

Keats House Healthcare Limited

Keats House

Inspection report

97 Keats Way
Greenford
Middlesex
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Tel: 02085758632

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19 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Keats House is a residential care home providing personal and nursing care to up to seven people with mental health needs. There were seven people using the service at the time of our inspection

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

There were systems in place to protect people from the risk of infection and staff had received appropriate training in this. Overall, the service was clean and hazard-free. However, as identified in our previous inspection, there were areas of the kitchen which still required deep cleaning and repair.

Risks to people's safety and wellbeing were appropriately assessed and mitigated, however risk assessments lacked clarity when describing actions taken to reduce risk. People had COVID-19 risk assessments in place but these did not identify people's individual characteristics.

There were systems in place to monitor the quality of the service and these were mostly effective. Although the provider had made improvements, we found some concerns identified at our last inspection were repeated at this inspection. For example, monitoring checks had failed to identify and address the kitchen cleanliness and repair issues we found.

People's healthcare and nutritional needs were met. People were supported to access healthcare professionals and to attend appointments as needed.

Medicines were managed safely and people who used the service received these as prescribed.

The provider sought feedback from people. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to. We received positive feedback from people who used the service. People said staff were caring and treated them with dignity and respect.

There were enough staff to support people and meet their needs. Staff were recruited appropriately, and all checks were in place. Staff received an induction, training and supervision and felt supported in their roles.

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.

The registered manager and senior staff were responsive to and worked in partnership with other agencies

to meet people's 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 requires improvement (published 5 November 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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

Enforcement and Recommendations

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 and well-led at this inspection.

Please see the action we have told the provider to take at the end of this report.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Keats House

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 one inspector.

Service and service type

Keats House Ltd 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. Keats House Ltd 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with the registered manager and deputy manager. We observed interactions between the staff and people who used the service. We reviewed a range of records. This included four people's care records and medication records for all seven people who used the service. We looked at the files of four staff members in relation to recruitment, training 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, risk assessments and quality assurance records. We received feedback by email from one relative, eight staff members and two healthcare professionals involved in people's care.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Preventing and controlling infection

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- In the kitchen, the inside of some cupboards and doors were unclean, damaged and had food spillages. There was a layer of grease on the cooker's grease filter and some grime on the cooker door. Some areas looked worn and stained. The provider had attempted to cover exposed pipes under the boiler with a piece of wood but this was not fixed securely. This meant it was easily accessible and may have put people at risk of harm from scalding.
- There were regular cleaning audits undertaken, which looked at every area of the home but these had not identified or addressed issues we found during this inspection. Furthermore, at our last inspection on 23 September 2020, we found similar concerns, and although the provider assured us they had taken action, further improvements were needed. The provider had also told us they were planning to renovate the kitchen soon after the last inspection but this had not happened.
- We found no evidence that people had been harmed, however, failure to keep the environment clean and hygienic may put people at risk of infection and contamination. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We also identified the paint on the ramp to the first floor was chipped and the carpet was frayed. We discussed this with the provider who showed us evidence new carpet was being fitted in a few days. They also assured us they would take immediate action to address the concerns raised.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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

- Risks to people's safety and wellbeing had been assessed. Environmental and individual risk assessments and support plans were available, and regularly reviewed and updated.
- Risk assessments contained details about the risk and interventions put in place to reduce these. However, these did not always provide clear information for staff on how to mitigate risks to people's safety or well-being. For example, the interventions for a person prone to vomiting and dehydration stated, 'The GP may prescribe medication for the stomach' and 'A fluid chart will be in place'. Another person's risk assessment in relation to their deteriorating mental health described the symptoms they displayed rather than what was put in place to reduce the risk of this happening. We discussed this with the registered manager who confirmed after the inspection they had reviewed all risk assessments and made these clearer.
- There were individual COVID-19 risk assessments for people who used the service but these did not always reflect people's individual characteristics which may put them at greater risk. The provider addressed this after the inspection.
- Notwithstanding the above, we saw evidence that appropriate measures were in place to mitigate other risks where these had been identified, such as risks to general health and the person's ability to complete tasks related to everyday living such as personal hygiene, eating and drinking and communication.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse. The provider had a safeguarding adults policy and procedure in place and staff received regular training and refreshers in this.
- The provider worked with the relevant healthcare and social care professionals when they had safeguarding concerns.
- We saw evidence the provider had liaised with the local authority and healthcare professionals recently when they had concerns about a person's mental health deteriorating as there was a risk the person may harm themselves or others.

Staffing and recruitment

- There were enough staff on duty at any one time to meet the needs of the people who used the service. The registered manager told us they lived nearby and would be able to come to the service within minutes if there was an emergency.
- We looked at recruitment files for four staff members and saw all checks had been carried out. These included obtaining references from previous employers, reviewing the person's eligibility to work in the UK, checking their identity and ensuring a Disclosure and Barring Service (DBS) check was completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed. There was a medicines policy and procedure in place which was regularly reviewed. Staff received training in the administration of medicines and had their competencies assessed.
- We looked at the medicines administration record (MAR) charts for all the people living at the service. All were completed appropriately, and staff signed for each administration.
- The medicines were kept in a locked cupboard which was tidy, and all the people's medicines were either in dosette boxes or in their original packages. Dosette boxes are individualised boxes containing medicines organised into compartments by day and time, so as to simplify the taking of medicines. We checked if the staff signatures to evidence they had administered the medicines tallied with the number of tablets in their boxes and found this to be correct. We advised the provider to record the day and time of the

start of each dossette box to make it easier to audit. They told us they had done this after the inspection.

- The provider carried out monthly medicines audits and these had not highlighted any concerns. They also recorded the temperature of the room where medicines were kept, and this was found to be within a safe range.

Learning lessons when things go wrong

- The provider kept a log of all incidents and accidents which occurred at the home. These records contained a description of the incident, who was involved and what actions were taken.
- Lessons were learned from incidents and accidents. For example, when a person who used the service had expressed distress and displayed behaviours that challenged, the registered manager had informed the mental health team to review the person's needs and required two staff to support them at all times. We saw the staff completed Antecedent, Behaviour and Consequence (ABC) forms to monitor the person's behaviour and try to identify triggers so appropriate support could be sought for them. An ABC form is an assessment tool used to gather information that should evolve into a behaviour implementation plan.

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 our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last comprehensive inspection on 23 December 2019, we found that appropriate care and treatment were not always provided to meet people's needs. This was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our last inspection on 23 September 2020, we did not look at this key question.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 9.

- People's healthcare needs were assessed, recorded and met. People had access to healthcare professionals such as doctors, nurses, mental health professionals and dieticians and staff supported them to attend appointments when this was needed. A healthcare professional told us, "I have found them to be responsive and very helpful in providing the relevant information regarding patients. They have also supported patients to speak with me on the phone."
- Appointments were recorded and included the reason for the appointment, the outcome, and if a follow-up appointment was needed. We saw people attended regular dental appointments and were encouraged to maintain good oral hygiene.
- The registered manager told us they had good working relationships with healthcare professionals who were involved in people's care and we saw evidence of this.

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

- At our last comprehensive inspection, we found the garden lacked attractive features and a large broken garden item was discarded on the lawn. The patio was concrete and damaged in areas which could cause a trip hazard. At this inspection, we found improvements had been made and areas of concerns had been addressed.
- The provider had made some improvements to the environment and this was more inviting and homely. The communal lounge was small, but the provider had created a dining area and had made the most of the space available.
- We only viewed one person's bedroom when they invited us in. We saw this was personalised and included objects, photographs and ornaments of their choice. The person told us they liked spending time

in their room and expressed pride in showing their personal belongings.

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

- People's needs were assessed before they started using the service to help ensure staff could meet these. The registered manager obtained information from the local authority who referred people but conducted their own assessments of potential new people. Two people had recently been admitted to the service. We saw pre-admission assessments were in place and contained all the necessary information for staff to understand people's needs and know how to meet these.
- Pre-admission assessments were used to write care and support plans. They included a 'Mini mental state examination' to understand the level of support a person may need in a range of areas such as orientation, recall and language. They also recorded any marks or bruising on a body map so the staff could monitor these and take appropriate action if they were concerned.

Staff support: induction, training, skills and experience

- People were supported by staff who had appropriate skills and experience. Staff told us they had received a good induction when they started to work for the service. This included training and working alongside other staff members. We saw newly recruited staff received an induction which included training in the principles of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular training in subjects the provider considered mandatory. This included training in safeguarding adults, medicines administration and infection control. Staff were also provided with training specific to the needs of the people who used the service such as behaviours that challenge. The provider had scheduled further training in this and in mental health to help ensure the staff were knowledgeable and confident in dealing with difficult situations in relation to people's needs.
- Face to face training was provided to staff and this took place at the home. The registered manager told us, "I don't think online training is as effective. Our training is face to face and I think it is better for the staff."
- During the inspection we looked at staff files to assess how they were supported within their roles. A staff member told us, "I do feel supported in my role. The manager listens to me and I have supervision regularly." The documents we looked at confirmed the staff received appropriate support.

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

- People's nutritional needs and likes and dislikes were sought and recorded in their care plans. People's 'nutritional screening' included details of their favourite foods, weight, any dietician recommendations and the level of assistance they required.
- We saw evidence the registered manager was monitoring the weight of a person at risk of malnutrition and had liaised with the relevant healthcare professionals to ensure the person received appropriate support.
- People were consulted about the food they wanted to eat, and menus were devised according to people's choices. The registered manager told us that while most people preferred staff to cook they were encouraged to help shop for ingredients and cook to help maintain their independence as much as possible.
- The menus were varied, and meals were cooked using fresh ingredients. People we spoke with told us they liked the food. One person said, "I have the food I want, like chicken and rice. It's nice. I would not change anything. Everything is good."

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.

- People told us they had been consulted about their care and had agreed to this. Where possible, people had signed their records to indicate they were consulted and agreed with the content of these. People we spoke with told us staff asked for their consent and were respectful of their choices.
- Consent forms recorded people's consent to share information, COVID-19 testing, care and treatment and to have their photographs taken.
- We found the provider understood the principles of the MCA and had followed its requirements. At the time of our inspection, nobody was being deprived of their liberty.

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 our last comprehensive inspection on 23 December 2019, we rated this key question requires improvement. At our inspection on 23 September 2020, we did not look at this key question. At this inspection the rating has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection, we found meetings with people were irregular. This meant that we could not be sure people had regular opportunities to be involved in the service development.
- At this inspection, we saw people were supported to communicate their views of the service via regular residents' meetings and individual meetings with staff. We viewed the minutes of recent meetings and saw people were fully involved in these. Subjects discussed included, CQC inspection, the environment, food and any other issues people may wish to discuss.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection, we saw staff serving people rather than supporting them to maintain their independence and undertake tasks such as making drinks or snacks or being involved in cleaning and washing-up.
- At this inspection, the registered manager told us although the staff encouraged people to maintain their independence as much as possible, most people were reluctant to engage in the running of the home, or cooking, and preferred the staff to do this for them. However, some people were supported to prepare snacks and drinks themselves or with the support of a member of staff.
- People told us the staff respected their privacy and dignity, and we saw evidence of this on the day of our inspection. People had their own rooms and shared communal space such as the lounge, kitchen and bathroom. The staff respected people's privacy and knocked on people's doors before entering. People told us their wishes were always respected.

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

- People we spoke with told us the staff treated them kindly and with respect. One person said, "I like it here. The staff are nice and kind" and another stated, "The staff are extremely gentle and kind. My dignity is completely respected." A relative echoed this and said, "The staff are kind and warm and provide an excellent service by looking after [Family member]."
- People's religious and cultural needs were recorded in their care plans. There were arrangements for people to attend religious services of their choice. People were given information about churches in the area.
- The provider had a sexuality policy in place. People who used the service had not discussed their needs in

this area.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

At our last two inspections on 23 December 2019 and 23 September 2020, we found the provider had not ensured people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 9.

- People's care and support needs were recorded in their care plans and met. People's care plans were written from the initial assessment and reviews over time once the person started using the service. People's files contained their personal details including their medical history, reason for admission and current diagnosis. People felt their needs were being met. A relative told us, "I feel they really understand [Family member] and [their] needs. They have given us great peace of mind."
- Care plans were clear and contained the necessary information about a person's needs so staff would know how to meet these. The care plans included details of what the person was able to do for themselves and where they required support, in a range of areas such as personal care, mobility, continence, identity and image. Where a concern was identified, we saw this was recorded and a possible solution was sought.
- People were supported with their oral hygiene. Each person had an 'oral care plan' in place which included the person's likes and dislikes and how they wanted to be supported with this.
- Staff kept a daily record of each person's day, activities undertaken, what they ate and any concerns. These were recorded clearly and were person-centred.
- In addition to their care plan, where people had specific needs, a support plan was put in place. For example, a person's mental health had recently deteriorated and consequently they were displaying distress and behaviours that challenged. We saw their support plan was detailed and included an analysis of each episode, possible triggers, how to recognise signs and symptoms and how to support the person.
- We saw evidence the registered manager was frequently in touch with specialist healthcare professionals to monitor the person's health and appropriate treatment was sought. A healthcare professional told us, "The management seems responsive and does monitor residents' needs."

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 communications needs were assessed, recorded and met. Care plans specified people's mode of communication and how staff should meet these.
- All the people using the service were able to communicate verbally and read and spoke fluent English.

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 were supported to undertake activities of their choice. One person told us, "They leave me to do what I want to do. I go out once a day. That's enough for me."
- People's interests and hobbies were recorded in their care plans. Most people liked indoor activities such as playing games or watching TV. Staff encouraged people to take part in activities.
- Some people were able to go out by themselves and went for walks or to the shops. The staff organised outings at least once a week to places such as parks and other places of interest. They were planning a river cruise for the following week.
- People were able to visit family and friends and receive visitors anytime they liked. One relative told us, "I like the fact I can visit when I want to as they are always accommodating to us."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure, and this was available to people who used the service and others. The registered manager told us they had not received any complaints in the last year. However, they told us they would address all complaints in a timely manner in line with their policy and procedures.

End of life care and support

- Staff received end of life care training. People's care plans included a section about end of life. However, people were reluctant to discuss this currently. Nobody was receiving end of life care at the time of our inspection.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

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

At our last comprehensive inspection in December 2019, we found the provider's monitoring systems had not been effective and had failed to identify the issues we found during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection in September 2020, we found improvements had been made and the provider was no longer in breach of regulation 17, but further improvements were required in relation to the safety and cleanliness of the kitchen. At this inspection, we found a repetition of the issues found at the last inspection.

- The provider's systems for monitoring the quality and safety of the service had remained ineffective because they had failed to identify and address the issues we found during our inspection in relation to the safety and cleanliness of the kitchen.
- There were monthly environmental cleanliness audits, and audits in relation to all other areas of the service, including the laundry and kitchen. The last audit on 11 April 2022, the provider had identified that the cooker's grease filter needing to be cleaned. However, this had not been addressed and was still unclean during our visit.

Failure to have effective arrangements to assess, monitor and improve the quality of the service may pose a risk to people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us photographic evidence they had addressed the concerns we had identified. They had conducted a deep cleaning of the kitchen and had appropriately boxed the exposed pipes under the boiler.
- The registered manager carried out regular spot checks of the service, looking at areas such as security and safety, communal areas, kitchen, staff and people who used the service, and cleanliness. Monthly audits also included checks of the garden, home furnishing, health and safety and checks of heating and water. They also undertook checks of their policies and procedures, staff training, first aid boxes, window restrictors, ventilation and lighting.

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

- People we spoke with said they had a good relationship with the registered manager. One person told us, "They do everything they can to help us."
- Relatives we contacted were happy with the service and trusted the management team. Their comments included, "The manager is knowledgeable and aims to always to keep [Person] happy and safe. The staff are kind and warm and provide an excellent service by looking after [Person]" and "We feel really lucky to have found this care home and would like to thank all concerned for the excellent care they provide."
- The staff indicated they found the registered manager approachable and felt supported. Their comments included, "I always feel able to raise concerns with the manager. [They are] a good listener", "The manager is approachable and fair to all staff" and "Staff morale is always high. We feel confident and have confidence and trust in the manager."
- The service was a family business and other members of the family were involved in the running of the home. The team worked closely to provide care and support to people who used the service. The registered manager was a qualified registered mental health nurse and had a diploma in counselling and a degree in community nursing, so they were experienced and qualified to meet the needs of the people who used the service.

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

- The registered manager was transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They told us, "If anything happens to a client, we inform the right people by phone or email. We work well together. We communicate with professionals."

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

- There were regular staff meetings organised so staff could discuss any areas of concerns or share information. A staff member told us, "Team meetings are useful because we can share ideas and work in collaboration with each other." We viewed the minutes of the last three meetings. Subjects discussed included spot checks, medicines management, kitchen hygiene, end of life care and oral hygiene.
- People who used the service were supported to give their opinion of the service via yearly questionnaires and regular meetings. We viewed a recent survey undertaken and saw people were generally happy living at the service and had no complaints.
- Relatives were also consulted but not all returned completed questionnaires. Those who did were happy with the service commenting, "Excellent care home. We are really happy with the staff and the care home."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they used the internet to read relevant information and undertook training and keep their skills up to date. They communicated regularly with the staff to cascade important information about social care developments.
- The registered manager told us they supported staff and encouraged them to develop their skills. They said, "When we get a new person, I make sure staff can meet the person's needs, for example, if there is some challenging behaviour, they are trained in that field. We have face to face training."
- The registered manager told us they had felt well supported by the local authority. They said, "The local authority has been very supportive, they called all the time and offered a lot of support, especially during COVID. The quality assurance person is very good, and the infection control nurse has been very good and helpful."
- The provider worked in partnership with the GP, the community psychiatric nurse and the local authority

regularly.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment. Regulation 12
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17