CareQuality Commission

CC Whitelodge Limited

# White Lodge Care Home

## Inspection report

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Ratings

| Overall rating for this service | Good |
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| | |
|---|---|
| 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? | **Good** |

# Summary of findings

## Overall summary

About the service
White lodge Care Home is a residential care home providing personal care and accommodation to people aged 65 and over including people living with dementia. The service can support up to 25 people. 23 people were living in the home at the time of the inspection. Accommodation is arranged over two floors in single bedrooms. There are two communal lounges, a dining room and access to a garden and patio area.

People's experience of using this service and what we found
People and relatives told us the service provided safe care and staff were kind and caring. A system was in place to safeguard people from abuse and action was taken to promote people's safety when an incident occurred.

Staff had a good understanding of the risks to people. However, some records required review to ensure up to date guidance about people's needs was available. A plan was in place to address this and underway at the time of our inspection. Environmental risks were assessed and monitored.

Staff had completed training and were supported to carry out their role. Staff told us they had enough time to meet people's needs. Although we received some mixed feedback about staffing levels from people and relatives no one told us people's needs were not met. Checks were carried out to help ensure only suitable staff were employed. This process was improved during our inspection.

People's medicines were managed safely, and they were supported to access the healthcare support they needed. People and relatives spoke highly of the food provided and their individual dietary needs and preferences were met.

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.

Peoples care needs were assessed and care was planned to meet them. Staff treated people with dignity and respect. There was a range of activities available for people and the service aimed to support people with their individual requests and wishes.

A system was in place to monitor and improve the quality and safety of the service people received. There was a homely and welcoming atmosphere in the service and staff told us they were supported in their role by the management team.

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 requires improvement (published 17 January 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

Follow up
We will continue to monitor information we receive about the service until we 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.

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|---|---|
| **Is the service safe?**<br>The service was not always safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was well-led.<br>Details are in our well-Led findings below. | **Good** |

Care Quality Commission

# White Lodge 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
This inspection was carried out by two 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
White Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The provider's operations manager and a deputy manager were overseeing the management of the home whilst a new manager was recruited.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and nine relatives about their experience of the care provided. We spoke with eight members of staff including the operations manager, deputy manager, senior care worker, activity worker, three care workers and the chef. We observed interactions between staff and people in communal areas of the home.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe which increased the risk that people could be harmed.

Assessing risk, safety monitoring and management

- A system was in place to assess and manage risks to people. Following the development of a person's care plan, a risk management plan was recorded based on people's individual areas of risk. This included guidance for staff on how to minimise risks to people. All people were assessed for risks to them from pressure sores and malnutrition.
- Whilst staff were knowledgeable about people's risk areas and could tell us about the actions they took to keep people safe. We found risk assessments had not always been updated to reflect people's changed needs or following an incident. For example; one person had sustained an injury from their bed rails. Their risk management plan and bed rails risk assessment had not been reviewed following this incident. A record was not in place to monitor the progress of their injury. Another person had left the service unaccompanied which was a risk to them and their risk assessment had not been updated to reflect this incident. Although another person had been identified as very high risk of falls, their care plan did not detail the actions staff should take to minimise the risks to them from falls. We were assured through our conversations with staff that people were appropriately supported. However, it is important to ensure up to date guidance is available for all staff and risks have been fully considered.
- We spoke to the operations and deputy managers about these incidents, actions had been taken to manage the risks to people, but records required updating and they assured us this was in process. The operations manager told us a wound care plan was being introduced to enable them to monitor wounds alongside any involvement of healthcare professionals.
- We observed staff using equipment to support people to move. They did this safely and gave encouragement and reassurance to people whilst moving.
- Personal emergency evacuation plans were available for each person to detail the support people would need to evacuate the building safely in the event of a fire or other emergency.
- Regular fire safety checks were carried out such as evacuation drills and the fire and rescue service had recently inspected the home and found no improvements were required.
- Other health and safety checks including gas, electrical and water safety were carried out.

Staffing and recruitment

- Not all the required checks were in place to ensure people were protected from the employment of unsuitable staff. Applicants were not asked to give their full employment history as required in the regulations. The operations manager took immediate action to address this and all current staff were asked to complete a full employment history and written confirmation of any gaps in employment immediately following the inspection.
- Other pre-employment checks were carried out and included character and previous employment

references and a Disclosure and Barring Service (DBS) check. These checks help providers make safer recruitment decisions.
● We received some mixed feedback about staffing levels in the home, some people and relatives told us at times there were not enough staff, but no one told us their needs were not met.
● We observed that call bells were answered promptly, and staff did not appear rushed. Staff we spoke with told us there were enough staff on duty and they had enough time to spend with people to meet their needs.
● We spoke to the operations and deputy manager about staffing levels they told us staffing levels were assessed through observation as they had not yet implemented a tool to calculate staffing levels based on people's dependency needs. They told us they would implement this tool to check staffing levels were appropriate.
● Permanent staff covered unplanned staff absence and holidays the service was not using any agency or temporary staff.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to safeguard people from abuse.
● People and relatives told us they thought the home provided safe care. Their comments included; "Yes I do. There's people round you. I have a call bell on the wall and one I wear round my neck and they come very quickly" and "Yes definitely. I feel safe going away and leaving [person]."
● Staff completed safeguarding training and policies and procedures were in place to guide staff on how to protect people from abuse. Staff were confident any concerns they raised would be acted on and a staff member told us how action had been taken to ensure a person's safety when they had raised concern.
● The service had reported safeguarding concerns to the local authority safeguarding team and worked with them to investigate and respond to incidents appropriately.

Using medicines safely
● People's medicines were managed safely.
● Staff completed training in medicines administration and were checked as competent three times prior to completing medicines administration on their own. A staff member told us that following an error they were "Checked again." In addition, annual competency checks were completed for all staff who had been in post for a year.
● Medicine administration was recorded onto an electronic system, this helped to ensure people received all their medicines at the correct time as the system would show if a medicine had not been given.
● Some medicines have legal controls, we looked at the stock of 'Controlled drugs' and found the stock was stored appropriately, accurate and the recording requirements had been met.
● For medicines to be administered 'as required' (PRN) such as pain relief, guidance was in place to help staff understand when to give them and in what dose.
● One person received their medicines covertly; this decision had been made in the person's best interests following a mental capacity assessment with the recorded involvement of the GP.
● Following an assessment people who could managed their own medicines this supported their independence.
● A system was in place to monitor the safe management of people's medicines.

Preventing and controlling infection
● Staff completed infection control training and used personal protective equipment such as disposable gloves and aprons to protect people from the spread of infections.
● On the first day of our inspection we noted not all areas of the home were clean this was because the cleaner was not at work and care staff were carrying out cleaning when they had time. On the second day the home was clean, and we were assured the home was usually kept clean and hygienic.

● The home had a five-star food hygiene rating score from the food standards agency.
● Procedures were in place and followed to reduce the risk of cross infection from soiled laundry.

Learning lessons when things go wrong
● Accidents and incidents were recorded and showed the immediate actions taken and follow up actions. A monthly trend analysis was carried out to identify recurring themes, so the appropriate actions could be taken to mitigate the risks of further incidents. For example, staff meeting minutes showed the outcome of the trend analysis had been discussed with staff to discuss ways to prevent skin injuries and a best interest meeting had been held to agree preventative measures to protect a person who had fallen on two occasions.
● The operations manager was improving this system so that consecutive information could be clearly seen such as; number of falls incidents carried over from previous months.
● Following a safeguarding incident, the operations manager told us improvements were being made in communication with district nurses and staff training on tissue viability which was confirmed as completed following the inspection.

Good

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's physical, mental and social needs were assessed, and care plans developed to describe how people would like their care to be delivered.
● Nationally recognised tools were used to assess risks to people from pressure sores and malnutrition.
● Policies and procedures were in place to guide staff on delivering care which met standards, best practice guidance and the law.
● An oral health assessment was completed, and the service was developing care plans and staff training to ensure people's oral health needs were met in line with best practice. Staff were able to describe the signs they would look for if they had concerns about a person's oral health.
● People were asked about their relevant protected characteristics under the Equality Act 2010 at assessment. Protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The service acted to support people's needs in relation to their religion and respected people's preference for the gender of their carers.

Staff support: induction, training, skills and experience
● People and their relatives told us they received care from staff with the skills and experience to meet their needs. Their comments included; [staff are] "Very, very good" and "All the staff are very good."
● Staff spoke positively about the training they received which was delivered face to face. Staff completed the providers mandatory training, and this was refreshed on an annual basis. In addition, training was completed to support staff to meet people's individual needs in areas such as; tissue viability (skin health) dysphagia (swallowing difficulties) and sepsis awareness.
● Staff new to care shadowed more experienced staff and completed the care certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
● Staff were supported with their professional development and many of the staff had achieved a qualification in health and social care at levels two and three. A staff member who also assisted in the kitchen told us how they had recently undertaken their food hygiene level two, and a course on how food should be pureed as two people were on soft textured food.
● Staff we spoke with commented on how supportive they found both the deputy and operations manager and felt they could ask them both if they had any queries or concerns. Supervision and appraisal were carried out to provide formal arrangements for staff support and development.

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

- There was an emphasis on providing good quality, fresh and appetising food for people. The operations manager described this as "Key" to the service. People and relatives all spoke highly of the food on offer. Their comments included "Very, very good. We have a very good chef, he comes around and says 'I notice you didn't eat ….., why was that? What can I get for you? In the morning he does me 2 boiled eggs with sliced bread fingers. He's very good." "Excellent, yes good." "There's such a lot of variety." "Very good. At one time the food was cold, but now they bring the starter and then the next course, so it stays hot, but it means more work for the staff."
- People could choose where to eat their meals either in their rooms or with another person and in the dining room. Snacks such as fresh fruit and homemade cakes were available, and people had drinks regularly served and available to them. We observed people enjoying their lunch and the food was attractively served and appetising.
- The chef was knowledgeable about people's needs and catered for individual dietary needs, including different textured foods, portion sizes and food preferences as required. Menus were developed with people's involvement and based on popular choices as well as individual requests.
- Risks to people from poor nutrition and hydration were assessed and monitored these were reviewed monthly along with people's weight.

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

- Action was taken to ensure people received the healthcare they needed. Records of accidents and incidents showed the relevant health professionals had been contacted promptly and people received treatment.
- People and their relatives told us "They call the GP if required. They let us know what is going on" and "[Person] came out of hospital with antibiotics which are too large for [person] to swallow. They have spoken with the GP already."
- Healthcare support was provided by district nurses, GP's, hospital admission, referrals to the falls team, speech and language therapists, opticians and community psychiatric nurses.

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

- The service was homely and comfortable. There was some signage and decoration to the premises which helped meet people's needs and promote their independence. For example, we saw a person using a large picture of a well-known celebrity from the 50's and 60's placed at the junction of a corridor to assist them to orientate to their room. Toilets and bathrooms were signed. Other improvements were planned to promote a 'dementia friendly' environment.
- People's rooms were personalised with their own familiar objects and some rooms had pictures of the person or their interests outside the door to help people identify their own rooms.
- There was a lift for people to access the first floor and people could access outside spaces including a patio and gardens. A person said, "There is a lot of garden here. In the summer there are lovely BBQ's." A relative said, "We have a lovely view from this room and direct access to the garden."
- There was a maintenance staff member who carried out repairs and checked the facilities and equipment were safely maintained.
- A quiet lounge offered people and relatives the opportunity for visits in private and a relative said, "When my sister visits staff take them tea and cakes in the quiet lounge, it's the little things."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Applications for DoLS had been made to the relevant authority where people had been assessed as lacking the capacity to make informed decisions about living in the home and their care and support plan.
● There were no conditions made on the authorisations which had been approved. Mental capacity assessments were carried out in relation to specific decisions such as the use of bedrails and sensor mats to promote people's safety.
● We found some records required review to ensure information about people's capacity and abilities was consistent and the involvement of family in best interest decisions was clearly documented. We spoke to the operations and deputy manager about this and they have acted to address these concerns.
● Evidence was sought and held on file to show the people who had the legal authority to make decisions on behalf of a person, such as Power of Attorney.
● Staff completed training in the MCA and demonstrated a good understanding of mental capacity and consent. Staff said they would always ask and offer choice and we observed this in practice.
● The service had arranged for a person to be supported by an advocate and another person had independent support with managing their finances. An advocate is an independent person who can support people to have their views and wishes considered when decisions are made and uphold their rights.

Good

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as 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.

Ensuring people are well treated and supported; respecting equality and diversity
- People spoke positively about the staff and their comments included, "Very nice, all the girls are very kind and willing to help you." "If you're worried they [staff] sit with you and listen to your woes." "It's wonderful here, the staff are wonderful."; "The night staff are very good, so easy to talk to which is nice I think."
- Relatives told us staff were kind, caring and compassionate, their comments included "It's absolutely lovely. The staff have been brilliant, really kind to dad and really nice and encouraging to me" and "They look after [person] really well, and [person] is very difficult."
- We observed caring interactions between staff and people, for example we observed staff being kind and patient with a person new to the home who was anxious. Staff were consistently reassuring and encouraging, supporting the person to settle in without pressure.
- A person's relative had written to the home to thank them for the care shown to their mother following an accident. On their return from hospital to the service their relative had stated, "Your love, care and dedication to the job is the reason mum has settled back with you so well."
- Staff told us they were able to spend time with people to assist them with personal needs such as applying makeup and jewellery and a staff member described spending time with people as "Absolutely brilliant."
- The service had a 'let's make it happen' scheme, this initiative attempted to meet people's requests and wishes. For example; a person had requested another person join them in their room for lunch, this was arranged. Staff told us how this arrangement had continued and had a positive effect on both people, as one person who ate little was now eating more of their meals and both were enjoying the company. Another person asked for a small area in the house to be used as a library as many people enjoyed reading and this has been done. Another person requested a boiled onion as they liked to 'eat one now and again' and this request was met.

Supporting people to express their views and be involved in making decisions about their care
- People told us they were able to make decisions about their care. This included their clothes, choice of food, activities and when they get up and go to bed. A person said "I get up when I'm ready. I like to be up by seven." We observed a staff member asking a person "What would you like for pudding? It's ice cream or can I get you something else? Rice pudding?" People were asked about what activities they wanted to do.
- People's care plans evidenced people had been involved in decisions about how they wanted to receive their care and people's relatives confirmed they had been consulted appropriately.
- Residents meetings were held to enable people to voice their views and opinions about the service and the minutes were available in the entrance to the home.
- When people requested a preference for the gender of their care staff this was respected.

Respecting and promoting people's privacy, dignity and independence

● Staff we spoke with understood the importance of supporting people to maintain their independence. Some people were able to manage their own medicines and people were supported to do what they could in relation to their personal care and mobility. People's friends and relatives told us they could visit at any time.
● People could choose to spend their time in their rooms or with other people in the lounge and in the quiet lounge. A person who preferred to be in their room said, "I've got my own phone. We had it put in when I moved in. I don't feel so cut off with it here."
● We observed staff knocked on people's door before entering. Staff spoke to people respectfully and knew how to promote people's dignity when providing personal care.

Good

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People and relatives confirmed the service met people's needs. Relatives comments included, "The care [person] gets I'm quite happy with, [person] is virtually bed bound but they do all they can."; "For [person] I think it's brilliant here, they soon got used to here."; "From my perspective I think [person] is well looked after." A person said, "You've got company, you've got nice people, kind people and the food is always there for you. You are nice and warm."
● Care plans were in place which described people's needs and how to meet them. However, in the care plans we viewed not all information was up to date or person-centred and did not always reflect actions to manage risks that had been identified. We discussed this with the operations manager and deputy manager. They were aware that some records had not been updated and had put in place a plan to improve this. Time had been allocated for senior staff to review and update the care plans which was in progress.
● Other examples showed person centred information relating to people's needs such as; for a person living with dementia, their care plan explained how staff should respond to their condition and included information about their condition.
● Staff told us they were advised at handover of any changes to a person's needs. Records were kept of the daily care people received.
● Staff demonstrated and good understanding of individual needs, for example; how a person should be supported to use the stand aid, people's preferences for personal care, who was at risk of falls, where people liked to sit and who they wanted to sit next to.

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.
●The operations and deputy manager understood and acted on their responsibilities to follow the AIS.
● People's individual communication needs were assessed using an accessible information care plan, and staff knew how to communicate with people, so they could understand information. For example; a staff member described how a person would get frustrated when trying to communicate, as they were new to the home, the staff member would suggest what the person may be asking for and the person used their thumb to indicate if they got it right. For another person with a hearing impairment staff used a pad and pen for communication.
● The menu was displayed on pictorial boards as well as written so people could refer to either for

information. The operations manager confirmed information could be produced in alternative formats to meet people's needs such as large print when required.

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
● There were two activities staff members employed in the home. They worked Monday to Saturday.
● People told us they could choose whether to join activities or not and people told us about parties and celebrations, such as; Christmas party, summer garden party and barbeques and a relative said, "They are having a party for [person] later this year when [person] is 100."
● An activity worker said, "I come in at nine and say, 'what would you like to do'. During our inspection we observed the activity worker with people, playing scrabble, bingo, a reminiscence activity, floor games and word games. A person said, "I like to play guessing games and bingo."
● People's relatives confirmed they were kept informed about celebrations, so they could join in. One relative said, "One thing I would like to see improved is more activities and a trip out. I think it says in the brochure that it is offered." The activity worker told us it could be difficult to organise trips out for groups of people. However, one person who had wanted to buy new clothes had been taken out by staff to do their shopping and have a coffee as part of the 'let's make it happen' initiative. The service was developing this initiative so more people could have their 'wishes and requests' met.
● The activity worker told us they also spent time with people one to one, doing arts and crafts or "Having a chat about what they used to do when they were younger, they [people] like to remember."
● In addition to the in-house activity workers, entertainers also performed in the home and there were visits from pets for therapy [visiting dog] other animals, artists, schools and visiting clergy.

Improving care quality in response to complaints or concerns
● People and relatives told us if they had cause for complaint they would speak to the managers or staff. No one we spoke to had raised a formal complaint, however relatives gave us example of concerns they had raised and said these had been dealt with promptly. A person said, "No, thank goodness [no complaints] I'd get one of the carers to get someone from the office downstairs."
● There had been three complaints made since the previous inspection and records showed these had been responded to appropriately and in line with the provider's policy.

End of life care and support
● The service was supporting a person at the end of life. We looked at their care plan and saw this included consideration of people's spiritual and cultural needs. The care plan was updated following our inspection to include more person-centred information about the person's preferences.
● Some staff had completed end of life care and plans were in place for all staff to complete this training.
● The service worked with healthcare professionals to provide a dignified and pain free death that is as comfortable as possible.

Good

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to operate an effective governance system to monitor and the safety of the administration of medicines. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

● When a medication error had occurred, action was taken to prevent a reoccurrence. Medicines errors were recorded as incidents and these were monitored for trends to identify and address any recurring incidents.
● Medicines were audited monthly by the manager and quarterly by the operations manager. In addition, the operations manager 'sampled' medicines during their monthly visit to check the auditing was effective. Action had been taken as a result of the findings.
● The service was working with external professionals such as a pharmacist and the Clinical Commissioning Group (CCG) to audit medicines management against standards and best practice. Where necessary the service made improvements in line with the findings.
● There was no registered manager in post at the time of the inspection. The previous registered manager left the service on 6 January 2020. The provider had recruited a new manager who was in the early stages of applying for registration and were due to start their employment with the service by the end of January 2020.
● Interim management arrangements were in place which included the operations manager attending the service three days a week and a deputy manager was in post. The provider visited the service weekly alongside the operations manager and spoke to staff and people living in the service, checked records and the safety of the environment. A relative said "I met [name], the owner who was very pleasant and chatty."
● Due to the recent departure of the registered manager this had not had a significant impact on the service and continuity was provided by the operation and deputy managers. People and relatives spoke positively about the deputy manager and a relative said "The acting manager (deputy manager) is very competent. [name] keeps us informed."
● A system was in place to monitor the quality and safety of the service and this included audits such as; health and safety, infection control and accidents and incidents, complaints and safeguarding. We found some people's care plans ad risk assessments had not been updated and this had also been identified by the operations manager who had a plan in place to address this shortfall.

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

● The operations manager said, "We [managers] listen to residents and staff, I think it is important that they see action is taken for suggestions made." For example, the 'let's make it happen initiative had been suggested by a staff member and people were supported to make their wishes a reality." Staff told us they felt managers were 'open to new ideas' and gave examples of ideas they had raised for consideration.
● Staff we spoke with were positive about the culture in the home and their comments included; it was a 'good place to work', 'has got better', 'More of team than it used to be' good team who all get on and work as a team.' Staff told us they were 'happy' in their work and had good relationships with the deputy and operations manager who were approachable and willing to help.
● The deputy manager told us they had focused on 'motivating and rebuilding' the team following the departure of some staff and staff confirmed improvements in the culture of the team.

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 management team were aware of their responsibilities under the duty of candour, which requires providers to be open and transparent if people come to harm.
● Notifications about incidents had been submitted to CQC as required.
● The home's previous rating was displayed in the entrance lobby and on the home's website.

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

● People and relatives were asked for their feedback on the service six monthly. The responses were analysed, and action taken where necessary. We saw feedback was positive and people's requests had been acted on.
● Staff meetings were held, we viewed the minutes of the last meeting and saw discussion took place about people's needs as well as policy and procedures. Staff told us the operations and deputy manager were supportive and operated an 'open-door' policy.
● The operations manager told us that when staff had a need in relation to a protected characteristic they would be supported appropriately. A staff member confirmed they received support from management and the colleagues when they had expressed a need.

Continuous learning and improving care

● Following our last inspection, the provider submitted an action plan to show how they would improve the service to meet the regulations. At this inspection we found improvements had been made.
● Improvements had been made in some systems used in the home such as; trend analysis for incident and accident monitoring which had resulted in positive outcomes for people.
● The service had identified several areas for development over the coming months such as involving people in staff recruitment and making the environment more 'dementia friendly.

Working in partnership with others

● The service worked with relevant agencies to meet people's needs, including health and social care professionals.
● The service was currently working with the CCG as part of an initiative to ensure people had the best outcomes from their medicines.
● The service had links with community organisations such as churches and schools who visited people at the service.