

High Pines Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 and 13 December and was unannounced.

High Pines Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

High Pines Residential Home provides accommodation for up to 27 older people who need support with their personal care, some people are living with dementia. Accommodation is arranged over two floors. A lift is available to assist people to get to the upper floor. The service has 25 single bedrooms and one double bedroom which people can choose to share. There were 23 people living at the service at the time of our inspection.

The service had last been inspected on 14 and 15 February 2017 and was rated Good.

At the time of our inspection, there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had submitted an application to become the registered manager with the CQC.

Risks to people had been assessed, however, there was not always clear, detailed guidance for staff to follow to mitigate the risks to people. This did not impact on people, as staff knew people and took action to keep them as safe as possible.

Checks and audits on the quality of the service did not identify and address shortfalls found during our inspection. For example, care plans were not always consistent, and lacked relevant information and risk assessments. When new staff were recruited to work at the service the relevant checks were not completed to ensure staff were of good character to work with people.

Staff understood how to recognise potential safeguarding concerns. The manager had made appropriate safeguarding referrals to the local authority safeguarding team. Accidents and incidents had been logged by staff, and the manager had oversight to ensure action had been taken to reduce the chances of it re-occurring.

People and staff told us there were suitable numbers of staff to meet people's needs and keep them safe. Staff completed regular training to keep them up to date with guidance and best practice. Staff received supervision and appraisal to discuss their performance and personal development. Staff had received training in medicines administration, and supported people to receive their medicines safely.

The service was clean, and the provider had a programme of improvement to ensure it continued to be suitable to support people, some of who were living with dementia.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People had been supported to access healthcare services when necessary.

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.

Staff were caring, kind and respected people's privacy and dignity. We observed positive and caring interactions between the staff and people. People told us they were comfortable and at ease with the staff.

People were engaged in meaningful activities they enjoyed. There was a leisure therapist employed who supported people to follow their faith.

Complaints had been documented and actioned appropriately by the manager.

The manager notified CQC about important events that had occurred. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. The provider had displayed the rating in the service.

People were engaged and involved in improving the service. People were involved in regular meetings to give feedback on the service.

People, relatives and staff gave positive feedback about the culture of the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities). You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

Risks relating to people's care were not always documented, and there was not detailed consistent guidance in place for staff to refer to. This was mitigated in part by a consistent staffing team that knew people well.

The provider did not follow safe recruitment practices.

There were sufficient staff to keep people safe.

Safeguarding concerns had been reported to the local authority safeguarding team.

Accidents and incidents had been recorded, and action taken to reduce the likelihood of the incident re-occurring.

Medicines were administered safely.

People were protected from the risk of infection.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were knowledgeable and had access to information relating to best practice.

Staff received the training and support required to complete their roles.

People were supported by a range of healthcare professionals, including the GP, and appropriate referrals were made when people's needs changed.

People were supported to eat and drink safely.

People were supported to make choices about their lives.

Good ●

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were supported to be involved in decisions relating to their care and treatment.

Staff treated people with respect and dignity.

Is the service responsive?

The service was responsive.

Staff were in the process of re-writing care plans to make them more person centred.

People were engaged in meaningful activities that they enjoyed.

Complaints had been documented and used to improve the quality of the service.

People's end of life wishes had been documented.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The manager and staff completed regular checks and audits on the service, but there were areas of improvement identified at this inspection.

Staff told us the manager had a positive impact on the service.

Feedback we received from people, relatives and staff confirmed there was a positive culture at the service.

The manager showed a good knowledge of the regulatory requirements.

People and their relatives were asked their views on the service.

The service worked in partnership with a range of other agencies such as the local authority safeguarding team.

Requires Improvement ●

High Pines Residential Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 December and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. We looked at notifications we had received from the service. Notifications are information the service informs us of when significant events happen, like a serious injury. We did not ask the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with a clinical nurse specialist for older people who supports care homes.

During our inspection we spoke with six people and six relatives. We spoke with the manager, the provider, the deputy manager and five staff. We looked at care records and associated risk assessments for four people. We looked at management records including staff recruitment, training and support records and health and safety checks for the building. We observed the care and support people received in communal areas. We looked at their medicines records and observed people receiving their medicines.

Is the service safe?

Our findings

Risks to people had been identified, however we found records to guide staff on how to keep people safe or minimise the risk to them were not in place. One person was at risk of their skin breaking down. Detailed guidance was not in place to inform staff of the steps to take to support the person to maintain healthy skin. Staff we spoke with were able to detail how they supported the person to maintain healthy skin; by applying prescribed creams and encouraging a healthy diet, however this was not documented in the person's care plan. Another person was at risk of falling. This person did not have a risk assessment in place to advise staff on actions to take to keep the person safe. Their care plan stated the person should be checked on hourly, however when we reviewed the electronic system, the checks had been set up to prompt staff to check the person two hourly. Accidents and incidents documentation confirmed the person had not fallen, and staff amended the system to reflect the need to check on the person hourly. People told us they felt safe at the service and were supported with their mobility, one person told us "I feel safe in here. I am unsteady on my feet so someone always comes with me."

Some people were living with unstable healthcare conditions such as diabetes. We found care plans reviewed were lacking detailed guidance around signs to look out for if people's blood sugar levels were too high or too low, and the action staff should take. When we discussed this with staff, they were aware of how to support people living with diabetes. We shared these concerns, with the manager and care plans and risk assessments were in place by the second day of our inspection.

The provider had failed to ensure that records related to people were complete, accurate and up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment processes were not consistently robust. The required checks had not always been fully completed. We reviewed three recruitment files and found gaps in employment histories had not been explored in two files and one member of staff did not have an appropriate risk assessment on file. When we discussed this with the manager, they confirmed a risk assessment had not taken place, and ensured us it would be addressed in the coming days. This placed people at risk from receiving care and support from staff that may not have had the right character to work with vulnerable people.

The provider failed to operate a robust recruitment process. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the manager acted to rectify these issues. Files contained the required health checks and Disclosure and Barring Service (DBS) background checks. DBS checks help employers to make safer recruitment decisions.

People told us there were sufficient numbers of staff to meet people's needs and keep them safe. One person said "I think there are enough staff to look after us. The best thing about living here is that the staff are very friendly." Staff we observed had time to spend with people, engaging in meaningful conversations.

The manager used a dependency tool which was reviewed monthly or when people's needs changed to assess the number of staff on duty. We reviewed rotas which demonstrated staffing numbers met the assessed levels. Staff we spoke with agreed there were sufficient staff to meet people's needs.

People received their medicines when they needed, by staff that had the relevant training and competency checks to administer medicines. One person told us "If I am in pain the staff sort me out. I always get my medicines." Medicines were stored securely, properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine records were completed fully and accurately and contained photographs of people to help staff ensure the right person received their medicines. Some people were prescribed medicines on an 'as and when necessary' basis. There were guidelines in place for staff to follow about when to give the medicines, and the maximum dosage of those medicines. People's medicines were regularly reviewed by the GP to ensure they were still appropriate for the person to take.

The manager and staff were clear about their responsibility to protect people from harm and had contacted the local authority safeguarding team where appropriate. Safeguarding and whistleblowing policies and procedures were in place for staff to follow and staff had received training. Staff could tell us how they would recognise and respond to abuse, and were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. One member of staff told us, "I would go straight to my manager, and put in a concern to say what I had seen, such as unexplained bruising."

There were records to show that checks took place to help ensure the safety of people, staff and visitors. One person told us "They are very keen on health and safety here. They put safety catches on the bedroom window and took away the doorstop holding my ensuite door open because they said it was a trip hazard. We have fire door testing." Staff told us that all equipment was working, and that repairs and replacements took place promptly when needed. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Health and Safety audits were completed and these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. People had a personal emergency evacuation plan (PEEP). A PEEP sets out specific physical and communication requirements that each person has, to ensure that they can be safely evacuated from the service in the event of a fire. The business continuity plan detailed the steps staff should take to keep people safe in the event of emergencies.

The service was clean and people were protected from the risk of the spread of infection. Staff had completed infection control and food hygiene training. Protective equipment, such as aprons and gloves, were easily available to staff and we saw staff using them during our inspection. The manager told us they had recently attended infection control champion training and they were planning to share this with the team to improve knowledge. People told us "I feel safe here. It's very nice here, very clean" and "The home is very clean and well maintained." The cleaner was evident around the home throughout the day. When people went for lunch the cleaner wiped down the chairs in the lounge and hoovered. The cleaner told us, "I wipe the chairs for crumbs at lunchtime, and do a deep clean at the end of the day."

Accidents and incidents involving people were recorded. Management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. The provider had an overview of incidents for the month, which included reviewing any action taken to reduce the risk of the incident or accident reoccurring. For example, following an incident one month, one person was referred to the community mental health team for further input.

Is the service effective?

Our findings

Before people moved into the service, the manager completed a comprehensive assessment to ensure the service could meet the needs of the person. The assessment considered all aspects of the person's care and support needs, including what they needed support with, anything they could do themselves, and any healthcare conditions the person had. People's preferred names were documented, and consideration was given to protected characteristics in line with the Equality Act 2010, such as religious beliefs. This information was used to form a care plan for the person, and create initial risk assessments with guidance for staff to follow.

Throughout the service, and within the manager's office, there was lots of information available for people and staff on best practice. The manager informed us this information was used for staff to access as and when required and that topics were covered during staff meetings. This included information relating to the Mental Capacity Act, safeguarding and how to prevent skin breakdown. Staff we spoke with showed a good understanding of these areas.

Mandatory training such as infection control, safeguarding and moving and handling people had been delivered and was up to date. Staff were encouraged to complete additional training, for example, distance learning courses, to improve knowledge and skills. People received care from staff who had received training appropriate to their role and to people's needs. Staff told us "Yes, I have done seven qualifications. We have just been on a training for catheter (care) it was useful, you learn something all the time."

Staff completed an induction when they started working at the service. This included working with experienced staff to learn about people's choices and preferences. New staff were mentored and their competency in each area of their role was assessed and signed off by their mentor or the managers. Staff used equipment to move people safely and followed guidelines set out in people's care plans.

All staff received regular supervision and an annual appraisal. They could give their feedback and reflect on their performance as well as receive comments from the managers. Staff told us they felt supported by the managers and people told us they had confidence in the staff who cared for them. One member of staff told us they, "loved working in care and wouldn't change a thing about working at High Pines."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. Throughout our inspection we observed people being given choices of drinks, and being encouraged to take on fluids. People told us they enjoyed the food, and were given plenty of options. One person told us "The meals are not too bad. There is plenty to eat." There was a food menu in the dining room to inform people of the choices of the day. Staff told us they asked people daily what they liked to eat, used pictorial aids, and showed people the food options on coloured plates to help people living with dementia to make choices.

Staff we spoke with were able to tell us people's preferences. For example, one person did not like cheese, so staff adjusted the option for them. Staff told us they continued to ask people their choices around food

and drinks in case they changed. Staff told us, one person never had sugar in their tea, and that day, had requested sugar.

We observed lunch during our inspection, and found it to be a pleasant affair. Music played in the background, and people chatted during the meal creating a nice atmosphere. People who required it received discreet support. One person receiving support was observed to be enjoying their meal. The staff supporting them sat at the same level, engaging and maintaining eye contact with the person whilst supporting them with their meal. A relative told us "From what I can see the staff do a good job here. Sometimes when I come, they are helping feed my [relative]. The food looks excellent, substantial portions."

Staff monitored people's health and contacted healthcare professionals when people's needs changed. People's weight was monitored and when people lost weight they were referred to the dietician. People who had difficulty swallowing were referred to the Speech and Language Therapist to be assessed. Staff followed the guidance from the health professionals, which meant that people had started to gain weight and people were eating and drinking safely. People, relatives and staff told us that GPs, District Nurses and other professionals were regularly in touch and involved in the planning of care. People told us they had regular contact with healthcare professionals. Comments from people included; "If I need to see the doctor, the doctor comes within a few hours. It is very good" and "I go to see the dentist and go to Specsavers for my glasses. I can see the doctor anytime. The staff organise it."

The manager told us about plans to improve the service; these included the redesign of communal areas, bedrooms and replacing the flooring at the front of the building. The service was a traditional residential property with a homely feel throughout. There was a communal lounge and a dining area, corridors were wide enough for people to move freely and people had their own individual bedrooms. People had bought in photos, pictures and other personal objects to decorate their bedrooms as they wished. There was a passenger lift available to allow people to access the first and second floor of the service.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that DoLS applications had been made appropriately, and that conditions on DoLS were being met.

Staff showed a good understanding of MCA and how to apply it to their role. Staff were able to tell us how they encouraged choice and decision making for people living at the service. One staff told us "I ask them [people] every day what they want to wear, even if they never respond I ask them, and say this looks nice." People who wanted, had keys to lock their rooms, and people told us they chose to lock their rooms when they left them. People made decisions about a range of things including what they wore, their meals and how they spent their time. Where more complex decisions needed to be made, and people lacked capacity, best interest meetings were held to ensure decisions were being made in people's best interest.

Is the service caring?

Our findings

We observed there to be a relaxed atmosphere at the service. Staff interacted with people in a kind and meaningful way, talking to them by name, and bending down to their level to engage in conversation. One staff member told us the best thing about working at High Pines was that "The carers actually care." Another staff told us "I want to make a difference to their [people's] lives. I want to do what I can to help, to make them happy and comfortable as possible."

People continued to be treated with kindness and compassion. Everyone we spoke with told us the staff were caring. One person told us "This is a bloody good home. I wouldn't change anything," and another, "There is a nice atmosphere here, always has been." There was a stable staff team that knew people well, and knew the support to provide to people if they were feeling anxious or distressed.

Within people's care plans they had a 'this is me' section, which staff used to get to know the person. It detailed their likes and dislikes as well as people's life history such as their family backgrounds, or information relating to their job. Staff used this information to support people, for example staff told us one person loved knitting but was unable to do it any longer. Staff purchased books on embroidery and knitting for the person to enjoy.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. They provided information in picture form such as menus and meeting minutes, along with an easy read document about what providers/health and social care services must do to support people. A variety of pictorial symbols were available to support staff to clearly communicate with people in a way they could understand. Easy to use pain assessment charts had been introduced, designed to support people and staff in identifying pain when people cannot verbally express their pain. The scale used a range of faces with different expressions and colours.

People told us they were treated with dignity and their privacy was respected by staff. One staff member told us "We knock on the door, close it. Ask if they need the bathroom, or if they want to stay in the room. Cover them up with a towel. You know how you would feel if it was yourself." The manager told us of the care provided at High Pines "It's dignified. We treat people with respect." Some people preferred the privacy of their room, and they were supported by staff to spend time where they felt most comfortable. We observed staff supporting people when walking around the service. Staff spoke encouragingly to people and gave them space to walk independently, whilst remaining close in case the person needed support.

The leisure therapist, who was also in charge of activities, held regular dignity meetings with people with the aim to ensure that everyone was treated with dignity. People were asked during the meeting if they were happy with the choices available to them on a daily basis, and if they felt staff treated them with dignity. People were asked if there was sufficient signage around the home to help them orientate themselves, and if

they were happy with other aspects of living at the home such as the food and activities offered.

People told us visitors were always welcome, and staff told us they involved relatives in as much as possible, for example in activities. A relative told us "When I am here the staff seem very attentive. I can pop in anytime. The family is involved in their care. Communication between the home and us is good."

Personal confidential information about people and their needs continued to be held securely. Electronic devices were password protected, and all paper documentation was kept securely in the manager's office which was locked when not in use.

Is the service responsive?

Our findings

Staff were in the process of transferring from paper based care plans, to a new computerised system for storing care records. Staff had hand held devices they used to update care records, which they told us they liked, and reduced the time they spent on paperwork. Staff had taken this opportunity to review people's care plans, update them and make them as person centred as possible. Care plans we reviewed did contain person centred detail, however, they did not contain all the guidance and documentation staff would need to support people well. The risk of people receiving inappropriate care and treatment was minimised by the consistent staff team, that knew people well. This is an area for improvement. We will check care plans are up to date, with the relevant information during our next inspection.

The leisure therapist spoke passionately about their love of the job, their role at the service and all the activities on offer. They offered holistic and well thought through activities relevant to people, such as a pamper wagon with 'retro perfumes'. They told us "An aroma will trigger a memory, and we then reminisce about it. Whilst I do the massage, we talk and it becomes a holistic experience." People told us they enjoyed this activity. Prior to Christmas, people were supported to write Christmas cards to their loved ones. Other activities included snowball skittles, singers and performers, and the pets as therapy (PAT) dog. There was a 'wish tree' in the conservatory. The wishes that the people living at High Pines had wished for were, 'go to the zoo and for lunch', 'go to the pub' and 'go see a jazz band' which the leisure therapist was planning.

On the day of our inspection, during the morning the leisure therapist was conducting a quiz with some of the residents in the lounge. It was conducted in a way that included everyone. There was a choice of two answers to each question. The leisure therapist called everyone by their name and everyone was made to feel as if they were contributing to the quiz. During the afternoon, a local artist visited the service to hold an art class. The leisure therapist introduced the artist to any new people coming to the class and the artist clearly knew most of the people and addressed them by name. People clearly enjoyed the activity, we observed them chatting and laughing with each other. Throughout the service there were pictures and paintings that people had created, which they proudly showed us.

People were supported to follow their religious and cultural beliefs. Staff supported people to make contact with the church of their choice, and a number of different faiths were followed in the home. Others who did not align with a specific faith were supported to take part in non-denominational services held at High Pines, which included a mixture of well-known hymns. Staff were able to show us how they supported people to maintain their faith. For example, one person was supported to watch carol concerts and services via an electronic tablet when they were unable to physically attend the service.

There was a robust complaints system. Complaints since the last inspection had been investigated and responded to. There was an easy to read guide on display. This explained 'what to do if you are not happy with the care or treatment you receive at High Pines, and how to make things better.' It was in big type with pictures/symbols and a clear guide of how to complain about 'anything that makes you feel angry, upset, scared or any other way you may not like'. In recent feedback, relatives had indicated that they would be happy to raise concerns and felt confident they would be responded to. Comments from people included;

"It is a lovely atmosphere here. I would talk to the owner if I had a problem," and "I've got no complaints about it here. The best thing is the company I have here."

At the time of our inspection, no one was being supported at the end stages of their life. Staff we spoke with had received training on how best to support people at the end stages of their life. People had previously been supported to have a comfortable, dignified death. Care plans we reviewed showed people had been asked about their end of life wishes. People were asked their preferences on having religious ceremonies and if they wanted music played at their funeral. One person had requested a specific person from their faith to conduct the ceremony.

Is the service well-led?

Our findings

Staff and the manager completed regular checks and audits to monitor the quality of the service. The checks included looked at several areas, including audits on medicines, infection control, and the environment. However, the audits failed to identify and resolve issues raised during this inspection. For example, the audit on medicines management failed to identify that staff were not consistently documenting when they applied prescribed creams to people. Some staff had made generic references such as 'creams applied' within people's daily notes, but there was no information to confirm which cream had been applied, or where the cream had been applied. We raised this with the manager, who implemented a topical medicines administration chart on the day of our inspection. We will check this this practice has been embedded during our next inspection.

Care plans were in the process of being transferred from paper to the providers new electronic care records. However, during this process, internal checks and audits did not identify that key documentation was not in place for people. This included risk assessments to provide staff with guidance on how best to support people, and minimise the identified risk. This had been in part mitigated by a constant staff team that knew people well. People who had been assessed of being at risk of falls, and identified as needing hourly monitoring did not consistently receive this support. Documentation we reviewed showed people were not consistently being checked within the identified timeframe, and there was inconsistent recording of such checks. On the day of our inspection we raised this with management, who implemented an improvement. Each person had a barcode which could be scanned by staff on their electronic device to indicate they had been checked. The manager reviewed the person's record, and amended their record so that staff received an alert hourly to remind them to complete the check on the person.

Audits and checks failed to identify shortfalls we noted with staff recruitment files. Some staff members did not have a full work history documented, and another did not have a risk assessment in place. We discussed this with the manager, who implemented this information by the second day of our inspection.

The provider failed to maintain accurate records in respect of each service user. The provider had failed to fully assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff told us there was a positive culture within the service. One person told us "I think the staff like working here. The new manager is very nice," a relative told us "[Manager] is doing wonders since they have been here." Staff told us management were engaging and open, and always prepared to support the staff. A staff member told us "The residents always come first", another told us "We love it here. You might not hear it that often, but we do."

At the time of the inspection there was not a registered manager in post at the service. The manager working at the service had submitted an application, but was yet to complete their registration to become registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager kept their skills up to date by completing a range of training courses. The provider held regular managers meetings to share improvement ideas, and good practice. The manager of High Pines worked closely with the manager from the providers other service to drive improvements within the service. The manager informed us they worked closely with healthcare professionals to improve the quality of the service. For example, the service had been involved in trialling medical management plans. A healthcare professional told us the manager was "proactive, asks questions and is very responsive to advice given." The manager worked closely with the local authority safeguarding team to seek advice and guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance of the service. The manager was aware of their responsibility to comply with our registration requirements. The manager had notified the Care Quality Commission of important events as required. The manager was also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support

The registered manager sought feedback from people, their relatives and staff. Recent surveys had been completed and the feedback received had been reviewed, analysed and published. Positive feedback had been received and any comments had been responded to. For example, some people had suggested they would like some more entertainment so increased painting classes and entertainers had been arranged. Regular resident meetings took place, during which people were asked for their feedback about the home, the food and the activities. Minutes showed that suggestions, for example, for different meals were taken forward to the kitchen and added to the menu.

The leisure therapist was responsible for hosting the dignity and resident meetings, and met with management prior to the meeting to discuss any issues or updates to raise with people. Following the meeting the leisure therapist shared any feedback from people and residents with management, for them to implement any improvements.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain accurate records in respect of each service user. The provider had failed to fully assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to operate a robust recruitment process.