxi. You cannot fault them". Another said, "The Chiropodist comes every six weeks and the hairdresser every week".

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.

- The registered manager had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff. One staff member said, "Some people have capacity on some days. We adapt how we ask questions, we explain what we are going to do".
- People told us that staff respected their views. A relative told us, "My mother can make her own decisions, but I am 'back up', I have power of attorney". Another told us, "They always ask for my opinion and any decisions we make together in my mother's best interest."
- Applications for DoLS had been completed where needed; these were awaiting consideration by the local authority.

Good

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 remained the same.

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

- Staff adapted their approach to meet people's individualised needs and preferences. One staff member said, "Each day you get to understand them more. You can be part of their family". A volunteer told us, "They do seem very caring. I think they are very caring people". As part of the tributes at one person's funeral, a staff member had written, 'My memory of [name of person] was that whenever we wanted her to drink more fluid, we would say 'have some prosecco' and she would always laugh and say 'yes''.
- We saw that people were supported by kind and friendly staff who knew them well. Staff members demonstrated care and showed sensitivity through appropriate physical contact such as hand holding and eye to eye contact. They offered reassurance to people when they appeared concerned. An Advanced Nurse Practitioner told us, 'You can hear them laughing and chatting with residents when they are with them. The people who reside there look really cared for'.
- We discussed with the registered manager how they might enhance their admission forms and care planning to explore more about people's diverse needs, such as by asking about protected characteristics.

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

- Staff provided people with choice and control in the way their care was delivered. One person told us, "If there are any problems my son discusses them with the nurses". Another said, "I get up and go to bed when I want to".
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported. Many people stayed in their bedrooms through choice. One person told us, "I am a very private person". Another said, "I never get up because I have a heart problem and I always feel tired when I do. My daughter would like me to get up more, but I am quite happy in bed".
- Each person had a family communication book in their bedroom. This was checked weekly by the activity manager. This provided an additional way for people and families to raise any points with staff.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. One person told us, "My mobility is getting worse, but I can walk a little with my zimmer, it helps me keep my balance and I feel safer". A relative said, "They encourage my mother my mother to walk with her zimmer. They walk behind her to see she is safe. They encourage her to be independent".
- We observed staff treated people in a friendly and patient manner. We observed staff knocking on doors before entering and engaging people in conversation about the tasks in hand or assistance required.

● Staff were mindful of people's privacy. One person said, "I don't mind a male or female staff. When they shower me they are very discreet, I have a towel to cover myself. They put a note on the door saying do not disturb".

Good

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 remained the same.

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

- People received personalised care in line with their preferences, interests and needs.
- From our conversations with staff, it was clear they knew people well. People were cared for according to the information recorded in their care plans. A relative told us, "I trust my mother in their safe hands. The nurses and carers are very vigilant". Another relative said, "They ring me at home immediately if any problems arise or if changes need to be made".
- Changes in people's health or care needs were quickly communicated. Handover meetings were held at the beginning of each shift. We saw that staff had been directed to carry out more regular checks on one person who was poorly. One staff member said, "The nurses are very good, they work with us. Communication is good, we all talk to each other".

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.

- Care plans contained information about people's communication needs. We read that one person, 'Enjoys a very calm approach using low voice and clear and simple sentences'. In another person's care plan we read that they needed glasses for reading and watching the television.
- The service user guide to the home was available in other formats if needed. Posters on the noticeboard were routinely prepared in large print as on person liked to read the board and sign up for forthcoming events.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the home at any time. We saw a poster advertising a summer barbeque to which families were warmly invited.
- Many people stayed in their bedrooms, either due to their health needs or by choice. One staff member told us, "Sometimes they don't want social contact, some just sleep. It depends on their mood". Another said, "Often people want to stay in their rooms. You can socialise and have a laugh with some people but most want to stay on their own. We give them a choice. There used to be more people downstairs for lunch in dining room, but needs have increased, they are becoming more dependent".

● Staff spent individual time with people where they were able. A nurse told us how they tried to integrate one to one time during personal care, another said, "Some days we have time to sit with people".
● Because so many people were unable, or did not wish, to join in organised activity, the activity manager ensured all people received one to one time with her each week. There was also a volunteer who came weekly and spent time chatting with people. Many of the outside entertainers visited people in their rooms. One person told us, "They brought the dogs, cats and even a lamb to my room because I don't go down. I enjoyed that".

Support to follow interests and to take part in activities that are socially and culturally relevant to them
● People confirmed they were happy with the activities on offer. An activity manager worked in the home five days a week. There was also a variety of visiting entertainers, including singers, exercise classes and animal visitors. In the minutes of a resident meeting we read how new audio books had been delivered and were being enjoyed.
● Outings were arranged for those able to participate. We saw photographs of people enjoying fish and chips in a restaurant and walking along the front. There had also been trips to a local garden centre and visits to the shops for individuals who had requested it. One staff member said, "It is nice to take them out. We have to plan it, but it means a lot to them".
● Individual interests were supported. One person liked to join staff in the dining room and working with paper made them feel as though they were at work. Exercise classes had also been continued despite being attended by just one person.

Improving care quality in response to complaints or concerns
● Complaints were managed in line with the provider's policy.
● People knew how to raise a concern. One person said, "I would see the manager, she is very approachable". Others said that had discussed various issues with the nurses or management team which had always been resolved in an open and transparent manner. The registered manager told us, "I have so many visitors coming every day to see me. They know that I am contactable and that the door is open".
● A relative who raised a complaint had written to the registered manager expressing their thanks for the way the situation was dealt with. They wrote, 'I have been very impressed with so much about Camelot and continue to be so. I have also been impressed with how staff dealt with [issue in question] and my subsequent telephone calls'.

End of life care and support
● People could live out their lives at the home, if this was their wish and their needs could be met.
● People's end of life care was discussed and planned, and their wishes were respected. One person told us, "I have told them about what I want for end of life care. Another said, "I have talked it over with my family and they have made the manager aware of it".
● The nursing staff took the lead in managing end of life care. They felt confident in their skills and had received additional training from a local hospice. They told us that a staff member would always stay with a person as they approached the end of their life.
● A card of thanks from one relative read, 'We would like to thank you all so much for looking after [Name] with so much kindness and treating her with such dignity. We never had any worries or concerns and always knew that she was safe and well cared for. You are very special people'.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and her team undertook quality assurance audits. Whilst these had been effective in identifying and resolving numerous issues, they had failed to identify gaps in monitoring records, designed to ensure people received appropriate and timely care. There was no system in place for staff to check these records and to ensure the care each person required had been delivered. This is an area of practice that needs improvement. Furthermore, audits had not identified that staff lacked training in the use of specific fire evacuation equipment. You can read more about this in the 'Safe' section of this report.
- When actions were identified, the registered manager was quick to put improvements in place. We saw new equipment had been ordered, areas of the home cleaned and missing paperwork in people's care plans completed. Following our inspection findings, the registered manager took swift action to make improvements.
- 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.
- People spoke highly of the registered manager. One staff member said, "[Registered Manager] is very fair, I like her. If there was an issue she would deal with it".
- On the first day we visited, the registered manager and deputy manager were both on annual leave for a two-week period. One of the senior nursing team was in charge during this time. The provider told us they were not concerned as the service runs well. The provider did however give reassurance to staff that they would not be left without management oversight in the future.

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

- The registered manager told us she aimed to create, "A homely environment, not a clinical place, even though it is a nursing home".
- People said they felt the home was well-organised and that staff were friendly. One person told us, "They will listen and act on any decisions made". A relative said, "I have no hesitation in phoning the manager to discuss matters of importance".
- One staff member told us, "We are open to deal with complaints when they come in. We try and get it right and change what needs changing".

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

● The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

● Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

● People and staff were actively involved in developing the service.

●The registered manager regularly sought feedback from people and staff via meetings and surveys. Thanks to feedback, trips to specific places had been arranged, fans had been purchased for people's bedrooms along with additional chairs for visitors.

● People spoke positively about the meetings. One person told us, "We usually talk about food and menus". Minutes from meetings were displayed. The activity manager spoke individually with those who were unable to attend to ensure their views were included.

● A newsletter was available in reception and could be emailed to relatives who wished. We read about new residents, upcoming birthdays and saw photographs from recent events. People were encouraged to share feedback or new ideas for activities within the home.

● Staff spoke confidently about equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. A new staff training in this subject had been arranged for later in the year.

Continuous learning and improving care

● The registered manager was completing an Advanced Nurse Practitioner course to further her skills and knowledge. Once completed this would allow her to undertake physical assessments and to prescribe medicines.

● Staff were supported to undertake further qualifications. Relevant updates were shared during staff meetings and handover, such as on catheter care or new information from the local hospice about end of life care. The registered manager told us, "We discuss and we educate".

● New equipment had improved comfort and safety for people. A wheelchair weighing scale meant people did not have to be hoisted to a weighing chair, while call bell pendants enabled people to wear their call bell or clip it to their bedclothes for easy access.

Working in partnership with others

● The registered manager participated in local networks and groups. This helped the service to keep abreast of best practice and to share their ideas.

● Community visits, including from a local school and nursery, had been arranged.

● Staff spoke of good relationships with healthcare professionals.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There were insufficient records to demonstrate that risks to the health, safety and welfare of service users had been consistently assessed, monitored and mitigated. Regulation 17 (2)(b) The registered manager had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2)(c)