

John Munroe Group Limited

# Mitchell House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Mitchell House Nursing Home is a residential care home providing personal and nursing care to up to 45 people across four units. The service provides support to people with complex physical and mental health needs. At the time of our inspection there were seven people using the service.

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

There were improvements to the assessing and monitoring of people's risks, but we found guidance for staff was not consistently in place and still required some improvement. The provider had made improvements to the management of people's medicines, further oversight was required to ensure people received their medicines safely.

Some improvements were made to the detail in people's care plans, but some information still required further updates. Improvements had also been made to the personalisation of people's care plans; however, they did not always reflect people's day to day life. There were improvements to the quality assurance process in place, but they were still not robust enough to always identify any required improvements.

The provider had made improvements to their infection, prevention and control systems. The manager had developed an effective system to review any accidents and incidents and to ensure actions were taken to reduce the risk of reoccurrence. The manager had also implemented an effective system to safeguard people from the risk of harm. People were now supported by permanent members of staff.

We found improvements were made and people were now 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 now had the right training to meet people's needs. People were supported to eat and drink to maintain a healthy diet. People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment.

People were now involved in their care and supported to express their views. People's right to confidentiality was respected, and their privacy, dignity and independence was respected and promoted. People were supported and treated well, with their equality and diversity respected.

People were supported to take part in activities which were of interest to them on a one to one basis. There was a system to record, monitor and respond to complaints. People's care plans contained details of the care they required in an emergency situation.

Staff shared a positive culture which provided good outcomes for people. Staff were encouraged to be open and honest when things went wrong. People, their relatives and staff were provided with the opportunity to

feedback on the service. The provider worked in partnership with others.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 04 May 2022) and there were breaches of regulation. The provider completed a weekly action plan after the last inspection to show what they would do and by when to improve.

At this inspection whilst we found improvements had been made and the provider was no longer in breach of some regulations, we found the provider remained in breach of one regulation.

This service has been in Special Measures since 11 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Since our inspection the manager had reviewed their current systems to make changes, identify any areas for improvement and mitigate any risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mitchell House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Mitchell House Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by two inspectors on the first day of the inspection, and one inspector on the second day.

#### Service and service type

Mitchell House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mitchell House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the manager was in the process of registering with us.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with one person who lived at the home, who was able to communicate with us and five relatives of people who lived at the home. We spoke with seven members of staff, which included the manager, a nurse, senior carers, support workers, a cook, the domestic supervisor and the activity coordinator. We observed staff interaction with people who lived at the home. We reviewed several records included people's care and medication records, audits, policies and procedures, staff files and staff training matrix.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

At our last inspection systems were either not in place or not robust enough to ensure people consistently received safe care and treatment. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The manager had made improvements to the assessing and monitoring of people's risks, however we found guidance for staff was not consistently in place and still required some improvement. For example, further specific guidance to support staff.
- Some information recorded in people's care plans required further specific detail. For example, where staff were directed to use approved physical intervention techniques to maintain a person's safety, they did not consistently include what these specific techniques were. When we spoke with staff, they were able to explain what people required but this was not clearly recorded.
- One person's care plan stated three staff were required to support them with personal care. Whilst staff we spoke with confirmed the support for this person, this further information was not clearly recorded. When raised, the manager updated this person's care plan to provide specific guidance for staff.
  - Records showed clear guidance in relation to people's behaviours and any identified risks, which was not in place at our previous inspection. For example, a person's care plan clearly detailed any risks and directed staff on how to support them including details of key triggers.
- People had assessments completed to monitor their safety and risks were monitored by electronic systems to ensure people received the right care and treatment.

### Using medicines safely

- The provider had made improvements since our last inspection to the management of people's medicines, however further oversight was required to ensure people received their medicines safely.
- People did not always receive their eye medicine in line with their prescribing instructions. We found one person had received an out of date eye medicine for eight consecutive days. Whilst we found no evidence of harm, we raised this with the manager who took immediate action to contact relevant professionals, seek medical advice and implement a system to mitigate the risk of it happening again.
- Staff did not always administer people's medicines within the required time interval. We found several occasions where staff administered one person's medicine before a four-hourly interval, as required in

between each dose. We did not find any evidence of harm, and when raised, the manager took immediate action including seeking medical advice and implementing a system with a time restriction.

- People had care plans in place to guide staff if they refused their medicines or where people could not take their medicine due to alcohol intake.
- The manager had put protocols in place since our last inspection, where people had 'as required' medicines. For example, records showed one person's protocol which informed staff of behaviours they might display when agitated.

#### Preventing and controlling infection

- The provider had made improvements to their infection, prevention and control systems since our last inspection.
- People now had COVID-19 risk assessments in place which were person centred and provided staff with clear guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider followed government guidance in relation to visiting. We observed relatives visiting during our inspection.

#### Learning lessons when things go wrong

- The manager had developed an effective system to review accidents and incidents and to ensure actions were taken to reduce the risk of reoccurrence.
- People's care records detailed where accidents and incidents had happened and what actions were taken in response to them.
- The manager had introduced a daily staff morning meeting, where they discussed any incidents, the action taken, any themes or trends and lessons learnt. This meant staff were informed and updated on any changes to help keep people safe following any incidents.

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

At our last inspection systems were either not in place or not robust enough to ensure people were protected from abuse and improper treatment. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were safeguarded from the risk of harm.
- Staff completed the required incident forms and the manager was alerted through the electronic system.



The manager reviewed the forms, took any required action and made appropriate referrals including any potential safeguarding concerns.

- People and their relatives confirmed they felt people were safe. One person told us, "It is very safe here, I feel extremely safe, although I did not at first."

#### Staffing and recruitment

- Staff did not always have required checks in place prior to their employment. One staff file did not contain a reference from their most recent employer. We also saw gaps in another staff member's employment history. The manager confirmed they were not in post at the time of these employment start dates. They provided reassurance for the missing information and informed us, going forward they would review applications prior to employing staff. This would help to ensure all checks were completed prior to recruitment.

- There were enough staff to meet people's needs. People were supported by permanent members of staff, the manager told us they now only used one occasional agency nurse.

- People, their relatives and staff confirmed people were supported by enough staff who knew them well. One staff member told us, "It was really stressful previously with agency staff, the home runs so much more efficiently now with permanent staff." One relative told us, "There are more permanent staff now, it is good for [Person's name] they have consistent staff who know them and what they like."

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection systems were either not in place or not robust enough to ensure people were supported in the least restrictive way. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager had made improvements and people had capacity assessments or best interest decisions in place where required. This helped ensure people were supported in the least restrictive way and to promote their choices.
- The manager now ensured best interest decisions were in place for people who may lack capacity in relation to Closed-circuit Television (CCTV) which was in place within the home.
- The manager had made DoLS applications and systems were in place to renew and meet any recommendations of authorised applications.
- We queried one person's care plan which detailed staff could cut the person's hair in line with their best interests. There was no best interest decision in place for this. When raised with the manager, they confirmed staff had not cut the person's hair and they contacted the person's family to discuss this. It was agreed for staff to support the person to access a hairdresser. Following this inspection this had been

updated on the person's care plan.

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

At our last inspection people's needs were not adequately reflected within their care files to ensure the care provided was informed by their needs and effective. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The manager made improvements to the information contained in people's care plans, however some still required further information.
- Some people's electronic care plans stated they required bowel monitoring, but the forms to input this information were disabled. We also saw conflicting information where a person required reposition monitoring. Whilst we found significant improvements to people's care plans, some information still required further updates to clearly inform staff.
- We reviewed people's paper bowel and repositioning charts, located in their bedrooms, which informed staff of the required level of monitoring. Following the inspection, this information had been updated in people's care plans to reflect their current needs, as this was not previously a part of their electronic record.
- We found some detail in people's care plans required further information. For example, one person's record documented a weekly activity timetable was required and for another a list of activities was to be provided from the occupational therapist. We found, however, there were no timescales for the completion of these or what was in place in the interim. Following our site visits this information had been updated to guide staff.
- People's care plans were formulated around their previous known incidents and directed staff to what assessments were required for completion each month. One person's care plan detailed a finance claim update to ensure staff had the right information to share should the person ask about it.

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

- People had timely access to healthcare services and required referrals were made with relevant professionals.
- People's care records detailed professional input and guidance for staff in relation to their needs. These included general practitioners, dietician, speech and language therapist, occupational therapists and specialist nurses. During our inspection a Community Psychiatric Nurse (CPN) was visiting one person following staff identifying their increased low mood.
- One person's care record showed staff worked with the GP to support them to take their medicines at a time to suit them.

Staff support: induction, training, skills and experience

- The manager had made improvements and staff had received training to meet people's needs. For example, in specific areas such as diabetes, staff were knowledgeable about how to support people's individual needs. One staff member told us, "We learn about things as carers as well as the nurses. For example, with catheter care, we support the nurses with talking to the person, and learn at the same time."
- Staff we spoke with confirmed they received the right training and information to support people. Staff supported each other and worked as a team to meet people's needs. One relative told us, "I have never been worried about [Person's name] care, all their needs are met."

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

- People were supported to eat and drink to maintain a healthy diet. People's nutritional needs were assessed, and their care plan detailed any needs or preferences.
- Senior staff were alerted through the electronic systems if people were not hitting their fluid target, this enabled staff to support people to meet their target. Where there were concerns about a person's intake or weight, these were monitored.
- People and their relatives gave positive feedback about the food. One person told us, "The food is amazing." One relative told us, "The food is absolutely fine, I have no concerns."
- Staff were aware of people's dietary requirements and preferences. The cook confirmed people had meal choices and records showed people could have meals at times to suit them. One person bought their own food and the kitchen staff made their meals how they requested.

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

- People's care and support was provided in a safe, clean and well-maintained environment. One relative told us, "We find the home spotless." Another relative reported, "The home is very clean, it is quite clinical, but it is modern and spotless."
- The home was adapted to meet people's physical needs including adaptations made to the outside space. People had access to a café as well as large communal areas. One person had access to gym equipment which was located next to their bedroom.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The manager had made improvements and people were now involved in their care and supported to express their views, which were reflected in their care plans.
- Following a recent COVID-19 outbreak at the home, people moved bedrooms based on their positive or negative status. The manager told us people had the choice to remain in their current bedrooms, move to ones closer to others or move back to their original bedroom.
- We observed staff involving people when supporting them. For example, we observed one person being supported to sit down for their dinner, they were asked if they wanted to sit in the dining room and which table they wanted to sit at.

Respecting and promoting people's privacy, dignity and independence

- The manager had made improvements to respect people's right to confidentiality. People's care records were now securely stored in locked rooms or on the electronic system.
- People's privacy, dignity and independence was respected and promoted. We observed staff knocked on people's bedroom doors and waited for a response before entering. We also saw staff respected people's dignity during mealtimes, by asking them if they could wipe their faces, if required. One relative told us how their loved one is on a pureed diet and staff presented their food to resemble a meal, rather than mixing it together as a soup.
- Staff told us how they encouraged people to complete aspects of their own care to promote their independence. For example, where they could dry themselves with a towel following being supported with personal care.

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

- People were supported and treated well, with their equality and diversity respected.
- Staff spoke passionately about the people they cared for, and people and their relatives confirmed how caring staff were. One person told us, "I could not get looked after better, it is amazing what they [Staff] do, they do everything they can, everyone gets looked after dramatically well". One relative told us, "The staff are lovely, they are very kind and caring, [Staff name] in particular is very kind and very thoughtful."
- People's care records detailed any protected characteristics including how they described themselves in relation to their gender, languages, religion, marital status and country of birth. Staff had also received training in equality and diversity to meet people's individual needs.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The manager had made improvements to people's care plans to include details of their needs and preferences since our last inspection. We found however; people's care was not always reflected in their day to day life as documented in their care records.
- We found one person's care plan detailed they liked to watch old war films, but their television was not set up in their bedroom. We raised this with the manager, who gave reassurance this was being addressed.
- Staff recorded observations for one person every 30 minutes, however their care plan stated they required observations every 15 minutes. Although we found staff were aware of the changed frequency and this was documented in the handover notes, the person's care plan had not been updated. Following our inspection, the person's care plan had been updated to reflect their current need.
- People's relatives and staff confirmed people's relatives were regularly asked for their views and input into their loved one's care, which was reflected in people's care records. One relative told us, "They [staff] ask us regularly about things, we find them very informative."
- Staff were knowledgeable about people and their needs and spoke of individual ways they cared for them. For example, staff told us people required different approaches when they demonstrated anxieties. One person needed to be left alone for a period of time whilst another person required staff communication and reassurance.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager had awareness of the accessible information standard and could produce information in accessible formats if required.
- The provider displayed large prints and images on signage around the home, to inform people and to help direct them.
- People's communication needs were assessed and documented in their care plans. They included guidance for staff to meet their needs, for example, for one person staff were required to speak to their right ear.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities which were of interest to them on a one to one basis. One person had access to gymnasium equipment which was stored in a locked room accessible to them only. They were supported to use the equipment at times to suit them. We also saw one person watching a bag pipes ceremony with a member of staff asking them questions about people's roles.
- Most people's relatives felt their loved one had enough to do, however, one relative told us, they thought having more people living at the home would ensure their relative would not be so lonely, however they did confirm they might not always join in with activities. The manager told us if they increased admissions there would be more opportunities for group activities to support people's engagement and socialisation.
- The provider had an activity coordinator who supported people two days every week with stimulation and different activities of their interest. We observed staff spending time with people. One person was supported to access the community on their own, where they booked taxi services to pick them up and drop them back.

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

- Since our last inspection the manager had implemented a system to record, monitor and respond to complaints. Whilst there were no complaints recorded at the time of the inspection, they had a system to record and action any concerns raised.
- We also saw compliments recorded on the system, from external professionals, the local authority and relatives with actions taken to make staff aware. For example, an external professional complimented staff on their "Good documentation" within a person's sighting chart.
- The provider displayed their complaints process which was accessible to people and their relatives if they had any concerns to raise. People and their relatives confirmed they knew how to raise any concerns should they arise.

#### End of life care and support

- At the time of the inspection no one was receiving end of life care.
- People's care plans contained details of the care they required in an emergency situation and staff had completed training on end of life care.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was not consistently embedded. 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; Continuous learning and improving care

At our last inspection quality assurance tools were not effective or adequate to identify where areas of improvement were required and to ensure improvements were embedded at the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made at this inspection these were not fully embedded and the provider was still in breach of regulation 17.

- The manager demonstrated an oversight of the service with significant improvements made since our last inspection, however the changes made required further embedding.
- People now had care plans in place which reflected their needs and included theirs and their relative's input, if appropriate. However, some care plans required further specific information or updating, following a change in the person's need. Whilst the manager completed these updates following our inspection, the systems in place had not identified the required changes. For example, the care plan audits had not identified the further detail required for physical intervention techniques.
- Audits were in place to regularly review the management of people's medicines; however, the current systems had not identified the medicine errors we found. Whilst the manager took immediate action and updated their processes to mitigate the risk, the systems had not identified required improvements.
- Systems in place had not identified what we found, where people's care did not always reflect what was documented in their care records. Although the manager had updated people's care plans following us raising this, their quality checks were not effective in highlighting this.
- The systems in place had not highlighted where some staff files were missing information in relation to their pre-employment checks. The manager ensured their oversight going forward, however, they had not identified the gaps.

The systems in place were not robust enough to identify required updates or improvements. This meant a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took action to address the shortfalls during and after the inspection.



- The manager had created or updated audits to regularly review the service. These included, but were not limited to, physical health audits, medicine audits, wound audits, food and fluid chart audits, weight loss and Waterlow score audits. The audits included outcomes and any required action to be taken.
- The manager supported senior staff to take lead roles and to complete the monthly audits going forward. The manager had also introduced a daily handover meeting, to keep staff up to date with information and any concerns to people's health or wellbeing.
- The manager now informed us of notifiable events which took place at the home in line with their legal responsibilities, and the previous rating was also clearly displayed in the entrance of the home.

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

- The manager had worked to instil a positive culture with staff since being in post, which was person-centred and inclusive of people living in the home. Staff told us on two separate occasions how they wanted to show how the home could "shine" to benefit the people who lived there.
- Staff, people and relatives we spoke with confirmed the manager was visible and approachable. One staff member told us, "Under the new manager I now feel able to raise any concerns, [Manager's name] is more open and inviting." One person told us, "[Manager's name] is real, I really respect them, they have been honest with me."

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

- The manager had implemented an effective incident reporting system since our last inspection. The manager now ensured incidents were investigated fully, and actions were identified to improve people's experiences of care.
- Staff were encouraged to be open and honest and share any incidents or updates with people and their relatives. One relative told us, "We are kept well informed, they [Staff] certainly ring if they have any issues."

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

- People, their relatives and staff had the opportunity to provide feedback about the home and suggest any areas for improvement.
- The manager had sent feedback questionnaires to people's relatives, only one relative had provided a response at the time of the inspection and they made changes following their suggestions. The manager had also arranged a relative meeting, although no one attended. Relatives we spoke with confirmed they had regular communication with staff, where they had the opportunity to share information and discuss improvements.
- Staff attended regular team meetings where they had the opportunity to provide feedback or suggestions to improve the service. The manager had introduced a daily morning meeting, where a variety of topics were discussed, including accidents and incidents, COVID-19 updates, medication and any physical health concerns.

Working in partnership with others

- The provider worked closely with the local authority to make improvements to the home and ensure the safety of people.
- Staff confirmed they worked well as a team to meet people's needs. Staff told us they could go to each other as well as to the manager for support. One person also told us, "I trust everyone here."

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  Quality assurance tools were not completely robust to identify required improvements to the service.