

Deciduous Ltd

Pennine Lodge

Inspection report

Burnley Road
Todmorden
Lancashire
OL14 5LB

Tel: 01706812501
Website: www.pennine-lodge.com

Date of inspection visit:
28 April 2022
05 May 2022
09 May 2022
16 May 2022
31 May 2022

Date of publication:
25 July 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Pennine Lodge is a residential care home providing personal care to up to 38 older people some of whom are living with dementia. At the time of our inspection there were 38 people using the service. The service has three units, each of which has separate adapted facilities.

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

People were not always safe. People were at risk of harm as the provider had not identified, assessed or mitigated risks. This included risks related to people's health and care needs as well as environmental risks. Medicines were not managed safely.

There were not always enough staff to meet people's needs and keep them safe. Some staff had not received the training and support they needed for their roles.

People did not always receive person-centred care and care records did not fully reflect their needs. There were few activities taking place and there was little to occupy and interest people. People's dignity was not always respected.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There was a lack of effective leadership and an ineffective governance structure which meant the service was not appropriately monitored at manager or provider level.

Recruitment processes ensured staff were suitable to work in the care service. Infection control procedures were followed by staff. The home was clean and well ventilated.

Staff knew people well and understood how to support people who were distressed or anxious. Staff were kind, caring and compassionate. People were provided with a variety and choice of food and drinks. People were supported to keep in touch with family and friends. People had access to healthcare services. Relatives were satisfied with the service provided.

The registered manager and provider took action in response to the inspection findings after the inspection.

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

Rating at last inspection

This service was registered with us on 7 October 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 8 December 2017.

Why we inspected

The inspection was prompted in part by notification of a specific incident. This incident is subject to investigation. As a result the inspection did not examine the circumstance of the incident.

The information CQC received about the incident indicated concerns about the management of risks to people, staffing levels and the use of sensor equipment. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staffing, consent, person-centred care and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Pennine Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by five inspectors 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

Pennine Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pennine Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 28 April 2022 and ended on 31 May 2022. On 28 April 2022 two inspectors visited the service and on 5 and 31 May 2022 three inspectors visited.

What we did before the inspection

We reviewed information we had received about the service since the provider registered with CQC. We sought feedback from the local authority 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.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with people in the communal areas observing the care and support provided by staff. We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with the registered manager, a senior manager and eight members of staff including team leaders, care workers and the cook. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included 13 people's care records and 16 people's medicine records. We looked at two staff recruitment files. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely.
- People did not always receive their medicines as prescribed. One person's eye drops and ointment had not been administered correctly. Another person had not been given a prescribed nutritional supplement.
- Medicines were not always stored safely and securely. Medicines for disposal were accessible to unauthorised staff. Prescribed nutritional supplements and creams were stored in areas that could be accessed by people using the service.
- Systems for administering prescribed creams were not always clear. Topical medicine administration records (TMAR) showed where to apply the cream but not when it should be applied. There were gaps on TMARs where staff had not signed, so we could not be assured creams had been given.
- Protocols were not always available for 'as required' medicines. There was no clear guidance for staff about when the medicine could be given, how often, the maximum dose in 24 hours and the time gap between doses.
- Four medicine administration records (MARs) had no photographs to help staff identify people.
- One person was prescribed a pain patch. Staff did not know where the patch was kept or when it should be applied. Handwritten instructions on the MAR were not clear.
- Two people received their medicines covertly (hidden in food or drink). There was no information on or with the MAR to inform staff how the medicines should be given.
- The registered manager was unable to provide evidence to confirm all staff, who administered medicines, had completed medicines training and had their competency assessed.

Systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed actions were being taken to ensure medicines were managed safely and provided evidence to show staff had completed up to date medicines training and competency assessments.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not assessed and managed safely. Where risks had been identified, actions had not been taken to ensure people's safety. Sensor equipment, put in place to mitigate the risk of falls and inform staff of people's whereabouts, was not working or had not been switched on by staff. Checks the registered manager told us had been put in place following an incident in February 2022 were not carried out

consistently.

- People were not always supported to wear appropriate footwear to help them mobilise safely. Some people had no footwear and wore only socks, which were not non-slip. This presented a slip risk for people walking on the laminated floors.
- People were not always repositioned in accordance with their care plans. One person's repositioning charts had not been completed for four days.
- Weight loss risks were not identified and acted upon promptly. Records showed one person had experienced significant weight loss. This was found to be an error but had not been identified until four days later. Another person's care records showed they were severely underweight and were to be weighed weekly. The last recorded weight was 22 March 2022.
- Bedroom doors were locked even when people were in their rooms. On the first day of the inspection there was no system in place to ensure all staff on duty had a master key. This was remedied when we returned on the second day. No checks or risk assessments had been carried out to ensure people could exit their rooms.
- People were not protected from environmental hazards. The kitchen on one unit was left open and unattended. Sharp and hazardous items stored in this area were freely accessible to people walking around.
- Fire safety risks were not managed. Personal emergency evacuation plans (PEEPs) did not give room details and required updating.
- A fire risk assessment completed in October 2021 identified urgent works to be completed within a month. These works had not been carried out.
- Learning from incidents and accidents was not always actioned. For example, following a fall resulting in a fracture, it was stated the person would have bed and chair sensors and a falls necklace. Only a bed sensor was in place and this was not working.

The lack of robust risk management processes meant people were not protected from harm or injury. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed regular checks were now in place to ensure sensor equipment was working.

Staffing and recruitment

- There were not always enough staff to meet people's needs and keep them safe.
- Regular agency staff were deployed whilst recruitment of permanent staff was ongoing.
- We observed staff were very busy particularly in the morning with sensor equipment constantly triggering the alert system. One person said, "Buzzers are constant day and night. It drives you mad."
- We were not assured staffing levels at night were sufficient or safe. The registered manager told us there was one staff member on each unit with a fourth staff member providing support where needed. An additional staff member provided one-to-one support to one person. Staff told us there were three people or more on each unit who required two staff to assist them.
- A dependency tool was used to calculate safe staffing levels. Staff said these levels were not always met. This was confirmed by the provider's own staffing audit as well as duty rotas, which showed multiple shifts on days and nights where minimum staffing levels were not met.
- Rotas did not always detail the staff roles or the units they were working on.
- Staff raised concerns about staffing levels and described how this impacted on the care they were able to provide to people. One staff member said, "We can't give the basics which includes missing out on snacks, missing showers, not making sure nails are clean or spending time with people. We are doing the minimum scraping by, we don't have the time to spend with people at mealtimes, and they need time, so worried they

are not getting enough food and fluids."

There were not enough staff to meet people's needs and keep them safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Robust recruitment checks were in place to help ensure staff were suitable and safe to work with people using the service.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and harm.
- Staff understood the procedures to follow when concerns were identified.
- Where safeguarding incidents had occurred, referrals had been made to the local authority safeguarding team and notified to CQC.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to monitor DoLS applications and authorisations. However, staff were not aware of who had an authorisation in place and this was not accurately reflected in care records. One person's care plan made no reference to a DoLS authorisation although one was in place.
- Mental capacity assessments and best interest decisions (BID) were completed for some decisions. However, there was no evidence of capacity assessments or BID for the use of sensors in people's rooms. This included motion sensors and bed sensors as well as listening devices which were switched on at night.

Staff were not always acting in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection. They confirmed care plans had been updated to show who had a DoLS authorisation in place.

Staff support: induction, training, skills and experience

- Staff did not always receive the training and support they required to fulfil their roles.
- Staff said their online training was kept up to date. However, the training matrix showed significant gaps in compliance. For example, out of 39 staff listed, ten staff had not completed annual fire training and 13 had not completed annual safeguarding training.
- The provider's audits showed only eight out of 34 staff had received supervision in 2022. The registered

manager told us a senior manager would be coming in to assist in completing supervisions and appraisals.

Staff had not received the training and supervision necessary for them to carry out their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Overall people's nutritional needs were met, although one person had not been receiving a prescribed supplement.
- People said they enjoyed the food. Menus provided people with a variety of food at each meal. Staff offered people a choice and provided assistance to those who required support with eating and drinking, checking they had had enough.
- Record keeping of people's food and fluid intake needed to improve as entries were irregular and indicated some people went for long periods of time without food or fluids. The registered manager told us they had taken action to make sure staff recorded accurately all food and fluid intake.

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

- Staff supported people to access the healthcare support they needed.
- People's care records confirmed the involvement of other professionals in providing care such as district nurses, community matrons, GPs and the speech and language therapy (SALT) team.
- A healthcare professional who visited the service regularly gave positive feedback saying staff followed advice they provided and they had no concerns about the care.
- People also had access to the provider's own team of specialist clinical advisors including a nutritionist, physiotherapist and occupational therapist.
- Oral assessments and care plans were in place. People were registered with a dentist and provided with oral care equipment. However, many of the toothbrushes in people's room were dry which suggested they had not been used and there was no reference in daily notes to show oral care was being carried out."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before they moved into the service.
- The building was adapted to meet people's needs and the environment was homely and comfortable.
- The environment did not promote independence for people living with dementia. For example, all bedroom doors were painted white, many had no number, name or photo on to help people find their rooms. One toilet had no sign on the door to inform people it was a toilet.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always maintained.
- Some people looked well groomed and well dressed, whereas others looked unkempt as their hair had not been brushed and some men were unshaven. Some people were wearing only socks and no shoes or slippers.
- Two staff referred to people who required assistance with eating and drinking as 'feeders'.
- People were not always receiving baths or showers. The registered manager told us the two bathrooms with baths could not be accessed by people who required a hoist. The remaining bathroom had only a shower. Four people's care records showed they had not had a bath or shower in April 2022. One member of staff told us they did not have time to assist people to shower and bathe.

People were not receiving dignified personalised care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded during the inspection. They confirmed quotes were being obtained to upgrade the bathrooms.

- Staff encouraged people's independence. One staff member encouraged and assisted a person to take the empty meal trolley away. The person looked happy to be helping. We saw other staff encouraging people with their mobility.

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

- People were treated with kindness and compassion by staff.
- People were comfortable with staff who were warm, kind and patient and knew people well. One person said, "Staff are very helpful, very good and friendly, that's why I came. I like it here."
- Relatives also said staff were kind and caring. Comments included; "I feel they are very caring and feel very confident that my relative is well looked after"; "Staff are absolutely brilliant. They look after her well" and "Staff are very helpful and caring. They care about us as well as the patients."
- Staff were responsive and acted with compassion when people were distressed. A staff member spent time talking with one person offering gentle comfort and tactile reassurance which helped the person feel less distressed.
- Staff referred to people by their name and made references to their close family in conversations. One person was laughing and joking with staff and they had an impromptu dance with each other.

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

- Staff involved people in decisions about their day to day care, asking where they would like to sit and what they would like to eat and drink.
- Relatives said they were involved in care planning and reviews and were kept informed. Comments included; "We have regular conversations about care" and "Staff keep me informed about everything"

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People did not always receive person-centred care.
- People's care records were not always accurate in reflecting current needs. An incident form for one person showed they had an ungradable pressure ulcer on their heel. Their skin integrity risk assessment and care plan stated their skin was in good condition and there were no pressure injuries or wounds.
- One person's care records showed they were very low weight. The care plan stated they were to be weighed weekly, weight records showed they had been weighed once in February and twice in March 2022. No weights were recorded for April 2022.
- Many people had a number of different sensor devices in their rooms including motion sensors, bed sensors and acoustic sensors. Care plans were not clear why these devices were required. One care plan stated the person would like hourly checks throughout the night, but also stated the acoustic device was required to 'monitor any noise in the bedroom' and reduce the amount of physical checks. There was no evidence to show the use of this equipment had been discussed and agreed with the person or their representative.

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's social care needs were not met.
- There was no planned activity programme and staff had limited time available to support people to engage in meaningful activity. The registered manager said care staff were now responsible for providing activities as the service no longer employed an activity organiser.
- Staff said they offered people one-to-one or group activities when the opportunity arose. However, we observed staff were unable to any offer any activity sessions during the mornings due to workload. Some one-to-one activities were provided during the afternoon, however many people sat for long periods with little stimulation.
- Relatives expressed mixed views about activities. One relative felt activities were aimed at people who were living with advanced dementia rather than those who were more able. Other comments included; "Staff do spend some time with her. Any time they can spare" and "They try to involve my relative. They dance and have a sing-a-long." One relative spoke positively about the Alexa the person had in their bedroom which allowed them to listen to the music they liked.
- People were supported to keep in touch with family and friends.

People were not receiving 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.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met.
- Care plans provided information about people's communication needs.
- The registered manager told us information could be provided in different formats if required to meet individual needs.

Improving care quality in response to complaints or concerns

- Effective systems were in place to manage complaints.
- The complaints log showed four complaints had been received since August 2021 and the actions taken to address the concerns.
- One relative told us they had raised a complaint which had been dealt with satisfactorily and they appreciated the way it had been handled.

End of life care and support

- The registered manager told us no one was currently receiving end of life care.
- There was no information in people's care records to show discussions had taken place with people and relatives about their wishes and preferences in respect of end of life care.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Significant shortfalls were identified at this inspection. There were breaches in relation to safe care and treatment, staffing, person-centred care and consent. These issues had not been identified or addressed through the provider's own governance systems.
- There was a lack of effective leadership and management. The service had been without a deputy manager since October 2021, however a new deputy manager was appointed on 22 May 2022. The registered manager acknowledged the impact staffing shortages had had on their role. Staff and relatives spoke positively about the registered manager who was described as approachable, helpful and supportive.
- Quality assurance systems were not effective in identifying and addressing issues and risks we found at the inspection. Where actions had been highlighted these were not always implemented. For example, sensor checks were not carried out although this had been identified as an action in February 2022. Improvements required around injuries and care records had been identified for discussion at a staff meeting in February 2022. This was not referred to in the meeting minutes.
- Provider oversight and monitoring was ineffective in identifying and managing organisational risk. Evidence of provider visit reports and checks were requested. However, these were not provided.
- Actions the provider assured us had been taken to address issues identified at the inspection had not always been fully implemented. For example, we continued to find shortfalls in medicines management and the use of sensor equipment when we returned on the last day of the inspection.
- Systems for managing risks to people's health and safety were ineffective. For example, urgent fire safety issues identified in October 2021 had not been completed and there were no systems in place to ensure all staff on duty had keys to access locked rooms where people were present. Records showed one person had lost a significant amount of weight. Staff were aware of this, but no action had been taken. When we raised this the registered manager arranged for the person to be re-weighed and found the weight was incorrect and the person had actually gained weight.
- Communication systems were not always effective in ensuring staff were kept informed of any changes in people's needs. Staff were not aware who had a DOLS authorisation in place and handover records did not provide an overview of care or people's wellbeing.

We found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection and provided evidence of quality audits completed by an external consultant and visit reports from the local authority and clinical commissioning group (CCG).

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

- Relatives were satisfied with the care provided. Comments included: "I feel confident she is being looked after" and "I've got total peace of mind she's getting the best care."
- Satisfaction surveys had been sent to relatives in February and April 2022. Nine responses had been received which gave positive feedback. The registered manager said they were awaiting further responses and also calling people for their views, before completing an analysis which would be shared with everyone.
- No residents meetings had been held this year. The registered manager said one-to-one chats had been held with people and provided us with a brief overview of these discussions. However, it was not clear when these discussions had been held or when the suggestions made had been implemented.
- Staff meetings had been held in February and March 2022 and further meetings were scheduled.

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; Working in partnership with others

- 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.
- Care records showed the service worked in partnership with health and social care professionals.