

Bridge House (Elmwood) Limited

Bridge House 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bridge House is a residential care home providing personal and nursing care for up to 66 older people, some of who are living with dementia. At the time of the inspection there were 44 people using the service.

Accommodation is provided in single ensuite rooms on three separate floors each of which have communal areas. Nursing care is provided to people on the second floor. Additional communal space is provided on the ground floor and outside space includes a roof garden.

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

At this inspection we found improvements had been made in many areas. However, we remained concerned about medicines management which was not always safe. For example, some people had not received their medicines as they had run out. Following the inspection the provider told us they had taken action to address the issues we identified.

People were happy with the care and support they received and told us they felt safe. When we asked one person what made them feel safe they replied, "I've just bedded in! Never in my life have I slept well but here I just get into bed and I'm off in 5 minutes. I sleep so well. That tells you."

Staff were aware of risks to people and knew how to keep them safe. There were enough staff to meet people's needs without rushing and the use of agency staff had reduced which people felt was positive. Staff knew people's needs and how to meet them, although people's care needs and preferences were not always fully reflected in their care records.

Staff were recruited safely, well trained and had the required skills to meet people's needs. Staff told us they felt well supported.

The home was clean and well maintained. The environment was decorated and furnished to a high standard with adaptations made to help people find their way around. There were ongoing improvements to make the environment more dementia friendly.

People and relatives praised the staff for their kindness and compassion. One person said, "The staff are good, they do their best to help you. They don't come in and preach to you." We saw staff treated people with respect and maintained their privacy and dignity. People enjoyed a range of activities and events, including going out on trips. People had access to healthcare services. Most people were happy with the choice and quality of the food and said they received plenty to eat and drink.

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.

A new registered manager had been appointed since the last inspection and everyone spoke highly of this individual. Leadership and management had improved, which resulted in better outcomes for people and an increase in staff morale. More thorough quality assurance systems had been implemented and issues were actioned, although the auditing of medicines needed to improve. The provider recognised the improvements made need to be sustained and developed further to ensure the service is consistently well-led.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 7 May 2019). There were multiple breaches of regulation and we took enforcement action. At this inspection we found improvements had been made, although one breach remained in relation to medicines.

This service has been in Special Measures since 7 May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements in relation to medicine management. Please see the safe section of this full report.

Enforcement

We have identified a breach in relation to medicines management at this inspection. 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 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 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 ●

Bridge House 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

Three inspectors, a medicines inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the clinical commissioning group (CCG), local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and 13 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, clinical lead, nurse, care workers and the activity co-ordinator. We also spoke with a visiting health care professional.

We reviewed a range of records. This included five people's care records and 23 people's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inadequate. At this inspection this key question has now improved 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

At our last inspection medicines were not managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely which placed people at risk of harm.
- Almost half of the people we reviewed had not received some of their medicines as supplies had run out.
- There was a lack of guidance in place for staff to follow when people were prescribed medicines to be given "as required" or with a choice of dose.
- People were prescribed patches to treat symptoms of medical conditions and pain. However, these were not always applied in accordance with the manufacturer's directions.
- Cream application records were not always completed which meant it was not possible to tell if people had had their creams applied as prescribed.
- Important drug alerts were not accessed in a timely manner placing people at risk of being given medicines which had been recalled for safety reasons. During our visit the clinical lead acted to ensure they would receive future alerts.
- People's allergies were not accurately listed.
- Monthly audits failed to highlight the concerns regarding unsafe management of medicines.

We found medicines were not effectively managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider told us they had taken action to address all the issues above and ensure medicines management was safe.

- Medicines were stored safely and securely.
- The majority of medicine administration records were well completed with few gaps.
- There were effective processes in place for reconciliation of medicines when people were admitted to the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 12.

- Overall risks were managed safely although record keeping needed to improve.
- Staff were aware of risks to people and how to manage them. Risk assessments were in place and up to date however these varied in the amount of detail recorded.
- For example, although people were provided with the correct equipment, specific details were missing from some records, such as the type of hoist and sling size and settings for pressure relieving mattresses.
- Two people were on pressure relieving mattresses which were set incorrectly for their weight. The clinical lead took immediate action to address this when we raised it.
- Effective systems were in place to ensure the equipment and premises were kept safe and well maintained.
- Staff had completed fire training with some staff trained as fire marshals. Staff knew the fire procedures and had participated in fire drills. Evacuation plans were in place to ensure people received the support they needed in an emergency situation.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment processes were followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff were recruited safely with all required checks completed before they started in post, including criminal record checks and references.
- Systems were in place to ensure nurses registration with the Nursing and Midwifery Council was valid.

At our last inspection the provider had failed to ensure there were sufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs.
- Comments made by people and relatives included: "You sometimes have to wait because they are so busy but I understand that. There are a lot more staff lately, it was scarce at first" and "[Staffing] has improved, there is far less reliance on agency staff."
- Staff provided support to people without rushing and responded quickly when people requested assistance.
- Staff said improvements had been made in staffing since the last inspection with more permanent staff employed and a reduction in the use of agency staff.
- The registered manager kept staffing levels under review and adjusted them according to people's dependencies.

Learning lessons when things go wrong

At our last inspection the provider did not have effective systems in place to learn lessons when things went

wrong. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were systems in place to consider lessons to be learned.
- Accident and incident recording had improved. The management team reviewed all reports and made sure any follow up actions were completed.
- Any risks identified following an accident or incident were discussed at a daily meeting with staff so everyone was clear about what had happened and any actions that needed to be taken.
- A monthly analysis considered whether any lessons could be learned from events that had occurred and these were shared with staff. The registered manager acknowledged the analysis could be developed further by considering if there were any patterns in relation to location or times of accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe in the home and with staff.
- Staff had received safeguarding training and understood how to recognise and report abuse.
- Systems were in place to record and monitor any incidents. Appropriate referrals had been made to the local authority safeguarding team.

Preventing and controlling infection

- Infection control was managed well and there were good standards of cleanliness.
- People and visitors told us the home was kept clean. One relative said, "The housekeeping here is particularly good. The laundry is done well and quickly and put away nicely."
- Staff had received infection control training and followed safe practices; washing hands and wearing gloves and aprons appropriately.

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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider was not acting in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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.

- Systems were in place to monitor DoLS applications and authorisations and to make sure conditions were met.
- Staff understood what was meant by mental capacity and how this impacted on people they supported. One staff member showed us 'flash cards' they had been given which provided a brief summary on different topics including mental capacity. They said these reminders were very useful.
- Capacity assessments and best interest decisions were recorded where people lacked capacity to make specific decisions. Records indicated families had been consulted, however their responses were not always fully documented.
- Staff asked people for consent before providing any care and support. However, consent to care and treatment was not clearly documented in people's care records.
- A relative said they had been impressed by staff's respect for their family member's decision to withhold consent for an examination. They told us staff made them aware the person had said no and assured them that no examination had taken place.

Following the inspection the provider told us they had taken action to record people's consent in their care records.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received the training and support required to fulfil their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff received the training and support they required to meet people's needs.
- New staff completed an induction which included the Care Certificate and a shadowing period of at least a week.
- Training was a mixture of e-learning and face-to-face. The training matrix showed 95.2% of staff were up-to-date with their training.
- Staff said the training had improved. One staff member said, "The training is brilliant. The e-learning is much better and we've had district nurses in to teach us about continence and catheters."
- Some staff had undertaken additional training to become champions in specialist areas such as dementia care, dignity, tissue viability and nutrition. The champions promoted best practice and provided training to staff.
- Staff said they received regular supervision which was confirmed by the records we reviewed.

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

- People's needs were assessed before they moved into the service and this information was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.

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

- People's nutritional needs and preferences were met.
- Menus offered a choice of meals and specialist diets were catered for.
- Most people said they liked the food. Comments included; "I like the food. It wasn't good at first but it has improved a lot. It is cooked better and the choices are better. The shepherd's pie is beautiful" and "The food is very good."
- Relatives also provided positive feedback. One relative said, "[Name of person] is very picky and will normally find something to criticise about anything they eat, but they have not done that here. That's a real surprise."
- People were offered drinks and snacks throughout the day and these were available at night too. A relative told us, "No one ever goes thirsty or hungry here, I can tell you that."
- Oral care plans made clear the importance of oral health in maintaining a good dietary intake.

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

- The service was purpose built and furnished to a high standard providing a pleasant and bright environment for people.
- Décor was colourful and modern, with handrails and doors in contrasting colours to aid people with a visual impairment or those living with dementia. Corridors and doorways were wide and provided people with space to mobilise safely.
- The doors to some people's rooms were decorated with collages of pictures representing activities or places of significance to that person.
- However, some aspects of the design may have presented difficulties for people living with dementia. For example, bedroom doors had a painted letterbox which may have confused people who could not understand why they could not open it. Some wallpaper was heavily patterned, for example with plants and flowers in corridors and wallpaper with fish on in some toilets. This can be confusing for people living with

dementia.

- The Kings Fund environmental assessment tool for dementia care had been used to review the environment in November 2019 and the registered manager told us recommendations from this audit would be implemented.

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

- Staff had developed relationships with other agencies which ensured any support people required was accessed promptly, including care related to people's health.
- People told us if they needed healthcare support, such as GP, optician, dentist, this was arranged by staff.
- We saw one person being supported by the speech and language therapist (SALT) and another being supported by physiotherapists. The SALT told us staff worked very well with them and followed their advice.
- The service had developed a very good relationship with community matrons who were coming in to provide staff training in areas such as constipation and sepsis.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people were treated with compassion, kindness, dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

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

- People were well cared for and treated kindly by staff.
- People and relatives spoke highly of the staff and were very happy with the care provided. Comments included: "The staff are good, they do their best to help you. They don't come in and preach to you", "I cannot fault the staff at all", 'The staff are always kind, never sharp or offhand" and "Staff are excellent, they all work round each other. There is none of this business, 'That's not my job', if someone needs attention someone else will come."
- Staff engaged with people warmly and talked to them in ways which showed they knew them well. One relative told us how compassionate staff were with their family member. They said, "[Name of person] doesn't like being washed or changed and can hit out at staff but they are so patient and gentle with [person]. All the staff here from top to bottom, without exception, are superb."
- The provider's assessments of people showed they considered diverse needs such as those relating to culture, faith and other preferences. For example, adapted diets enabling people to maintain lifestyle choices such as being vegetarian or vegan.
- One person's first language was not English. Although they were able to talk to staff in English, they often used phrases in their own language. On one occasion we saw staff ask the person what a phrase had meant and how and when to say it. The person enjoyed explaining this to them.

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

- People were involved in decision making and their choices were respected by staff. One relative told us, 'If [family member] doesn't want to get up, they leave her. They are kind and caring, they brush her hair and stroke her hand."
- Some relatives told us they and their family member were included in writing their care plans. One relative said, "[Staff] have talked to us all to get real detail about what [name of person] likes."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was maintained. One person said, 'I have a bed bath every morning and they cover me up. I know they treat me with dignity and respect by the way they

talk to me, they are nice and polite to me."

- A relative spoke about the way staff treated their family member saying, "They call her by her name, explain everything and smile at her. When they help her on to the commode they put the blind down, put a towel over her, then go out of the room and knock before they come back in. She has clean clothes on everyday just as she would want."
- People looked clean and comfortable and had been supported by staff to maintain their appearance
- People had keys to their rooms and were able to lock their doors before leaving. One person who had been asked if they wanted to come to the dining room for lunch told staff, "Just locking up, I'll be there in a moment."
- People told us staff encouraged and enabled them to be as independent as possible. Comments included; "They cut up my meat for me so I can feed myself. It's lovely to feed myself", "I wash myself once I am in the shower" and "They help you when needed but let you do your own thing, they realise you are capable."
- Staff gave positive encouragement when people were completing tasks for themselves. Staff told people their clothing looked nice and suited them, and when people returned from the hairdresser they made a fuss of people and commented on how good they looked.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; End of life care and support

At our last inspection the provider had failed to ensure people received person-centred care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- People received person-centred care.
- People and relatives were satisfied with the care provided. One relative said, "My [family member] receives care how she would want it and how she needs it. They understand her nonverbal cues such as if she rubs her head or knee [they know] she's in pain."
- However, people's care records lacked detail and did not always reflect current care needs or preferences. For example, one person had lost weight and was at high risk of malnutrition, yet there was a lack of detail in the care plan to show how these needs were being met.
- Although people and relatives told us they were involved in care planning and reviews this was not evidenced in the care records. Care records were electronic and it was not clear how people could easily and independently access information held about them if they wished. For example, a password was required to access information, but this gave access to everyone's care plans.
- People's care plans lacked detail about their wishes and preferences for care and support should they become seriously ill and at the end of their life. For example, one end of life care plan stated staff should, "Respect [name of person's] wishes and preferences", but there was no information as to what these might be.
- Since the last inspection staff had received further training on the electronic care system and champions had been appointed to support staff in using the equipment. The registered manager recognised further improvements were required to make sure the care records accurately reflected people's needs, preferences and end of life care.

Meeting people's communication needs

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

- People's communication needs were identified and recorded in care plans.
- Staff were aware of the different ways of communicating with people and recognised the importance of

giving people time to respond. One relative told us, "[Family member] can't speak much but they know how to communicate with him and what he's saying."

- There was some use of pictorial information in the activities planners which were on the wall, but we did not see any examples where adaptation had been made to information relating to people's care.
- The registered manager had put a notice up to ask people and their relatives whether they wished any adaptation to be made to the format of information they provided, for example to help people with a visual impairment. They told us no one had made any requests for this at the time of our inspection.

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 had opportunities to engage in regular activities which included accessing the local community and trips out.
- The activity co-ordinators organised a programme of events which was displayed in the service. They were mindful some people preferred to stay in their rooms and provided one to one time to ensure people did not feel isolated or left out.
- People told us, "I have my nails done and do the daily sparkle which is very interesting. I do my own exercises" and "Most of the time there is enough to do. I have had one trip out for a curry I like curries. I have been in the garden in summer."
- Relatives described how staff made sure everyone was included. One relative said, "[Name of person] can't join in with the activities but is always made to feel part of it. The other day I came in and they were decorating biscuits, he had icing all over his hands and was licking his fingers and eating the biscuits. There was lots of laughter."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise a complaint and felt confident these would be dealt with.
- One relative had raised issues in the past and were happy with the response of the current registered manager which they described as, "Much better than the previous manager."
- The complaints procedure was displayed in the home.
- The registered manager told us no formal complaints had been received and minor concerns or issues had been addressed.

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 inadequate. At this inspection this key question has improved 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there was effective leadership and management and quality assurance systems were not effective in identifying and resolving issues.. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- A new management team had been appointed since the last inspection which had resulted in more effective leadership and management of the service. The recent appointment of a clinical services manager provided additional oversight and support to the nursing unit.
- Staff were clear about their roles and understood their responsibilities. Staff said the culture in the home had improved since the registered manager had been in post. They said teamwork had got better and they now knew what was expected of them.
- The provider and registered manager had taken action to address the risks identified at the last inspection. They were keen to make improvements and proactive when issues came to light at the inspection.
- People and relatives felt the home was well run and had confidence in the management team. One relative had been impressed with the open and candid way the registered manager told them about the rating of the home at our last inspection and said the plan in place to improve the service felt credible. They said they felt, "very reassured" by the conversation and "impressed" the registered manager had brought the subject up with no prompting.
- Commissioners from the Local Authority and CCG had carried out a recent monitoring visit to the service and noted improvements.
- Communication systems were in place to ensure staff were kept informed of any issues and actions required, providing them with an opportunity to raise any matters. These included the manager's daily walk round and a mid-morning update meeting with staff from each department. Information was cascaded to staff through handovers at each shift change.
- Quality assurance systems had improved. Regular audits were carried out by the management team and provider reviewing all aspects of service provision. Overall the audit process was thorough, identifying

issues and actions to be taken. However, medicines audits needed to improve as issues we identified at the inspection had not been picked up or addressed.

- The provider recognised these improvements need to be sustained to ensure consistency in how well the service is managed and led, and to ensure continuous improvements in care for people using the service.

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

- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- Relatives said they were informed of any significant incidents in a timely way. One relative said, "[Name of person] has a key worker, we know who they are. They are a point of contact; they called us when there had been a problem with medication."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were involved in discussions how the service was run and their feedback was acted upon. For example, the main meal had been changed from lunch to tea time following consultation and televisions were being brought into communal areas as people requested.
- Regular staff meetings were held and minutes showed staff were able to air their views and action was taken in response. One staff member said, "We can speak up and we're listened to now."
- Satisfaction surveys had recently been sent out to people, relatives and staff. Some had been returned, however, these had not yet been analysed. The registered manager said the results would be shared when completed.
- People, relatives and staff told us they would recommend the home to others. Comments included; "If you want your relative looked after in every way – this is the place" and 'Mum is looked after and is not unhappy. I would know. It ticks a lot of boxes.'
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely which placed people at risk of harm. Regulation 12 (1) (2) (g)