

# Four Seasons 2000 Limited

# Murdoch House

## 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Murdoch House is a care home without nursing that provides a service to up to 27 older people. The accommodation is arranged over three floors, with lift access to each floor and is close to Wokingham town centre. At the time of our inspection there were 19 people living at the service.

People's experience of using this service:

The management of medicine was not always safe. The staff did not always follow the provider's policy in keeping records when specialised drugs were administered. However, people received their prescribed medicine on time. Storage of medicine was managed appropriately.

We have made a recommendation about ensuring the registered person maintained clear and consistent records when people had injuries as per regulation and their Duty of Candour responsibility was applied. This means providers must act in an open and transparent way with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

We have made a recommendation about staff training regarding the writing of care plans and determining prevention measures and appropriate goals/outcomes. We have also recommended that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff. The management and staff team had reviewed, assessed and monitored the quality of care. However, further improvement was needed to ensure records kept were accurate, up to date and complete.

The registered manager encouraged feedback from people and families. They used the feedback to make improvements to the service and protect against the risks of receiving unsafe and inappropriate care and treatment.

The staff carried out risk assessments and had drawn up care plans to ensure people's safety and wellbeing. We noted to the registered manager to ensure the records were clear and consistent. Staff recognised and responded to changes in risks to people who use the service and ensured a timely response and appropriate action was taken.

People felt safe living at the service. Relatives felt their family members were kept safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed kind and friendly interactions between staff and people. People and relatives made positive comments about the staff and the care they provided.

People and their families were involved in the planning of their care. People confirmed staff respected their privacy and dignity. The registered manager was working with the staff team to ensure caring and kind support was consistent. People told us staff were available when they needed them, and staff knew how they liked things done. The registered manager reviewed and improved staffing numbers to ensure enough qualified and knowledgeable staff were available to meet people's needs at all times.

People had sufficient to eat and drink to meet their nutrition and hydration needs. Hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. The service worked well with other health and social care professionals to provide effective care for people.

There was an activities programme and some people were involved in activities. The activities coordinator worked hard to provide opportunities for people to engage in meaningful activities according to their interests, which protected them from social isolation. The registered manager had planned and booked training to ensure staff had appropriate knowledge to support people. Staff said they felt supported to do their job and could ask for help when needed.

There were contingency plans in place to respond to emergencies. The premises and equipment were cleaned and well maintained. The dedicated staff team followed procedures and practice to control the spread of infection and keep the service clean.

The registered manager held residents' meetings as well as staff meetings to ensure consistency of action to be taken. The staff team had handovers and daily meetings to discuss matters relating to the service and people's care. Staff felt the management was open with them and communicated what was happening at the service and with the people living there. People and relatives felt the service was managed well and that they could approach management and staff with any concerns.

Rating at last inspection: At the last inspection the service was rated Good (Report was published 3 November 2016).

Why we inspected: this was a planned comprehensive inspection based on the previous rating.

Enforcement: We found a breach of one regulation relating to the safe management of medicine. Details of action taken are at the end of the full report.

Follow up: We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risks and ensures we are able to schedule the next inspection accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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** ●

# Murdoch 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, e. g., caring for people with dementia in this inspection. On the second day one inspector carried out the inspection.

#### Service and service type:

Murdoch House is a care home without nursing and is arranged over three floors, with lift access to each floor and is close to Wokingham town centre.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

This was an unannounced inspection. This meant the service was not aware we were coming.

#### What we did:

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We reviewed the information the provider sent us in the Provider Information Return. 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 also contacted five community professionals for feedback and received one response.

During the inspection we spoke with 12 people who use the service and two relatives. In addition, we spoke with the registered manager, the deputy manager and seven members of the staff team.

We observed lunch, planned activities and interactions between staff and people living at the service. We carried out a tour of the premises.

We looked at records relating to the management of the service for example:

Audits and quality assurance reports

Four people's care records

Records of accidents, incidents

Falls analysis

Compliments and complaints

Four staff recruitment files

Staff support, supervision and appraisal information

Maintenance records

Following the inspection, we asked the registered manager for some further information which we received. This included follow up information on meeting minutes, quality assurance, further recruitment and training information and policies relating to the running of the service.

# Is the service safe?

## Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

### Using medicines safely

- People did not always have their medicines managed safely. Where people received specialised medicines, the medicine administration records (MAR) were not always signed by two staff administering the medicine as per the provider's medicine policy.
- Only trained senior staff who had been assessed as competent supported people with their medicines. However, we found one person had a specific when required (PRN) medicine to help them manage their condition. The medicine was to be administered in a certain way but the staff had not been trained to do this specific administration. The PRN protocol did not have specific details of how and when to administer the medicine. This placed the person at risk of receiving PRN medicine unsafely.
- People had protocols in place for PRN medicines for example, for pain relief. However, the plans did not always present clear information specific to the person, such as symptoms to look out for, any side effects to observe for, or when to review it.

The unsafe management of medicine placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed other MAR for the people who use the service. We did not find any recording gaps.
- People were supported to have their medicines at the right times. Staff told people what their medicines were for and supported them to take their medicines as prescribed.
- Medicines were stored securely and regularly checked by the registered manager, deputy manager or senior staff. We reviewed the stock of specialised drugs kept in a separate cabinet and it tallied with the records kept.

### Assessing risk, safety monitoring and management

- We reviewed people's care records and found the information regarding people's needs was not consistently recorded. The information staff needed to understand the risk and the steps they needed to take to manage it was not always sufficiently detailed.
- When people had assessed needs identified, the actions to achieve desired outcomes and information in the care plans were not always clear.
- Another person had a condition that affected their mobility. The risk assessment for falls identified them as being at high risk. The guidance for how to mitigate the risks did not always have information about prevention. However, a separate instruction how to help this person mobilise and consider their safety were clearly described.

- Without accurate and consistent information there was a risk staff may not be aware of how best to support people to ensure their safety and wellbeing. We noted this to the registered manager and they took immediate action to review and update the care plans.
- We recommend that staff completing care plans have training in the current best practice on writing care plans and determining appropriate prevention measures and outcomes.
- Business continuity plans were in place to ensure people were supported in the event of emergency.
- The environment and equipment were safe and well maintained. Staff monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards as they went about their work. The registered manager had action plans in place to ensure safety in the service such as fire and legionella.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service and they knew who to ask for help if they felt unsafe. They said, "It's peace of mind. I have no worry at all. No strangers calling at your door like you do at your own home", "There's always a carer at the end of a bell" and "The people (staff) are trained properly [to look after the safety]". Relatives said they felt their family members were safe with the staff. One relative added, "We had a lot of fear and anxiety when [my relative] was living at [own] home but this has gone now... I've been happy with [my relative] being here; I've not gone home and had a worry."
- When there had been safeguarding concerns raised, the registered manager dealt with them appropriately.
- Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the management team would act on any concerns reported to ensure people's safety.

#### Staffing and recruitment

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. We found some information gaps regarding employment histories and evidence of conduct. We raised this with the registered manager. We have since been provided with evidence that this has been rectified.
- Overall, there were enough staff to support people's needs and the registered manager regularly reviewed the numbers needed.
- We received some feedback from staff that they felt at times they needed extra staff to be available during the day. However, staff felt there were usually enough staff to do their jobs safely. Both registered and deputy managers were always helpful ensuring the service operated at safe staffing levels.
- We observed staff answered call bells promptly on our visit. People and relatives felt staff were available when needed. We saw staff responded to people's request for support during the day.

#### Preventing and controlling infection

- Appropriate measures were in place regarding infection control. We saw dedicated staff ensured the service was kept clean, tidy and odour free.
- Staff followed a cleaning schedule and used appropriate personal protective equipment to help protect people from the risks relating to cross infection.
- Staff were trained in infection control and followed the provider's policies and procedures.

#### Learning lessons when things go wrong

- When people had accidents, incidents or near misses these were recorded on the service's electronic system. These were also discussed with staff to ensure people were provided with the correct and timely support and to look at ways to prevent recurrences. The registered manager and senior management accessed the reports to ensure all the actions were taken to address any concerns and to support people to stay safe.



- The registered manager also worked with the occupational therapist to review and monitor people's mobility and falls. The professional commented, "Following the falls audits, [the registered manager] has actioned a number of the recommendations made prior to the next audit to try and reduce the risk of further falls for his residents".

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs. It demonstrated the person had been involved in drawing up their plan.
- People felt the staff knew how they liked things done and received effective care and support from them.
- A community professional thought the service provided effective care and that staff had the knowledge and skills they needed to carry out their roles and responsibilities.
- People and relatives felt the staff knew them well and provided good care and support. They said, "[The staff] are alright. All of them do their job. I'll tell you they're all nice girls", "The standard of care is very good. If you ask for something you get it. Even in the middle of the night" and "The staff seem to be skilled. [My relative] has never said and I've never seen when she has had to wait more than five minutes [for attention]".
- People received effective care and support from staff who knew how they liked things done. We observed the staff interacted well with people and responded to those who needed help.

Staff support: induction, training, skills and experience

- Staff received training that equipped them with the knowledge they needed to support people. The provider had a system for monitoring staff training was up to date.
- The staff did not have practical training sessions for first aid or basic life support as it was not mandatory. This was not in line with the current best practice guidelines for ongoing social care staff training. Staff not being competent to provide first aid to people could increase their risk of experiencing avoidable harm.
- We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.
- When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. Although we received some feedback that face to face training would be helpful at times, as well.
- Staff felt supported through the provider's performance and appraisal system. They received feedback about their performance and discussed training needs during one to one supervision.

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

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking. Staff made sure foods were available to meet people's diverse and cultural needs and preferences.
- People liked the cooked food and they agreed choices were offered to them. They said snacks and drinks

were available at any time and they were encouraged to drink regularly.

- People said, "I have a good cooked breakfast every day. At lunch time you get a choice. There are alternatives [to the main choices] available", "The food is marvellous. It's very good. I've got no problems with that" and "The chef came to see me and said, 'If you want anything, just ask'. If you don't like something [on the menu] they try and substitute it."
- People were supported to have their meals and they ate at their own pace. Some people chose to eat their meals in their bedrooms and they were served promptly.
- The staff and the kitchen staff were aware of people's dietary needs and preferences. If people needed their food and fluid to be monitored, this was done to ensure people received enough nutrients during the day.

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

- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. People had medicine reviews carried out by the GP to ensure they were on the right and effective prescribed treatment.
- People were referred to various health professionals in good time to address any health or changing needs. The staff were knowledgeable and informed about people's health and wellbeing.
- We saw the care for people's health and wellbeing was proactive and organised well.
- A community professional thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

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

- The premises were clean and bright, and furnishings and fittings were of a good quality.
- The majority of people living at the service were able to mobilise independently or with the aid of walking frames. People were able to mobilise with ease around the communal areas and their rooms, and the outdoor areas were also accessible and safe for them to use.

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 this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

- 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 registered manager had a good understanding of the principles of MCA.
- People's rights to make their own decisions, where possible, were protected.
- People agreed staff asked them before providing any care or support. We observed staff were polite and respectful towards people and their decisions.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives agreed staff were caring and kind. They said, "I think [the care] is excellent. The staff are very polite, and they look after us very well. They come around about every hour and see if you are alright. They support me", "The staff really care, and they are really kind, all of them. There's a nice feeling in the home and it's a reassurance to me" and "The care is very good here. I can do what I want. They look after you well."
- People agreed staff knew how they liked things done when supporting them.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents and relatives' meetings, and verbal and written feedback.
- Staff respected people's choices about how and where they wanted to spend their time. One person said, "They're very kind staff. They are so kind here. Every day they get me undressed and into bed and I like to go quite late, after 11pm". Another person thought the care she received was "very good [because] they care how I feel". They added the staff members were polite and kind.
- People's bedrooms were personalised and decorated to their taste including pictures of friends and family, paintings and other items important to the person.
- We observed people and their appearance. They looked well cared for with clean clothes and appropriate footwear.
- Community professional thought the service was successful in developing positive caring relationships with people and seemed to know them well.

Respecting and promoting people's privacy, dignity and independence

- People and relatives agreed staff showed them respect and said they were "polite and they do try to assist and help".
- People and relatives agreed staff protected their dignity and privacy. Staff respected people's privacy and explained how they would support someone with personal care. We saw that staff knocked on people's doors before entering their room.
- People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible. People said, "The staff are very good... They do encourage independence, yes.... Quite often they come in and sit and talk to you", "The carers are very good here. I can do what I want and they look after you well" and "If I ask them they will get me up, washed and dressed but I try to do as much

as I can myself."

- Staff understood the importance of treating people with respect and compassion, so they could live their life as chosen. They said, "Treat people how I liked to be treated", "You respect their choices and wishes, and during personal care keep residents dignified" and "Make sure I am polite and respectful to residents and staff".

- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept locked away in the office. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People felt they received support that was individualised to their personal needs.
- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. Where a person's health had changed it was evident staff worked with other professionals.
- We noted some information in the care plans we looked at, about how care, treatment and support should be provided was not always clearly explained. For example, relating to skin integrity, specific conditions or managing mobility. When we pointed out these gaps to the registered manager, they were able to give an explanation or description of care or support provided or needed.
- People's needs, and care plans were kept under review and amended when changes occurred or if new information came to light.
- The staff used shift handovers and daily meetings to discuss any tasks to complete or what was going on in the service. The registered manager and the deputy manager monitored the service and practice regularly during the day and ensured appropriate action was taken to address any issues.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people during inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or outside in the garden.
- There was a programme to engage people in activities, maintain their social skills and achieve emotional wellbeing. Activities were listed and available to people, visitors and staff throughout the service. We observed a few activities going on and we saw people enjoyed getting involved, chatting to others in between.
- We spoke to the activities coordinator and we felt they were hard working and dedicated, developing activity schedules for people with very limited resources. They demonstrated a good knowledge of individual people's histories, likes and preferences.
- The registered manager stated they would make improvements to the records kept regarding activities for each person. That way they could then more easily evidence that people were offered activities and how they were getting involved.

Meeting people's communication needs

- Care plans described the support people needed to communicate effectively and what staff needed to do to communicate effectively with them, wherever possible.
- Staff were aware of different ways of communicating with people, for example, pictures, using pen and paper or signing, and giving them time to respond.

- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand.

#### Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and used it as an opportunity to capture any trends and improve the service.
- We saw the service received compliments regarding the care and support provided to people. The registered manager and the deputy manager always thanked the staff and appreciated their work.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- People and their relatives knew who to talk to if they had concerns. The concerns log showed any issues raised were looked into, actions taken were indicated and any outcomes were recorded.

#### End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone living at the service.

# 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

Requires Improvement: The service was not consistently well-led. However, the leadership and management worked towards assuring there was a person-centred care and a fair and open culture. Some regulations may or may not have been met.

How the provider understands and acts on their duty of candour responsibility

- Since the last inspection, there had been six serious injuries that were notifiable incidents indicating duty of candour was applied. Duty of Candour, Regulation 20, is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to where care and treatment goes wrong or causes or has the potential to cause harm or distress. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
- We looked at evidence to check the regulation had been followed when these serious injuries had happened. Provider's policy was to ask people who use the service if they wanted to be involved in the process called 'Being Open'. If they said 'no', then no further duty of candour actions were required as per this policy. However, we noted this process was not in line with the regulation as the regulation did not indicate the registered person had to ask this question.
- People were supported to go to hospital to treat injuries and update the care plans when their needs changed. However, all steps to be taken and outcomes had not consistently been recorded showing the registered person was open and transparent with people when things went wrong. Therefore, the registered person did not always ensure there was sufficient evidence that Duty of Candour principles had been applied and followed in all cases as per regulation.

We recommend the provider seeks advice and guidance from a reputable source about Regulation 20: Duty of Candour and ensuring their policies are in line with this regulation so its requirements are met at all times.

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

- The registered manager had quality assurance systems in place. These included daily walks around the service, review of any feedback received, incidents and accidents, care plans, staff files, and safeguarding concerns. They were also working according to continuous improvement plan to ensure necessary improvements were made.
- However, they did not always use their quality assurance system to promptly identify shortfalls in the service records to ensure they were up to date and fully completed when required. There had been no identified negative impact on people or their care at this time.
- The service had a manager registered with the Care Quality Commission. This means that they and the



provider are legally responsible for how the service is run and for the safety and quality of care provided.

- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- There was a commitment from the registered manager and the deputy manager who encouraged staff to provide people with quality care and support they wanted.
- There was a clear management structure in place, which gave clear lines of responsibility and authority for decision making about the management.
- The registered manager had an open-door policy and welcomed any feedback of how to maintain good service.

Planning and promoting person-centred, high-quality care and support with openness

- The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety, and security. There was a 'whole team approach' and supportive culture. People and relatives agreed the service was managed well.
- Staff felt listened to and the registered manager and provider were approachable. Staff spoke positively about them and felt they were supportive. Staff said, "We work as a team to provide the best for each individual resident", "Murdoch House is our residents' home and we try very hard to make it like a home for all of them" and "We listen and communicate, show kindness and give encouragement".
- The registered manager praised the staff team saying, "They are a lovely bunch. Staff very much work here as they love their residents. It's a family type of home. I really enjoy coming here to work every day as it is a nice home to work in".
- The registered manager added he felt supported by their seniors saying, "The support above is fantastic".

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

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. They actively sought feedback using an electronic system in the home to gain the views of people, relatives, and staff, so the people enjoyed living in the service.
- The registered manager, the deputy manager and the staff team were motivated to provide care and support to people as their needs and health were changing.
- The registered manager held meetings for people who use the service to listen and gather any views or concerns they had.
- The registered manager held staff team meetings to ensure any items arising from audits, reviews, people's meetings, relatives' feedback were shared with the staff team. This was to ensure all team members were aware of any issues, actions to take and pass on positive feedback.

Working in partnership with others

- The registered manager had a well-established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the service to provide entertainment.
- One community professional added, "[Registered manager] is very open to different members of the team visiting the home and he will contact me if he has any concerns or requires any signposting to services for his residents".
- Records showed the service had positive relationships and regular contact with professionals including GP's, community nurses, occupational therapist, mental health team and the local authority.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p><b>Safe care and treatment</b></p> <p>This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure care and treatment was provided in a safe way. They did not ensure the proper and safe management of medicines.</p>