

Four Seasons 2000 Limited

Hopes Green

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: Hopes Green is a residential care home that was providing personal care and accommodation for up to 50 older people, some of whom had physical frailty or were living with dementia. On the days of the inspection, there were 49 people living at the home.

People's experience of using this service:

The home was overall unclean and poorly maintained. We identified concerns with infection prevention and control measures in place.

Documentation was not always completed to evidence that routine daily tasks had been completed in areas such as care delivery, health and safety and cleanliness.

Staffing levels were not appropriate for people's assessed needs. Communal areas were left unstaffed for significant periods of time which meant that people's care and safety needs were not always met.

The provider has a quality assurance system in place and regular checks of the service provided were carried which identified areas of concern, however the necessary improvements had not been made.

People received their medicines as prescribed. We have made a recommendation about the management of topical medicines and creams.

People were supported to engage in meaningful activities. We have made a recommendation about dedicated activities staff to ensure that more people can access activities or dedicated one to one time on a regular basis.

Risks associated with people's health and care were assessed and staff knew how to keep people safe.

Staff were caring, dedicated and treated people with dignity and respect. People told us they liked living at Hopes Green.

Staff had received training to enable them to provide effective care. Supervisions had been inconsistent but this was improving.

People's capacity to make day-to-day decisions had been considered and assessed and the provider was working within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Complaints were investigated and responded to.

We received positive feedback about the open and transparent culture in the home.

Rating at last inspection: At the last inspection this service was rated Good (Report published May 2016).

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

Follow up: Due to the regulatory breaches identified on the inspection, we formally wrote to the provider to request an action plan to address our concerns. We will continue to monitor progress made against the provider's action plan and any regulatory action as an outcome of this full inspection report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Hopes Green

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by two inspectors, a specialist advisor in nursing care and two experts 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: Hopes Green is a care home. People in care homes receive accommodation and personal care. 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: The first day of the inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with eleven people living at the home and nine relatives. We spoke with the regional director, resident experience manager, registered manager, deputy manager, six care staff, two domestic staff, activities co-ordinator and the chef. Three relatives contacted us via the 'Share Your Experience' function on the CQC website during the inspection and left feedback.

We reviewed nine people's care records which included care plans, risk assessments, daily observation and medicines records. We reviewed six staff files, staff rotas and other records associated with the running of the service such as quality audits, complaints and health and safety records.

We requested additional evidence such as records of water checks and staffing training and supervision records to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations were not always met.

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

- Poor standards of cleanliness were found in various areas of the home, which included dining areas, communal bathrooms, laundry room, clinical rooms, bedrooms and en-suite toilets. Food serving areas in dining areas were dirty and spillages had not been cleaned.
- Throughout the inspection, areas of the home were found to be malodorous of urine.
- Aspects of the home were also poorly maintained. For example, radiators were in place although several areas of the home presented as below an ideal temperature for people, particularly with low mobility. Heating concerns had been resolved on the second day of inspection. A number of radiator covers were found to be loose or unsecured with many presenting edges and protrusions that may present an injury to people such as scalding.
- We received feedback from relatives that they had been concerned about the cleanliness of the home and had raised concerns previously. Feedback included, "I have spoken to [staff] on numerous occasions about the cleanliness and general hygiene standards in the home, and I've had to resort to cleaning [Person's] room myself because otherwise it just wouldn't get done."
- At the time of inspection, the service had been without a maintenance operative for some months, therefore records kept for routine health and safety checks, such as water temperature, wheelchair and emergency lighting had not always been documented. We found significant gaps in the records for these checks.
- A newly recruited maintenance operative was on annual leave at the time of inspection and we were advised by the management team present that they would ensure all required health and safety checks would be completed moving forward.

The above concerns are in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk associated with people's care were assessed and guidance was available to staff on how to keep people safe from the risk of harm. Risk assessments were updated monthly.
- We observed staff carefully helping residents as they moved around the home. Staff appeared to have a good understanding of the capabilities of individual people and supported them in a discreet and sensitive way.

Staffing and recruitment

- We received mixed feedback from people and relatives regarding the staffing levels at Hopes Green. Feedback included, "Staff seem stretched and residents can sometimes go for periods without seeing someone", "They are always short of staff" and "There is always someone around. They answer my buzzer"

fairly quickly."

- On the days of the inspection, staffing levels were three staff on the first floor for 22 people, four on the ground floor to 27 people and one floating staff member who worked across the home. In addition, there were domestic and catering staff.
- We found communal areas were at times left unattended for extended periods of time whilst staff were tending to people's personal care needs. On one occasion, we intervened when one person in a communal area spilled a drink on themselves and the surrounding floor and then attempted to walk over it. There were no staff present at the time to assist the person who was at risk of slipping in the wet patch. We also observed people on the dementia unit go into other people's bedrooms at times when there were no staff available to monitor people walking around the floor.
- Staff gave us a mixed response when we asked about staffing levels. Most staff told us they would do with an extra staff member particularly in the mornings when people were assisted with personal care and medicines. Feedback included, "We start at 8am and there is very little time to get people up and support them to have breakfast" and "We cope very well but would benefit from an additional staff member first thing in the morning and lunch."

The above concerns are in breach of Regulation 18 of the Health and Social Care Act (2008) Regulations 2014.

- We discussed staffing levels with the regional director and registered manager who advised that people's dependency needs were recently reviewed and they were aware that the home was one assessed staff member short. We saw that a risk assessment was in place for this. They were in discussion with senior management about increasing staffing levels and we were advised following the inspection that an additional staff member was added to the staff deployment.
- There were systems in place for safely recruiting staff. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Using medicines safely

- People received support with their medicines. Medicines Administration Records (MARs) were completed accurately. We observed medicines being administered to people by senior care staff in a safe and patient manner. Staff took time to speak with people and enquire about their well-being at the same time.
- Medicines were stored securely in locked medicines trolleys. Stocks of medicines balanced with records kept.
- Creams and other external preparations were applied by care staff. MARs for these creams were kept in people's bedrooms, however we found significant gaps in documenting the application of these medicines. Staff told us they had not yet been trained on how to complete the records, which was confirmed by records seen.
- Prescribed creams were stored in en-suite bathrooms. However, we found instances of expired creams and containers with missing lids. These items were in easy reach to people especially those living with dementia. The date of opening was also not recorded.

We recommend that the service reviews and implements national best practice guidance on the appropriate management of prescribed creams and topical medicines in a care home setting.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Hopes Green. Feedback from people included, "Yes, I feel safe."

Everyone is so kind. I have no fears at all" and "Yes, I feel safe. It's the staff that make me feel safe. If you ask them for something they are really helpful." A relative told us, "Although I do have issues around the cleanliness of the home and some aspects of the care side of it, I have to say that I still feel that she is in the best possible place and they ensure her safety at all times."

- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had.
- The registered manager was knowledgeable around their safeguarding responsibilities and liaised with the local authority safeguarding team when required.

Learning lessons when things go wrong

- Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary. The management team kept an overview of accidents and incidents recorded.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained. Feedback included, "They are well trained. They help me to move around" and "Yes, the staff here are very good. I am here every day, and have only seen good quality of care." Staff we spoke with were competent, knowledgeable and skilled and felt well supported by managers.
- Training records confirmed that staff had received training in required topics for their role which included safeguarding, moving and handling, infection control, fire safety and dementia awareness. We noted that senior care staff administered medicines and had been trained to do so. However, most care staff who administered prescribed creams had not received training around documenting this.
- Newly employed staff told us they had received an induction which consisted of classroom learning, shadowing experienced staff members and completion of the Care Certificate. The 'Care Certificate' is a nationally recognised set of standards that social care and health workers should adhere to in their daily working life.
- We received a mixed response when we asked staff whether they had regular supervisions with a member of the management team. The registered manager maintained an oversight of supervisions, however, records seen indicated that not all staff had received regular documented supervision in the past year. Following the inspection, the registered manager advised us that staff had since received a supervision. Staff told us they were supported and would not wait for a supervision session to raise any concerns. They told us the registered manager had an open-door policy.
- Records confirmed that staff had received an annual appraisal.

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

- People's needs were assessed before they came to live at the home. Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Staff knew people well and how best to meet their needs. A person told us, "Sometimes they [staff] are ahead of me in understanding my needs."

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

- People were complimentary around the quality of food and choices on offer. Feedback included, "The food is absolutely lovely" and "The food is excellent." Where appropriate, people were supported by care staff to eat in a patient and friendly manner. Drinks were readily available. A relative told us, "Dad is alright as he can feed himself, but I have seen the staff at lunchtime, in particular, helping other residents to eat their meals. They appear to take their time and make sure that the residents have the most of their opportunity to eat a proper home-cooked food."
- Special diets were catered for. The cook had a good understanding of people's likes and dislikes and of

any food allergies. People were offered alternatives if they did not like the menu choices on offer.

- Care plans reflected people's dietary needs and preferences.

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

- Where people required support from healthcare professionals, we saw this was arranged and staff followed guidance provided by such professionals.
- We received positive feedback in this regard from people and relatives. A relative told us, "Much quicker than you or I would be able to go and see our GP or other healthcare provider because the home seems to just have to pick up the phone and the appropriate professional is there."
- Staff were aware of the processes they should follow if a person required support from any health care professionals.

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

- The environment had been adapted to meet the needs of people. There was a lift for ease of access to the first floor.
- People and relatives told us they could personalise their bedrooms and had access to television facilities. A person told us, "Nice room. Suits me fine."
- Aspects of the home were dementia friendly. We saw themed walls on the first floor of the home. However, the home overall required decoration and modernisation, particularly in dining and food service areas. The management team present on the inspection told us that the décor of the home would be updated.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and relatives told us staff offered choices and respected people's decisions regarding their care. A relative told us, "I have been very impressed with how they care for [person] considering that [person] really doesn't know where they are, who they are or even what day of the week it is."
- Staff were knowledgeable around MCA and had received training.
- The registered manager had an oversight of DoLS applications and outcomes. Care plans detailed people's mental capacity and ability to consent to care.

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

Good: 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

- We received consistently positive feedback on the caring and kind nature of care staff. People were treated with kindness. Comments from people included, "They are kind and caring to everyone. They are very nice and do whatever you ask" and "They made me very welcome." Relatives told us, "I have never come across anything that was not perfectly proper. They are very kind" and "I've always found them to be a lovely bunch of carers."
- We observed many instances of kind and caring interactions throughout the inspection. Where people were upset or agitated, staff gently and patiently provided assistance and reassurance. Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We observed staff and the management team had a good rapport with people.
- People's diversity needs were respected and included in their care plan. People were supported to access religious support should they wish. Where people followed a cultural diet, provision was made for this, however, at the time of the inspection, this did not apply.

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

- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted, for examples activities and food choices.
- Care records included information about people's life history, likes, dislikes and preferences, which was obtained through discussion with the person and/or their relative soon after admission. Staff used this information as well as positive interaction, to get to know people and engage them in conversations.
- Relatives were encouraged to give feedback on aspects of their loved one's care. Many relatives commented that the registered manager actively sought out relatives when they visited to discuss any care issues and check that they were happy with care received. A relative told us, "[Person] only moved in before Christmas and I do remember sitting down with [registered manager] and talking through everything that he needed help with as well as discussing with her how his [medical diagnosis] was affecting him at present. Since then, whenever I come to visit, [registered manager] will usually find me and ask me if I'm happy with how things are going."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain relationships with friends and families. There were no restrictions on visiting times and relatives confirmed that they could visit at any time and told us they were always made to feel welcome by staff.
- Staff treated people with dignity and respect whilst providing care and support. Staff could tell us how they maintained people's privacy and dignity, when assisting people with personal care.
- People told us they were treated with dignity and respect. People told us, "I am undoubtedly treated with

dignity and respect" and "This is a very nice place. They leave you in peace. They are very discreet."

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People and relatives told us they were overall happy with the level of care received. People and relatives told us that staff were responsive to any changes in their care needs. Relatives told us they were kept updated and involved in care reviews on a regular basis.
- Although care plans were person centred and detailed people's preferences in certain areas of care delivery, we found instances of care plans lacking detail on how staff should provide care in specific areas. For example, one person's care plan stated that staff should support the person to be pain free at the end of their life. However, the care plan did not state how this should be achieved. Other care plans lacked detail around how people were to be supported with personal care.
- We discussed these issues with the management team who advised that they were aware care plans required work in this area and they were in the process of updating care records.
- We received positive feedback on the provision of meaningful activities at the home, which included, "The activities lady is good, but only operates on one floor at a time" and "The activities are okay." Relatives told us, "I do think the activities are very good here. There's always something covering all seven days of the week and if it's not a musical offering, then it's bingo or memory games. [Person] really enjoyed going to the pantomime over Christmas as well, which I would never have thought he would enjoy in a month of Sundays if you had asked me beforehand!" and "In the summer they get out a lot because there's plenty of organised trips."
- An activities schedule was in place which was seen to be followed during the inspection. The service employed a dedicated personal activity leader (PAL) who led activities across the home. We observed a lively sing-along based on one of the people's background as a singer and a cake decorating session. We observed staff gently encouraging people to take part and attend activities.
- Planned activities took place on a rotational basis across the two floors of the service. We were advised that people from other floors were supported to attend. However, whilst an activity was taking place on one floor, people who remained on the other floor, were seen sitting unattended without meaningful stimulation or interaction for lengthy periods of time.

We recommend that the service reviews their provision for dedicated activities staff to ensure that people throughout the service can benefit from participation in regular meaningful activities and engagement in a group or one to one basis.

- People's birthdays were celebrated and an external entertainer based on a person's preference attended to enhance the party atmosphere. A relative told us, "Whenever her birthday is approaching, the cook will ask her what type of cake she likes best and that will appear as a birthday cake on the day. Also, if she likes a particular type of entertainment then the activities coordinator will try and get that person in as well on her

birthday or as near to the date as possible to entertain them. As a family, we're very appreciative of them doing this. It really is about them going the extra mile to help."

- The personal activities leader was dedicated and passionate about encouraging people to take part in activities to promote well-being and mental stimulation. The activities co-ordinator sought out different events and activities based on people's interests. For example, people attended shows and musicals tailored for people living with dementia. We saw craft items made by people such as bookmarks and knitted goods sold to fundraise for the home's activities fund.

End of life care and support

- Despite lacking detail in care planning as detailed above, relatives told us that they were involved in discussions around the end of life care wishes of their loved one. We heard of examples of people's wishes being respected around whether they wanted to be resuscitated in the event of a medical emergency.
- We found that staff were compassionate and caring for people as they neared the end of their life. We saw many compliments which praised the caring and compassionate nature of staff. We also heard of instances where staff sat with people in their own time to ensure the person was not alone at that time. One relative contacted us following the inspection and told us, "My mum was a resident at Hopes Green for four years up until her death. I cannot fault the home at all. They all do a fantastic job and I would highly recommend the home."

Improving care quality in response to complaints or concerns

- People and relatives told us they could raise concerns to staff and the management team and were confident that any concerns would be listened to and investigated. People told us that they had no complaints. Some relatives told us they had repeatedly raised concerns around staffing levels and cleanliness of the home. We were told that the registered managers open and transparent nature was appreciated.
- Feedback included, "Yes, I've complained about the overall cleanliness of the whole home as well as mum's room and bathroom. [Registered Manager] has sympathised with everything I've written and has told me that she is trying to get on top of a bad situation" and "Yes, I made an official complaint about [subject]. This was escalated up to the regional office and the manager came and visited."
- Complaints were logged and managed in line with the provider's policy. Complaints were reviewed and analysed for trends.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders did not always use quality monitoring systems in place to improve the service. Some regulations were not met.

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

- A variety of regular audits were carried out at the service at both registered manager and the provider's senior management level. Aspects of care checked on a regular basis included medicines, care plans and risk assessments, health and safety, cleanliness and reporting of events such as pressure ulcers, complaints, accidents and incidents and safeguarding concerns. Audits completed by the registered manager were fed into a centralised system which was reviewed by the provider's quality team.
- In June 2018, the providers quality assurance team carried out a thorough audit of the service and rated themselves inadequate based on CQC key lines of enquiry. Many of the concerns at this inspection, such as cleanliness and maintenance, staffing levels and overall record-keeping had already been identified through the provider's own quality monitoring processes. However, it is of concern that despite a service improvement plan in place, sufficient improvements, particularly in relation to cleanliness, maintenance and health and safety had not been sufficiently addressed by the time of this inspection.
- A health and safety audit was completed in March 2017, almost two years prior to this inspection. Some concerns identified then had not been addressed, for example bins were not stored securely in the car park. Concerns were identified that maintenance records books weren't completed regularly and overseen by the home manager. The report stated, 'All maintenance books cause concern, cannot guarantee that they are being completed correctly. Recommendation HM [home manager] should do a full audit of all books.' These concerns were not sufficiently addressed by the time of this inspection.
- We identified concerns with some aspects of daily and routine record-keeping at the home on this inspection, particularly in relation to cleaning, some medicines and daily care records. For example, we checked people's bath and shower records and for some people, we were unable to see from the records whether they had a bath or shower in the month prior to the inspection. We discussed our concerns about this with the regional director who advised that they were trying to move away from an institutional approach to care with weekly bath/showers to a more fluid approach. Despite this, records did not always evidence care people received on daily basis.
- Following the inspection, we formally wrote to the provider and registered manager under our regulatory powers to request a detailed action plan to address the immediate concerns and how improvements would be embedded moving forward. We received a response which was considered as part of our regulatory response to the concerns found on inspection.

The above governance concerns are in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager commenced employment in the home in June 2018 and registered with CQC in October 2018. A newly promoted deputy manager was also in place. We received mixed feedback from staff, people and relatives on how the home was managed.
- People told us, "No, not well organised, but they do their best. They are always short of staff" and "Yes, they [management] are quite good." Relatives told us, "[Registered Manager] is the newish manager and I have to say she has been a breath of fresh air. You can always have a conversation with her when you visit. She is very honest and lets me know when she can help or when the matter is bigger than she is allowed to deal with and it has to be referred to head office" and "Since [Registered Manager] has been appointed as manager, I have seen some improvements and from conversations I've had with her, I think she wants to make sure that the home overall improves. But at the present I wouldn't want to recommend it to others because the standards really aren't being maintained as I think they should be at present."
- Staff told us they felt supported and could raise any concerns with the registered manager and they felt that they would be listened to. Feedback from staff included, "We now have a different style of management, this manager is more involved and helpful, quite supportive and approachable" and "[Managers] are approachable and friendly."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- Despite concerns identified above and regulatory breaches cited in this report, people and relatives told us they were overall pleased with the level of care provided at Hopes Green. Feedback from people and relatives reiterated the findings of the inspection in that staff were caring and dedicated, however, poor staffing levels impacted on the overall service provision.
- A relative told us, "In the main, I feel that they do look after my mother well so I would recommend them to other people but I would have to tell them that in relation to cleanliness and hygiene, there are some issues which is only fair that they should know about." A second relative told us, "In the main, the carers are very professional, well-trained, caring and really want to do the best that they can for their residents, albeit in the limited time they have available to them. In terms of improvements, I wish the group that owns the home would invest some money into it because it really needs a general tidy up and redecorating and some investing in some of the equipment that they are using here."
- Throughout the inspection we found the management team open and transparent regarding the concerns identified at the home. They demonstrated enthusiasm and commitment to making the required improvements to ensure safe and good quality care.
- The registered manager told us that since they commenced employment at the home, they had prioritised improving staff culture and morale. They told us that they were committed to making the home more dementia friendly and less institutional in its approach to care. They told us that providing exceptional dementia care was something they cared personally about and was working with the providers resident experience team to achieve a nationally recognised accreditation in dementia care.

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

- The registered manager operated an open-door policy where people, visitors and staff could raise any concerns they had. We saw this in action during the inspection.
- The home had systems in place to monitor quality through surveys that people, relatives and visiting professionals could complete. The latest survey had been completed in January 2019 and feedback received had been positive.
- Regular meetings took place at the home for staff and relatives. Meetings were held in an open manner and feedback was encouraged.

Working in partnership with others

- Staff and the management worked with a variety of health and social care professionals to ensure people received prompt access to required health services as needed.
- Links had been made with local schools and drama groups which resulted in entertainment in the home. A local radio station had broadcast from the home. Staff had recently completed a sponsored walk to raise funds for people to attend a local pantomime.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15(1) The registered provider failed to ensure that the premises was clean, well maintained and routine health and safety checks were documented.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1) Registered provider oversight processes in place did not always assess, monitor and improve the quality of care for people using the service.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18(1) The registered provider had failed to ensure there was sufficient numbers of staff deployed to meet people's care needs.