

HC-One Oval Limited

Old Gates Care Home

Inspection report

Livesey Branch Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Old Gates Care Home is a nursing and residential care home which provides nursing and personal care to up to 90 people, including older people, people with a physical disability and people living with dementia. Accommodation is provided over three units, with one unit specifically for people living with dementia. At the time of the inspection, 63 people were living at the home.

People's experience of using this service:

Some improvements were needed to how people's medicines were managed to ensure they were safe. Shortly after the inspection, the manager provided evidence that these had been addressed. People felt safe at the home and were happy with staffing levels. Staff understood how to protect people from the risk of abuse or avoidable harm. The provider followed safe processes when recruiting staff to ensure they were suitable to support people living at the home. Staff followed appropriate infection control procedures and we found the home clean. The provider ensured safety checks of the home environment were completed regularly.

Staff supported people in a way which met their needs. People felt staff were skilled and knowledgeable. Staff were happy with the induction they received when they joined the service and received regular supervision. Some staff training updates were overdue and the manager addressed this shortly after the inspection. We have made a recommendation about this. 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. Staff completed capacity assessments in line with the Mental Capacity Act 2005 and applied to the local authority for authorisation when people needed to be deprived of their liberty to keep them safe. Staff supported people with their dietary and healthcare needs and contacted community professionals when they needed extra support. The environment was suitable for people's needs.

People liked the staff who supported them and told us staff were kind and respectful. Staff considered people's diversity and respected their right to privacy and dignity. They encouraged people to be as independent as they could be and involved them in decisions about their care. The service provided people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

Staff provided people with care that reflected their needs and preferences. They reviewed people's care needs regularly and updated documentation when people's needs changed. People told us staff knew how they liked to be supported and offered them choices. The provider managed people's concerns and complaints appropriately. Most people were happy with the activities and entertainment provided at the home.

The manager and senior staff completed a variety of audits to check appropriate levels of safety and quality

were maintained at the home. The manager told us medicines practices would be monitored more closely in the future to ensure they remained safe. The provider had effective oversight of the service. Staff worked in partnership with a variety of community agencies to ensure people received the support they needed. People and relatives were happy with the management of the service. Staff felt well supported and told us care standards and the management of the home had improved since the last inspection.

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 25 April 2019) and there were three breaches of regulations. 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. However, the service remains requires improvement, as further improvements were needed to medicines processes and practices at the home. You can see what action we have asked the provider to take at the end of this full report.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will request an action plan from the provider to understand what they will do to ensure medicines processes and practices remain safe. We will monitor the progress of improvements, working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 ●

Old Gates 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. This inspection was planned to check 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:

The inspection was carried out by two adult social care inspectors, a medicines inspector, an assistant inspector, a specialist advisor (nurse) 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:

The service 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 (CQC). The manager had been in post for six weeks at the time of the inspection and had applied to CQC to become the home's registered manager.

Notice of inspection:

This inspection was unannounced.

What we did

Before the inspection we reviewed information we had received about the service from the provider since the last inspection, such as details of serious injuries and safeguarding concerns. We sought feedback from the local authority quality, safeguarding and infection prevention teams and the local clinical commissioning group. We contacted Healthwatch Blackburn with Darwen for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. We

used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with 14 people who lived at the home and nine visiting relatives about their experience of the care provided. We spoke with sixteen staff, including care staff, nursing staff, unit managers, the clinical services manager, the manager and the area director. We also spoke with a community professional who was visiting the home.

We reviewed a range of records. These included seven people's care records and multiple medicines records. We looked at a variety of records relating to the management and monitoring of the service and a selection of policies and procedures.

After the inspection we received further information from the manager about improvements that had been made, including changes in medicines processes and practices and additional staff training that had been completed.

Is the service safe?

Our findings

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

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

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made but further improvements were needed. The provider was still in breach of Regulation 12.

- The provider needed to improve their processes for managing people's medicines. The administration of covert [hidden] medicines needed more detail and review to ensure it was appropriate and safe. Processes for PEG administration of medicines needed to be clearer and the recording of fluid thickeners needed to be improved.

We found no evidence that people had been harmed, however, the provider had failed to ensure that staff were managing people's medicines safely. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Shortly after the inspection the manager provided evidence and assurance that all areas of concern had been addressed.
- Staff who administered medicines had completed the relevant training and their competence to administer medicines safely had been assessed.
- People and relatives were happy with how medicines were being managed and told us staff administered their medicines as and when they should.

Staffing and recruitment

At our last inspection the provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were enough staff on duty to support people effectively. People and relatives told us there were

enough staff available at the home to meet their needs.

- Most staff we spoke with felt staffing levels were appropriate. However, three staff on one unit felt an additional staff member was needed in the mornings to support people with getting up. We discussed this with the manager, who told us she would review staffing arrangements on the unit.
- Staff were recruited safely. Appropriate checks had been completed before they started working at the home, to ensure they were suitable to support people living there.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse and avoidable harm. People told us they felt safe when staff supported them. Comments included, "I am very safe here as there are good carers and no-one can get onto the unit we don't know" and "My [relative] is very safe here as he is well cared for."
- Staff understood how to protect people from abuse and knew the action to take if they had any concerns.
- Safeguarding concerns had been managed appropriately and the manager had notified CQC and the local authority when appropriate. The service had a whistle blowing (reporting poor practice) policy which staff were aware of and told us they would use if they had any concerns.

Assessing risk, safety monitoring and management

- The provider ensured staff managed risks to people's safety and the home environment appropriately. Staff completed and regularly reviewed people's risk assessments, including those relating to falls, mobility, nutrition, skin condition and fire safety. The assessments provided information for staff about people's risks and how best to support people to reduce their risks.
- The provider used sensor equipment when people were at risk of falling, to enable staff to monitor them and keep them safe.
- The provider had processes to record and review accidents and incidents. We found staff had taken appropriate action when people had experienced accidents, including falls.
- The home environment was well maintained. Systems were in place to monitor the safety of equipment and the premises.

Preventing and controlling infection

- Staff followed the provider's infection control policies and had received training, which helped protect people from the risk of infection.
- We found the home clean throughout our inspection and people told us levels of hygiene at the home were good. Their comments included, "Everywhere is kept very clean all the time" and "Everything in [relative's] room is kept spotless."
- A recent visit by the local authority infection prevention and control team was positive and the manager was continuing to make improvements in this area.

Learning lessons when things go wrong

- The provider had systems to analyse accidents and incidents and make improvements when things went wrong. When accidents or incidents occurred where the service was found to be at fault, the manager took appropriate action, such as arranging additional staff training.
- The manager shared lessons learned with staff through a variety of regular meetings.

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

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff received the training and supervision they needed to provide people with effective care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff received an induction when they joined the service and completed the provider's mandatory training. We noted not all staff had completed refresher training in some areas, in line with the provider's timescales. This included safeguarding, safer people handling and infection control training. We discussed this with the manager who acknowledged that some staff training was overdue and told us staff would be asked to complete this as a priority. She contacted us shortly after the inspection and provided evidence that most staff had completed the required refresher training. She assured us the remaining staff would complete it at the earliest opportunity.

We recommend the provider ensures staff training remains up to date, to ensure staff can meet people's needs effectively.

- Staff told us they received regular supervision. We noted from records that this was often focused on specific issues, such as the importance of staff completing care documentation, rather than on staff performance and development. The manager told us she would review the processes in place and the training and guidance given to the senior staff, who provided the supervision.

- People and their relatives felt staff had the knowledge and skills to meet their needs. Their comments included, "The staff are excellent. They all seem to be very well trained and know what they are doing", "The staff all seem to be very knowledgeable in what they do" and "This unit has a lot of experienced staff who know how to deal with dementia sufferers because they all behave in different ways."

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

- Staff provided people with care that reflected their needs and helped them achieve positive outcomes. The service completed an initial assessment of people's needs before they came to live at the home, to ensure they could meet the person's needs. Staff used the initial assessments to create care plans, which contained detailed information about people's care needs, what they were able to do for themselves and how staff should provide their support.

- Unit managers had an excellent understanding of people's health conditions and how they presented when they were becoming unwell. Staff were proactive in contacting health professionals to access advice

and treatment for people when this was needed.

- People and their relatives were happy with the care provided by the service. Their comments included, "The staff are wonderful, I cannot fault them", "I am happy with my care" and "The staff are very good to me, they are excellent."
- The provider ensured staff had appropriate policies and procedures to refer to. We reviewed a number of policies and found they were updated regularly and included appropriate guidance.

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

- The home had been designed and adapted to meet people's needs and support them to maintain their independence. Accommodation was provided over the ground floor, and bathrooms could accommodate people who required support with moving and transferring. The environment was wheelchair friendly.
- People and relatives were happy with the home environment. Their comments included, "The home is a good home and it provides plenty of space", "I like going in the garden and it is very safe, as it is enclosed and no-one can get in" and "The environment meets [relative's] needs. There is plenty of space, it is bright and airy." People had personalised their rooms to make them more homely.
- We noted some dementia friendly signage on the unit for people living with dementia but felt this could be improved. The manager told us this was planned.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the principles of the MCA. Where there were concerns about people's capacity to consent to, and make decisions about their care, staff had completed capacity assessments and made best interests decisions in consultation with their relatives.
- When staff needed to deprive people of their liberty to keep them safe, the service had applied to the local authority for authorisation to do this. We found the information about one person's capacity was unclear and asked the manager to contact the local authority DoLS team to escalate the issue. She contacted us after the inspection with an update which confirmed that a DoLS application had been appropriate,
- People had signed consent forms, giving staff permission to provide them with care and support and told us staff asked for their consent before supporting them.

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

- Staff recorded information in people's care plans and risk assessments about their dietary needs and made referrals to community professionals where concerns were identified. Staff were aware of people's special dietary requirements, including people who needed their drinks to be thickened due to swallowing difficulties and people who required a soft diet.
- People were happy with the meals provided at the home and told us they were given plenty of choice.

Their comments included, "The food is good, there is always lots of choice. In fact, they will get me anything if I request it" and "The food is good, I have no complaints. There is lots of choice, which is excellent, and I get lots of drinks all day long."

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

- Staff supported people to meet their healthcare needs and referred people to a variety of community healthcare professionals to ensure they received the support they needed. These included GPs, community nurses, podiatrists, dietitians and speech and language therapists.
- One visiting community professional told us staff had put strategies in place to support the person effectively and had managed their needs well. They told us staff were welcoming and polite.
- People's support plans included information about their healthcare needs, medical history, medicines and any allergies.
- The home was part of the 'red bag' scheme, which aimed to improve communication between care homes and hospital staff when people moved between services. Important documentation, medicines and people's personal items were sent with them in a red bag, to ensure they had what they needed and important information about their needs was shared.

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 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

- Staff supported people well, treated them with dignity and respected their diversity. People and relatives liked the staff at the home. They told us staff were kind and respectful. Their comments included, "The staff are exceptionally kind and caring. I can't say enough about them, and they do treat me with respect all the time", "The staff are all very kind and caring, they are wonderful. They will sit and chat with [relative] and listen to her stories" and "The staff are excellent. I haven't heard one that has ever been snappy and they deal with a lot."
- We observed respectful, friendly and affectionate interactions between staff and people during our inspection. Staff were patient when supporting people, for example at mealtimes, and offered reassurance and distraction when people were upset or confused. They chatted with people while they supported them, and conversations were light hearted and friendly.
- Staff considered and respected people's diversity. Care documentation included information about people's life history, marital status and religion. Religious services took place regularly at the home and people's religious and cultural dietary preferences were catered for. We noted people's ethnic origin, gender and sexual orientation were not documented. This meant staff may not be fully aware of people's diverse needs and what was important to them. We discussed this with the manager who told us she would raise it with the provider, with a view to amending documentation so this information would be gathered in future.

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

- Staff involved people in decisions about their care. One visitor told us, "The staff listen to my [relative] and act on what he says." We observed staff encouraging people to express their views and make every day decisions about their care when they could, such as what they had to eat and where they spent their time. One relative told us the staff chatted with their family member, who struggled with communication. They told us staff had come to know their family member's mannerisms and sounds, which helped them to understand the person's views and wishes.
- People told us their care needs had been discussed with them, or where appropriate, their family members. This helped ensure staff knew how people wanted to be supported.
- Information about local advocacy services was available. These services can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. This helped to ensure that people could get support to express their views if they needed to. The manager told us people had been supported by advocates in the past, but no-one was being supported at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. People told us, "The staff are always very polite and well-mannered", "The staff respect my privacy and dignity and so they leave me to be quiet in my room when I wish" and "Staff always knock on my bedroom door and ask permission to go in."
- Staff respected people's wish to remain independent. One person told us, "They encourage me to be as independent as I can be." Another told us, "I do as much for myself as I can." We saw staff encouraged people to do what they could, for example at mealtimes or when they were moving around the home. Adapted crockery was available at meal times to enable people to be as independent as possible.
- The provider ensured people's right to confidentiality was respected. People's care records and staff members' personal information were stored securely and were only accessible to authorised staff. Confidentiality was addressed during the staff induction and the provider had a confidentiality procedure and a data protection policy for staff to refer to.

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 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

- Staff provided people with personalised care which reflected their needs and preferences. People told us staff were helpful and provided them with support when they needed it. One person told us, "The staff are excellent, they can't do enough. They are helpful and do whatever we ask." Another commented, "They do everything for me. I just ask for a drink and they get one for me."
- People told us staff knew them and how they liked to be supported. Their comments included, "They know me and my likes and dislikes" and "They sit and chat and have got to know me well."
- People told us staff offered them choices and encouraged them to make decisions. Their comments included, "I make all my own choices and the staff respect them" and "They let [relative] make her own choices." We observed staff offering people choices throughout our inspection.
- People's care plans were individual to the person and included information about their risks, needs, personalities, likes and dislikes. Staff reviewed people's care plans regularly and updated them when people's needs changed.

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.

- Staff assessed people's communication needs as part of the initial assessment and reviewed them regularly. They documented in people's care plans any support they needed with communication and how staff should provide it. One visitor told us, "[Relative] is a little hard of hearing but the staff are aware, so they speak up and speak slowly." We observed staff taking time to communicate effectively with people and repeating information when necessary.
- Staff shared information about people's communication needs when they moved between services, for example when they attended hospital.
- Pictorial aids were available to support people with communication where needed.

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

- Staff encouraged people to maintain relationships that were important to them. We saw lots of visitors at the home during our inspection. Staff welcomed them, and they were free to spend time with their friends or relatives in various places throughout the home. One person told us, "My family and friends can visit me at any time of the day and they can stay as long as they want." One visitor commented, "They make me

welcome and I come every day."

- Staff supported people to follow their interests and take part in a variety of activities. Most people and relatives were happy with the activities available at the home. Their comments included, "There are lots of activities every day. There's bingo, knitting and people come and visit and entertain us", "The activities here are excellent as the activity coordinator differentiates them according to every resident's different ability" and "The activity coordinator visits and entertains us regularly. Entertainers do visit on occasion and there are quizzes and bingo and things like that." A small number of people and staff on one unit felt the activities could be more varied. The unit manager told us they had plans to address this with staff and people living on the unit.
- People told us, and we observed the activity coordinator spending time with people individually, where they were unable or did not wish to take part in group activities. One person told us, "The staff sit and talk too with residents who don't get visitors very often."
- During the inspection a local choir visited one of the units and people seemed to enjoy it, singing and clapping along. Staff brought people along from other units if they wanted to get involved.

Improving care quality in response to complaints or concerns

- The provider had processes to investigate and respond to people's complaints and concerns. Records showed the manager had investigated complaints appropriately and responded to them in line with the policy. The manager discussed any complaints with the relevant unit manager, to ensure lessons learned were shared with staff to avoid similar events in the future.
- None of the people we spoke with had made a complaint. They told us they knew how to complain or raise concerns if they were unhappy with anything.
- A number of recent compliments had been received about the quality of care provided at the home.

End of life care and support

- Staff had documented some people's end of life care wishes however, not everyone had an end of life care plan in place. We discussed with the manager the importance of addressing end of life care with people at the earliest opportunity, to allow them to express their wishes while they were able to, rather than waiting until their health deteriorated. The manager told us she would look into arranging end of life care training for staff through the local hospice.

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 remained requires improvement. This meant the service leadership and management 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 inspection the provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The home did not have a registered manager at the time of our inspection. The manager had been in post for six weeks and had submitted an application to CQC to become the registered manager of the home. She was responsible for the day to day running of the service.
- The manager and senior staff completed a variety of regular checks and audits, including those relating to the home environment, infection control, medicines and care documentation. We found most of the audits and governance arrangements in place were effective in ensuring that appropriate levels of quality and safety were being maintained at the home. However, the medicines audits had not identified the issues we found with medicines practices during the inspection. These issues were resolved shortly after the inspection and the manager assured us they would be checked regularly during future medicines audits.
- The provider had oversight of the service, through the area director's regular monitoring visits to review quality and safety at the home.
- Staff understood their roles and responsibilities, which were made clear in their job descriptions and during their induction, training, supervision and staff meetings. The provider ensured policies and procedures were available for staff to refer to.
- The manager demonstrated a clear understanding of their roles and regulatory responsibilities. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection displayed.

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

- The service provided people with high quality, individualised care which helped them achieve good

outcomes. Management and staff treated people as individuals and encouraged people and relatives to be involved in decisions about their care and the service.

- Not everyone knew who the manager of the home was, however, people and relatives were happy with the management of the service. Their comments included, "We see the manager sometimes; she says hello and seems to be very pleasant", "I don't know who the manager is but the nurses in charge are very helpful" and "The manager on this unit is very good, very easy to talk to and very helpful. She made [relative] feel at home when she first came here and didn't know anyone. She asks [relative] how she is each day and gives her a cuddle."

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

- There are some specific requirements that providers must follow when things go wrong with care and treatment. The provider had duty of candour guidance in place. No incidents had occurred that we were aware of, which required duty of candour action.

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

- The provider had various processes to gain feedback from people and relatives about the care and support provided at the home. Feedback from satisfaction surveys completed in June 2018 was mainly positive. Visitors could use a 'Have your say' touchscreen in reception to leave their feedback and the score for August 2019 was 91%. Visitors' recent comments included, "This is the best care home in the world" and "As a health professional I noted an improvement with documentation and staff engagement with clients and professionals."
- People had the opportunity to provide feedback about their care during regular residents' meetings and during the manager's daily walk around. The 'resident of the day' system also provided an opportunity for people to give feedback about their care and ensure information about their care needs and preferences was up to date.
- The service had achieved a rating of 9.5 out of 10 on carehome.co.uk based on 37 reviews. One relative had recently commented, "My relative received excellent care during the years she was resident but the treatment she received during her last few weeks was exceptional."
- Staff gave us positive feedback about the service. They told us care standards and the management of the home had improved since the last inspection. They felt management listened to them and respected their views and told us staff morale had improved significantly since the last inspection.
- Staff found the manager and unit managers approachable and they felt able to raise concerns. One staff member commented, "The new manager is great, lovely and approachable. If we need something, she does her best to get what we need." Staff attended regular staff meetings, where they were able to raise concerns and make suggestions.

Continuous learning and improving care

- We found there was a focus on continuous service improvement at the home. The provider had processes to ensure any issues with care standards were identified and improvements were made. The manager held daily meetings with senior staff across the home to ensure important information was shared, improvements were made where appropriate and any issues with staff performance were identified and addressed. The provider had processes to ensure learning was shared across their services.
- The manager told us the provider had plans to improve the service, which included making the home environment more dementia friendly.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of community health and social care agencies, to ensure people received any additional support they needed. These included social workers, GPs, community nurses, dietitians, speech and language therapists, podiatrists and the local community mental health team.
- The community agencies we contacted and one visiting social care professional provided positive feedback about the home. Their comments are included elsewhere in this report.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure that staff were managing people's medicines safely.