

St George's (Wigan) Limited

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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 responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St George's Nursing Home provides nursing and residential care and support for up to 62 people in single and shared rooms. At the time of the inspection there were 27 people using the service. The home is a grade 2 listed building in spacious grounds and close to a wide range of community resources. There is a dedicated floor for people living with dementia.

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

People's needs were assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process, however, some care plans had not been updated with the latest information.

People's medicines were not consistently managed safely.

Audit and governance systems were not consistently effective as the provider had not identified and resolved the concerns we found during this inspection. Quality assurance systems needed to be improved to ensure any concerns were identified and acted upon in a timely manner.

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.

Risks to people's health and wellbeing were assessed and mitigated.

Care plans provided staff with the information they needed to meet people's needs. People could choose how they wanted to spend their time.

The provider followed safe recruitment processes to ensure the right people were employed. There were enough staff to keep people safe.

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being.

The home was clean, and staff followed procedures to prevent the spread of infections.

When required, people were supported to access healthcare professionals and receive ongoing healthcare support. People were supported to share their views and shape the future of the care they received.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs

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

Rating at last inspection

The last rating for this service was good (published 24 October 2017).

Why we inspected

We received concerns in relation to leadership and clinical oversight, documentation, recording, care planning and communication. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St George's (Wigan) Limited on our website at www.cqc.org.uk.

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.

We have identified breaches in relation to good governance 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 for 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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St George's (Wigan) Limited

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.

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

This inspection was carried out by two inspectors, two medicines inspectors, a specialist nurse advisor 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

St George's 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. However, at the time of the inspection a manager was in the process of registering with the Commission.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was due to the Covid-19 pandemic to ensure we had prior information to promote safety.

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. This included details about incidents the provider must notify us about. We contacted the local authority commissioning team to gather information about the service. Following a range of concerns identified by various agencies, the home entered the local authority 'service improvement process' (SIP) in August 2020. Wigan Council regard their care home operators as strategic partners and as such always seek to work together to improve the quality of services delivered in Wigan through the SIP process. Prior to this inspection, council and Clinical Commissioning Group (CCG) officers developed a service improvement plan which clearly outlined the areas of improvement. The delivery of this plan was supported by council officers.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and seven relatives about their experience of the care provided. We spoke with ten members of staff including the provider, the manager, deputy manager, nurses, nursing assistants and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and monitoring, 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, medicines, audits and quality assurance records

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Some entries on medicines administration records (MARs) had been handwritten by staff, but these had not been double signed in line with the provider's policy. Some medicines were signed for on the MAR chart and a code had been used. The codes did not always match with the providers policy, so it was difficult to tell if a person had received their medicine or not.
- People were prescribed medicines on a 'when required' basis to manage their behaviour. The care plans to support the use of these medicines did not always contain the information needed.
- Some people received medicines covertly (disguised in food or drink). The care plans for administering medicines covertly did not list each medicine individually. Therefore, it was not possible to be assured they were being safely administered.
- Some medicines were considered high risk. We looked at care plans for two people and found that that the plans did not provide enough information to protect people from harm.
- Some people with swallowing difficulties were prescribed thickeners to be added to fluids. For one person the care plan did not accurately state the consistency of fluid and did not always match the product being used. This meant there was risk of the person choking. On the day of inspection, the thickener was not stored securely. This was rectified immediately after inspection.
- The provider was completing audits to review Medicine Administration Records. However, audits had not identified all the issues found in relation to the safe administration of medicines.

This was a breach of Regulation 17 (1)(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received training and support to recognise and respond appropriately to abuse.
- The manager kept a record of safeguarding incidents and assured appropriate actions were taken to keep people safe. The local authority had worked closely with the home in the weeks prior to this inspection, to ensure safeguarding was being managed appropriately. They commented they had received, 'very positive support and engagement from the staff at St Georges' and that this was a, 'vastly different and positive position than that of three months ago.'
- People told us they felt safe living at the home. One person said, ""I feel safe and have not had any falls". A relative told us, "[My relative] is safe, with the staff being there to watch her. [My relative] hasn't had any falls

since she has been at the home which I am pleased about."

Preventing and controlling infection

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

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

- Premises' risk assessments and health and safety assessments were in place and up to date. The environment and equipment were monitored to ensure safety.
- People's care files included risk assessments in relation to their specific care needs, which were regularly reviewed and updated. The risk assessments covered areas such as people's physical health, communication, continence, hydration and nutrition, medication, mobility and personal care.
- Any risks associated with people's care and support had been identified and actions were in place to minimise risks occurring. Emergency plans were in place to ensure people were supported in certain events, such as a fire, and people had personal emergency evacuation plans in place; this ensured staff knew how to safely support them in the event of the need to evacuate the building.
- Fire risk assessments were in place which covered all areas in the home. A weekly fire evacuation drill was carried out, which took place during the inspection.
- There was now a new framework for governance process in place which covered audits, risks and service improvement plans.
- People had pre admission checklists in their files. However, two people's files were not up to date and more work was needed to fine tune the assessment and admittance procedure.
- The manager and provider kept a record of accidents and incidents and took appropriate actions to ensure they were minimised.

Staffing and recruitment

- Staff were recruited safely. The provider had checks in place to ensure staff were suitable to work in the care industry. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- There were enough staff on duty to meet people's needs. One staff member told us, "Staffing levels are adequate for now, albeit it is easier to manage with reduced occupancy."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

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.

- Prior to this inspection we received information of concern regarding staff not always following the principles of the MCA; this was because when people were previously moved to another room within the home to accommodate Covid-19 safe practices, people and their relatives were not always appropriately consulted. However, at the time of this inspection, the provider was working within the principles of the MCA. Where people lacked capacity, decisions had been made in people's best interests.
- The manager demonstrated an understanding of the need to consider people's mental capacity when making specific decisions and that any made on their behalf should be made in their best interests; they had made applications for people to have a DoLS assessment where needed. The manager kept a record of all DoLS applications and their status and reviewed these each month.
- Staff received training in MCA and very recent training about DoLS. Staff we spoke with understood the principles of keeping people safe. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "We get MCA training and it is linked to DoLS and making sure people can consent to things. If not, then decisions need to be made in their best interests."
- We observed staff asking for consent before assisting people, and written consent was also recorded in most people's care files. However, consent documents had not always been completed and updated in two people's records we looked at.

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

- People's needs were assessed prior to taking up residence in the home, to ensure it was suitable to meet their needs. The pre-admission assessment included areas such as communication, capacity, self-care, risks, physical health and care needs. Staffing levels required to work with each person were also determined.
- People's needs were regularly re-assessed to ensure the home could facilitate their needs when they changed. People told us they were involved in care planning and relatives said they were kept informed of any changes. One relative said, "[My relative] only recently went to the home and the manager has been brilliant; she has kept me in the loop with the transfer and has been really supportive and helpful." A second relative told us, "I haven't spoken to the new manager, but have spoken to a senior staff member and said she is very good."
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices. People's past life histories and background information were also recorded in their care documentation

Staff support: induction, training, skills and experience

- Staff received an induction and the necessary training and support which gave them the knowledge to carry out their roles and responsibilities. We checked staff training records to verify the training they had received. One staff member told us, "I would say there is enough training and there is plenty there." A second staff member said, "We get a lot of training, with more from the hospice. It is good and there is enough."
- The manager kept a log of all staff supervisions, identifying when these were due, when they had been completed, and if they were overdue. A staff member said, "We have supervisions every couple of months, plus an appraisal." We checked records to verify this. Supervision discussions included professional development, core skills and practice issues, personal issues influencing work and clinical practice issues.

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

- People were supported to maintain a diet of their choice. One person told us, "The staff are perfect, kind and we are well fed. I like it, although I appreciate not everyone else may do." A relative said, "The care is very good. [My relative] had Covid in hospital and had to have liquid food. Since he has been back at the home, staff have fed him up and got him drinking. He can now walk around again as his strength has built up. They have done well."
- People's dietary needs and preferences were met, and people were involved in choosing their meals each day; we saw staff asking people what they wanted to eat at each meal. A variety of choices were available at each meal and a pictorial menu was used to help some people choose. A relative told us, "The food is good. I have eaten there, and it was always nice. Staff take [my relative] to the dining room and cut the food up for her. Sometimes she needs more support and staff always help her. I have seen staff helping other people to eat and they come around with drinks when people want."
- Eating, drinking and choking risk assessments had all been reviewed prior to this inspection and were now in place. The manager had completed a review of people's weights, and this was recorded on the electronic care planning system; this system alerted staff if people's weights were not consistent.

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

- People had access to healthcare professionals and were referred appropriately to services to support their needs. Staff worked in partnership with other agencies to support people effectively; records showed the service worked with other agencies to promote people's health.
- People had oral healthcare assessments in place and mouth care assessments were done to ensure people received the correct support.
- Staff responded well to advice given by healthcare professionals to ensure people received effective care. A visiting health care professional told us, "I am always treated positively and warmly welcomed and there is

always a good handover; there is better communication and the staff are more motivated. Care plans that [my team] have formulated are followed by staff and there is a consistency, and this is reflected in the increased independence of the residents."

- People were assisted with access to appointments with external professionals and when diagnostic tests were needed. A relative told us, "It is good because the doctors is about 20 yards away from the home. The doctor always seems to be there, and staff always let me know if he is going to see [my relative]."

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

- We saw some adaptations had been made to the environment to help people living with dementia orientate around the building. For example, there was adequate signage around the corridors directing people towards various areas.
- There was a choice of several lounge and sitting areas within the home, which we saw people using. People could access the upper floors by staircase or passenger lift.
- Improvement works were being planned during the inspection, including changes to some bedrooms.
- We found one toilet on the upper floor with some crumbling tiles near to grab rails and the sink, with radiator paint peeling off and the general area outside this room had flaking paint on parts of the walls. We discussed this with the provider and manager, who agreed to immediately check this area to ensure it was safe to use.
- All required buildings related certificates were in place and up to date.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 activities and social history care plans in place which detailed their previous interests and hobbies and preferred activities. This helped staff understand what people liked to do.
- People had activities charts in place which identified what activities they had previously taken part in. Records of when people had contacted their relatives were also in place and showed the home had helped people to maintain contact whilst visiting the premises was not allowed due to government restrictions. One relative told us, "When [my relative] moved in, the manager and carers were there to welcome her. They helped me move her things in. They let me put things in her room, I did wear PPE. They let me put her things in her room and sit and have a cup of tea with her." A second relative said, "Staff have been doing singing, quizzes, music and drawing. [My relative] likes to listen to the singing but she doesn't take part in anything."
- There was a programme of activities for people to undertake, however staff had not always been able to implement this due to current Covid-19 restrictions. One person said, "Activities do take place and I will join in if I feel like it." A relative told us, "Since [my relative] moved in I have been able to FaceTime her four times which is good."
- Some relatives told us communication from the home about visiting arrangements could have been better and they were unsure when they could visit the home. One relative told us, "At one stage we were told you could only visit twice a week, so I planned my visits. Then one day I got there and there was a notice on the door saying the home was closed, no visits. I had not been told in advance. If I had known I could have visited earlier in the week. I went to drop off some goodies for [my relative] in July and saw there were screens up in the conservatory for visiting. I asked what they were for and they said they had been doing visits in there. I had not been told they had got that facility. They then said they were in lockdown again, so I had missed my opportunity to see [my relative]."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which explained the process people could follow if they were unhappy with aspects of their care and set out how complaints were recorded, investigated and responded to. Details of how to make a complaint were posted around the home.
- People and their relatives were aware of the complaints process and how they would report concerns. We looked at any complaints the service had received and saw they had been responded to appropriately, with changes made and any lessons learned. A person told us, "I have never had a complaint to make. It's perfect here." One relative said, "They gave me information about complaints; it is in the file, but I haven't made any complaints." A second relative commented, "The management always say, come and see us if there is anything you are not happy with. I haven't complained about anything." However, a third relative said, "Feedback is lacking. I didn't get an initial contract pack or any information about the home and it was

several months before I got any information.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were person-centred and contained specific individual details about people and how they wanted to be supported. Care plans were detailed with people's likes, dislikes and preferences. Staff demonstrated they knew about people's likes and dislikes, through interactions we observed throughout the inspection.
- People's care plans detailed their strengths and areas of independence. For example, where people could complete elements of their personal care independently, this was recorded in their care plan.
- The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.
- The service had improved its monitoring processes since the new manager had taken up post and the home had a service improvement plan (SIP), in place. Any actions needed were entered on the SIP. Regular SIP meetings were held to ensure the actions were being completed and closed in a set time frame.
- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order in place. End of life care was supported by doctors and relevant other professionals.
- The home had an 'end of life care policy' in place and people's wishes regarding end of life were recorded in their care files, including any updates. The home had signed-up to the Wigan and Leigh Hospice in Your Care Home education programme which meant hospice staff worked closely with the home staff to promote training based upon the most up-to-date research available in order to equip them with the practical skills and knowledge needed to provide sensitive, timely, compassionate end of life care (EOL). In addition, the hospice staff had been supporting the home via weekly support calls with the nurse on duty and reported these were working well.

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.

- There was signage used around the home to identify rooms and help people orientate around different areas.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.
- Information could be provided in different formats on request, such as large print.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were now in place with a range of audits that were carried out on a daily, weekly and monthly basis. However, these were not always robust enough to identify shortfalls in practice.
- The provider visited regularly to carry out their own audits, to observe the staff and to check on the auditing the manager had done; this ensured the provider was aware of any issues in a timely way. However, at this inspection we found errors in medicines administration that the auditing framework had not identified at the time of the inspection, despite there being an increased frequency in medicines audits.

This was a breach of Regulation 17 (1)(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to the quality of information within the electronic care planning system called Fusion. The home was now able to run reports for additional items such as nutrition or turning charts and information was now being recorded in the correct tab on Fusion. A new table had been uploaded onto Fusion, so people's weights were flagged if it was not consistent. The table format was easy for staff to be able to see and action.
- Throughout the inspection the manager was involved in observing and supporting staff and people. It was clear the manager knew people well and their individual needs. The atmosphere in the home was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- The manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.
- Most relatives we spoke with told us they understood why there had to be restrictions on visiting due to the pandemic.

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

- There was no registered manager in post, however we had received an application from the home manager to register with the Commission and this was in progress at the time of the inspection.
- The manager was clear about their role and responsibilities and were supported by the deputy manager and the provider. Staff we spoke with were clear about their roles. One staff member told us, "The home has

changed over the past year and this is mainly because of the change in management. It's more relaxed and [manager name] is making positive changes to the home." A second staff member said, "The management and leadership are going in the right direction. A good start, and you can see the changes already."

- The manager and staff were very open during the inspection. Staff said the service had improved since the new manager came into post; they told us the staff team worked well together and communication between staff had improved.
- The provider and registered manager certificate of registration with CQC and the certificate of insurance were all displayed and available for people to see. However, the statement of purpose, which is a document that includes a standard required set of information about a service, was not up to date and did not include the relevant information. We discussed this with the manager and provider who told us they would immediately make the necessary changes. We also discussed the need to remove the old registered manager certificate of registration from display as they had left the service shortly before this inspection.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home and on the provider website and was available for all to see.

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

- Staff meetings were held regularly, and the minutes were made available to staff who had not been able to attend.
- The manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- Some people's relatives told us they had been involved in developing [their relative's] care plan and had maintained contact with [their relatives] living at the home during the pandemic period. One relative told us, "Staff have asked me to help shape [my relative's] care plan. We have talked about her likes and dislikes, how to help her when she is upset or angry. The staff have been sympathetic and empathetic. We have discussed a DNAR." A second relative said, "We have recently had a meeting about the care plan, and it was all discussed with me." However, other relatives told us they had not been involved in care planning; one relative commented, "Whenever I ring, I am just told [my relative] is fine, they are not very forthcoming with information. I have to go from what [my relative] tells me. I have asked if he needs any toiletries and they just say no he's fine."
- No annual survey had been carried out this year to gain people's, relatives' and staffs' views. However, at the time of the inspection, the manager told us the annual questionnaire was due to be sent out shortly and they would use feedback to improve the service. The home had kept in contact with relatives via newsletters and bulletins, phone calls and Skype type video calls. The manager had offered all relatives the opportunity to hold a video call with them, which had been well received.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. This included family members, social workers, nurses and GPs and pharmacists.
- Records showed multi-disciplinary teams were involved in people's care.
- The local authority detailed that in response to the overwhelmingly positive updates from professionals who had supported the home under the SIP process, they were now at a point where they could reduce their support, enabling the provider and manager to continue with the improvements already made to date to ensure sustainability.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure systems and processes were operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and had failed to ensure that accurate and complete records were maintained.</p> <p>Regulation 17(1)(2)</p>