

Imperial Care UK Ltd

Holly Lodge Residential 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: Holly Lodge Residential Home is a residential care home that accommodates up to 22 older people living with dementia. People had other care needs such as, Parkinson's disease or were recovering from a stroke. Some people were cared for in bed, some people needed help with moving around and others were able to mobilise independently. At the time of our inspection there were 18 people living at the service.

The service met the characteristics of Good in some areas and Requires Improvement in other areas. The overall rating is Requires Improvement.

People's experience of using this service:

We found improvements were needed in three main areas. Management plans to protect people from identified risk were not always in place; Fire safety procedures were not robust; Care plans did not always reflect people's complex needs; Quality monitoring was not sufficient to identify and action improvements needed. The living environment was not adapted to suit the needs of some people. We have made a recommendation about this. Some people told us there was not enough in the way of activities in the service and our observations confirmed this. We have made a recommendation about this.

People were very happy living at Holly Lodge Residential Home and were cared for by staff who were content in their work and knew people well. Staff were well trained and supported by a provider and registered manager who were approachable and supported their well-being to enable them to provide good quality care.

People were supported to make everyday choices and decisions about their care and support which created a relationship of trust.

A person centred approach was evident where people were assisted to maintain their independence.

More information is in the detailed findings below.

Rating at last inspection: Good (Report published 31 January 2017)

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

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Requires Improvement.

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 ●

Holly Lodge Residential Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector 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, older people and residential care.

Service and service type:

Holly Lodge Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

The inspection was unannounced on the first day and we told the provider when we would return to complete the second day.

What we did:

We reviewed information we had received about the service since the last inspection in December 2016. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We

assessed the information we require providers to send us at least once annually 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 looked at the following:

- The environment, including the communal areas, bathrooms and people's bedrooms
- We spoke to four people living at the service and four relatives
- We spoke to six staff, the deputy manager, the registered manager and the provider.
- Three people's care records
- Medicines records
- Records of accidents, incidents and complaints
- Monitoring and audit records
- Three staff recruitment files
- Five staff supervision and training records
- Rotas
- Records of meetings with relative and staff
- Fire, health and safety and maintenance records

After the inspection the provider and registered manager provided us with additional information we requested around updated care plans and risk assessments.

Is the service safe?

Our findings

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

RI: ☐ 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

- Although some people had individual risk assessments to provide the staff with the guidance needed to prevent harm, some areas of risk had not been identified. This meant that people were not always protected from harm. One person who was cared for in bed had bed rails to prevent them falling out of bed. A risk assessment highlighted the need for bed rails for this reason, however, it did not identify the potential risks related to the use of bed rails such as the person's limbs getting trapped.
- Another person had a range of complex needs relating to a health condition, which resulted in a number of risks to their safety. Some risks had not been identified and those that had did not provide the guidance necessary to maintain their safety. The person was at very high risk of falls, and although this had been identified, a specific risk assessment had not been completed. The individual guidance staff needed was not in place to keep the person safe from falls, while at the same time promoting their independence for as long as possible. The person had been experiencing seizures on a regular basis. This had not been identified as a risk, so there were no measures in place to advise staff what to look out for and how to keep the person safe from harm. Although staff knew the person well and were aware of what action to take, records were not complete to make sure new staff or staff with less confidence had the appropriate guidance to keep the person safe. A specialist nurse was involved in the person's care and had advised, on 15 January 2019, to keep a record of the person's weight. No record had been made of the person's weight at the time of inspection. We spoke to the registered manager about these concerns, who said they would make sure the appropriate risk assessments were in place. However, action had not been taken until we pointed this out to the registered manager. The registered manager sent us copies following the inspection.
- There were some areas of fire safety that were not managed well. Appropriate equipment was not available to ensure the safe evacuation of people with impaired mobility, whose bedrooms were on the first floor, in the event of a fire. We discussed this with the provider and they ordered equipment during the inspection. Staff understanding of their responsibilities to make sure they had an evacuation procedure that included assisting people who were care for in bed was not up to date. Fire evacuation drills had not been carried out to test the efficiency and safety of the fire evacuation procedure and to test staff knowledge and understanding. The provider said staff had carried out a drill, however this had not been recorded so there was no evidence to show this.

The failure to ensure people were kept safe from harm is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire safety systems and equipment were well maintained and serviced regularly. All appropriate maintenance and servicing was carried out by professionals in the field, such as, electrical installation and appliances, gas safety and servicing of hoists and the call bell system. At the last inspection we made a

recommendation to the provider that they carry out legionella testing for water borne viruses by a suitable professional company. Legionella testing had been undertaken as recommended.

- The people and relatives we spoke with had no concerns about their safety. One person said, "Yes, I am totally safe with the staff. They look after me well. I have no concerns." A relative told us they had no concerns about the safe care of their loved one and said, "The girls are great and know her really well, so they notice any changes quickly."

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. The staff we spoke with could describe what abuse meant and how they would respond and report if they witnessed anything untoward.
- Staff told us the provider and registered manager were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go to outside of the organisation to raise their concerns if necessary.

Staffing and recruitment

- There were enough staff to provide people with the care they needed. People told us they got the support they needed so thought there were enough staff. One person said, "I think there is enough staff, they always come when I need them." One person said they sometimes had to wait for staff to respond, particularly at night, however they also said, "I am very happy and confident in my care." Staff told us they thought there were sufficient staff, they did not feel rushed and were able to spend time chatting with people as well as providing their care. We saw staff spending time with people during our inspection visit and did not see anyone waiting to receive care and support.
- A robust process continued to be in place to recruit new staff. Application forms were not accepted unless they were fully completed with no gaps in employment; references had been received; proof of identification had been collected and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.

Using medicines safely

- People told us staff kept them informed about the medicines they were taking. One person said, "I always get help with my medication, the nurse (staff) will call my name and tell me the time and explain the type of medication she is giving me."
- Medicines were ordered, stored and recorded safely. Staff were trained in medicines administration and the registered manager made sure their competence was checked regularly. One member of staff told us how they were supported to administer medicines in a safe way when they first joined the staff team. They told us they could shadow another member of staff as long as they felt necessary to gain confidence before taking the responsibility of administration. They said although they had many years experience of administering medicines in other care settings, they wanted to have the time to get to know people well and understand their medicines and how they took them. They told us they were under no pressure to give people their medicines sooner than they wanted.
- Staff administering medicines did this safely, making sure people had taken their medicines before signing the medicines administration record (MAR). Records were well managed and audited regularly to check for any errors and take action where mistakes were found.

Preventing and controlling infection

- The service was clean and staff had access to personal protective equipment to help prevent the spread of infection. There were no unpleasant odours present. Domestic staff were employed to provide cleaning

services. They had a schedule of cleaning and recorded the tasks carried out on a daily basis.

- Information about how to prevent the spread of infection such as effective hand washing was available in the service.

Learning lessons when things go wrong

- Although no recent safeguarding concerns or accidents and incidents had been reported, there were other examples of the provider taking notice when things did not go according to plan and how they reviewed their systems as a result. For example, by speaking to staff in staff meetings or one to one supervision meetings.

Is the service effective?

Our findings

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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Staff knew people well and knew how to provide their care, to meet their preferences and to keep them safe. However, the records in place did not always provide the guidance for staff. The registered manager visited people to assess their needs before they made a decision whether the service was suitable and staff had the skills and experience to provide their care. The assessment provided the information to develop initial care plans so staff had the guidance to assist people in the way they needed and wanted. However, this was not always the case as we found people's needs were not always recorded in their care plans. Some people's care plans were confusing as one element of their care was recorded in more than one part of the care plan. One person was cared for in bed. Although their elimination care plan said staff needed to check the person's skin regularly, their mobility care plan said they had a special mattress to prevent pressure areas. Neither care plan highlighted other guidance to protect the person from acquiring pressure sores such as turning regularly or if creams were used. People living in the service did not have pressure sores as staff knew people well, however, new staff may not have the guidance necessary to provide safe care without the specific detail. We spoke to the registered manager about this who said they would develop more individual care plans for people with specific needs.
- One person had a range of complex needs due to their deteriorating health condition. Although they had been living in the service for approximately seven weeks, all their needs had not been fully captured within their care plan. A specialist nurse had advised staff should consider more individual and appropriate activities for the person. Their care plan did not reflect this and there was no evidence to show the advice had been considered. The person had been experiencing seizures. A care plan had not been developed to make sure they received the appropriate individual support at all times, during and following a seizure. Staff were aware of how the seizures presented and knew how the person liked to be supported afterwards. However, there was no record in the care plan to ensure new staff, or staff with less confidence and skills in supporting a person during a seizure, had guidelines to follow. We spoke to the registered manager about this who said they would make sure the appropriate care plans were in place. The registered manager sent us copies following the inspection.

The failure to ensure complete and accurate records are maintained is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The environment was not purpose built as a care home and had been adapted from a domestic property. This meant there were areas that were not fully suitable to meet the needs of some people living in the

service. For example, there was no lift to enable people to access all areas of the service. A stairlift was in place so people who were independently mobile, but found climbing the stairs difficult, could access the first floor, however, this would not be suitable for everyone.

- People living in the service were all living with dementia. The décor and signage had not been designed to take into account the individual needs of people to enable them to orientate themselves easily around the service. For example, no reference point was on people's bedroom doors, such as people's names or their photographs, to assist people to find their room more easily.

We recommend the provider and registered manager gives consideration to seeking advice and guidance from a reputable source to assess people's needs in relation to their living environment.

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction to the service before they were able to provide care and support to people. Staff described how they had three days of training before commencing in post. Following this they shadowed a more experienced member of staff for a period of time to get to know people and what was expected of them in their role. Ongoing training and updates were provided and staff described the training they had access to as good and what they needed to have the skills and confidence to carry out their role.
- Staff told us they received regular support through 1:1 supervision meetings and staff records backed this up. Staff also had the opportunity to plan their personal development through an annual performance appraisal. There was a culture of teamwork which was apparent during the inspection. One member of staff said, "Staff all pull together and there is real team work, we just say to each other, you do this and I'll do that."

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

- People had a choice at mealtimes and could ask for something else to eat if they did not like what was on the menu. Some people living in the service followed a strict vegetarian diet and for some people, this was a cultural need. Others required a soft diet, advised by a dietician, as their swallowing reflexes had declined. Alternative diets were catered for and people's dietary needs were highlighted in their care plans. A relative told us, "(Our loved one) has a soft diet and on Friday for example, they did cod in parsley sauce and mashed up potato so (loved one) could still have fish and chips on a Friday."
- People's preferences for food and their likes and dislikes were clearly recorded which helped staff to assist people with choices and decisions when they may have forgotten. Some people's loved ones brought food in for them if they had cooked a favourite dish. One person's loved ones brought curry for them to eat at times.

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

- Where people required support from healthcare professionals this was organised and staff followed any guidance provided. Information was handed to other agencies if people needed to access other services such as the hospital. GP's and district nurses visited the service regularly to help people to maintain their health. People were supported to access services such as dentists, chiropodists and opticians. Relatives told us they were kept informed if there were any concerns about their loved one's health. One relative said, "They are responsive and contact the GP quickly, and they keep us updated."

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.

- Staff had undertaken mental capacity assessments when they were unsure if people had the capacity to make particular decisions. Most people were able to make simple day to day decisions and where this was not the case, decisions had been made in people's best interests, with the input of others who could contribute, such as relatives.
- Staff understood the MCA and gave examples of what they did to help people to make choices when they often had a limited ability to remember what was important to them. One member of staff described how they always showed one person a variety of cereal boxes every morning. They explained that if they asked the person what they wanted they would not be able to respond. The member of staff knew what they would choose as they always chose the same cereal once they saw the boxes. However, the member of staff told us they would never assume, as one day the person may change their mind.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had made DoLS applications to the local authority when necessary and had kept these under review as they were awaiting responses for some.

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; equality and diversity

- The people we spoke with were overwhelmingly positive about the staff at Holly Lodge Residential Home. One person said, "The staff are excellent, kind and caring, they make sure I know what is going on during my personal care, nothing is too much trouble and they come when I need help" and another person commented, "Lovely staff they have here, I don't know how they do it, but they know everybody's background and their preferences and their likes and dislikes. They are good, they are respectful and caring."
- People's relatives and friends were welcome to visit at any reasonable time. Relatives told us they were always made to feel welcome. One relative told us, "We (the family) couldn't be happier, the staff are really good, they know him well and (loved one) is always happy and chatty, eating better than (loved one) was before." Another relative said, "We couldn't wish for better. This is absolutely a caring place."
- Staff knew people well and sat with people, chatting and having a joke or helping people to have a walk around to stretch their legs. We heard more than one person make very complimentary comments about one member of staff who they were clearly fond of. We also heard one person say to another member of staff when they were chatting, "You talk to me like I'm a human being."
- Staff were happy going about their daily work. A relaxed atmosphere was present throughout the inspection. Staff told us they were happy and described the service as being a "family service." One member of staff said, "This was not what I planned, but coming here to work is the best thing I have done, I love it" and another told us, "I have no hesitation in doing extra shifts when staff are off sick, as I love it so much. I love getting up in the morning and coming to work."

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

- One person we spoke with told us how staff respected their choices, "I am not an early person and I like to stay in bed and have my breakfast before a wash and they respect that, I like that very much." Another person said, "The staff are excellent, I have all my faculties, so I tell them what I want to be done and how I want it done and it is respected, they know how I want my tea, no sugar and nicely hot, and that is what I get."
- One person was reluctant to follow the advice of district nurses to maintain their health and well being. One staff member spent time with the person, patiently explaining the advice given and why it was so important to follow this. The person said they understood and the staff member said they were on duty all day until the night staff came on so would help them later when they wanted to go to bed.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us how staff respected their privacy and dignity. One person said, "Staff protect

my privacy, when they are delivering my care the bedroom door is closed and they knock on the door before entering. I feel comfortable with any staff." A relative commented, "The staff treat (my loved one) with respect and dignity, they are very kind and caring, they take care of all his needs, they always make sure he is smartly dressed, the staff assist him with his meals, I am lucky to find this place."

- Staff made sure people were given the support to get to the bathroom regularly. Staff quietly and respectfully asked people if they needed to go to the bathroom and assisted people to walk there when they could. People were supported to maintain their independence by staff who understood the importance of this. For people with limited vision, the registered manager and staff made sure they had equipment to support their independence, for example, a special plate to help them to eat their meal without assistance. Staff kept an eye on people when they were having a drink for instance, making sure they were aware where their drink was as well as snacks such as biscuits.

- Confidentiality was supported. Information was locked away as necessary in a secure cupboard. Computers used by the provider and staff were password protected to keep information secure.

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

- Once a week an external provider visited to provide activities with a music theme. Staff were responsible for providing activities the rest of the week and we saw staff engaging well with people. However, some people and some relatives told us there was not always enough to do in the way of stimulation. One person said, "The only thing is that there isn't any activity or things to do. The girls sometimes come and do your nails and we go to the hairdresser, there isn't much else" and another person said, "There is not much activities going on here but it's okay, the girls keep me company." A relative commented, "They don't have any activities here that could help (my loved one)." On the first day of inspection a member of staff was encouraging people to join in a game of skittles. People were enjoying this and the member of staff was supportive, helping people to engage. Group activities were not provided during the rest of the inspection. People were not supported and encouraged to give their ideas of the things they would like to do through the day to provide motivation.

We recommend the provider seeks to research through reputable sources, a way to provide a more structured approach to providing social stimulation that meets people's interests and preferences.

- Staff told us they spent time with people, in the communal areas, and with people who stayed in their rooms. They gave examples of some of the ways they helped to provide social stimulation, such as hand massages and manicures, craft activities, watching a film together, playing music and reading. We saw staff asking people if they wanted their nails manicured and painted, helping them to choose a colour, and staff asking people what film they would like to watch, spending time sitting watching with them.
- People's needs were reflected in their care plans and there was evidence they, and their relatives where appropriate, had been involved. One member of staff spent time helping a person to fill out their 'This is me' document, to be used to provide the personal detail and life history to add to their care plan. The person was writing the record with the member of staff assisting. The care and support people needed was recorded in a way that described a person centred approach to their care.
- People's cultural and spiritual needs were met by a culturally diverse team of staff. Some people's first language was not English and in fact spoke very little English. Some members of staff were able to fully converse with people in their own language and provide feedback to other staff members. One member of staff told us, "It means we can find out how they are, if there are any problems. They don't have to wait for their family to come in if they have concerns or upset or just want to chat." We saw this during the inspection and relatives confirmed this, "The manager makes sure (my loved one) is allocated with someone who understands her language. It helped her settle in well here, and it makes personal care easier as she feels confident." Some staff who did not speak a second language told us they had learned some words, such as 'good morning' and 'goodbye' to try to put people at their ease. One person liked to listen to religious

prayers on their radio, this was clearly reflected in their care plan and staff spoke to us about how they supported them to do this.

- People were supported with their communication needs and the detail staff needed to do this well was recorded in their care plan. As well as the communication needs of people whose first language was not English, some people were hard of hearing or had a sight impairment which meant they needed extra support to make sure their needs were known and understood. One person told us, "They take good care of me. You see, I can't see, they are my eyes, they make sure I know what is going on around me and they make sure I look good in my clothes and they tell me what colour of clothes I am wearing."

Improving care quality in response to complaints or concerns

- People knew who they could go to if they had a complaint or cause for concern. One person said, "Yes, if there is anything I am unhappy about, I will tell my husband who comes to visit me, or tell the manager" and a relative said, "If I am not happy about something, I will approach the manager, but I have no cause to complain, I am happy with everything they offer." The registered manager had received one complaint since the last inspection and had dealt with this suitably, following the provider's complaints policy.

End of life care and support

- No people were receiving end of life care at the time of our inspection although some people were frail and cared for in bed. However, people did have an end of life care plan which highlighted if people had special wishes they wanted to share such as whether they wanted to be buried or cremated. Some people's end of life care plan recorded that their loved ones knew their wishes and would take care of arrangements, particularly people with specific religious and cultural needs.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements / Continuous learning and improving care

- The provider and registered manager had not identified the areas that we found required improvement as described in this report. These included, the identification of individual risk; fire safety procedures and the accurate recording and planning of people's needs.
- A quality assurance system was in place to enable the provider to monitor and identify shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required following service audits and quality checks. However, this was not sufficiently robust or effective to detect and improve the areas as described above.
- During the inspection we overheard remarks made by a member of staff within a communal area that could be considered inappropriate and not in keeping with the spirit of respect and diversity. The remarks were within earshot of the registered manager who did not challenge the staff member. We spoke to the provider and registered manager about this who agreed the remarks were not in line with the culture of the service but they were not concerned as they felt the staff member did not intend a lack of respect. The provider said they would look into and deal with the situation appropriately. However, the remarks had gone unchallenged and may have remained unchallenged by the provider and registered manager without our intervention.

The failure to ensure a robust approach to improving the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and following the inspection the provider and registered manager listened to the feedback and started to review the records that need to improve. They made contact with the fire rescue service to seek advice and guidance on safe systems and procedures.
- The provider and registered manager knew people very well. The provider was present in the service most days and was fully involved in the running of the service. People told us they knew who the registered manager and the provider were. One person told us, "I think they manage this place quite well, oh yes, I know (the registered manager and provider), they are nice and friendly, very approachable" and another person said, "Yes, I know (the registered manager and provider), they are nice, friendly,"
- Staff spoke highly of the provider and the registered manager. They told us they were supported well and could go to either for advice or to raise a concern. Staff said they were supported to maintain a work life balance where possible. Some staff told us how they had been able to adjust their hours to fit in with their personal or family life, for example if they had caring responsibilities. Staff told us how they had been

supported and encouraged to progress in their career, taking on extra responsibilities and gaining confidence because of the support given. One staff member said, "The provider and registered manager are very flexible and very supportive, they have helped me a lot to stay in work" and another said, "It is very well run and I would not want to work anywhere else."

- Support was provided to staff on a day to basis and through regular supervision. As well as this, regular staff meetings were held to promote team work and provide updates and remind staff of good practice guidelines. All the staff we spoke with told us the whole team worked well together to provide people with good support.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- 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 displayed a copy of their ratings and it was on the provider's website.

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

- The provider sought the views of people living in the service and their loved ones to make improvements and enhance the service. Although formal meetings were not held with people, they could join the relative's meetings if they wished. People told us they felt listened to and felt their views were heard. One person said, "Yes, I always tell them what I think, of the food and of the carers. The carers are excellent." Relatives meetings were held which were documented and showed staff listened to their views and gave assurance to relatives that they were welcome to ask questions and share concerns at any time. Discussions held included, plans for Christmas and a planned party, relatives were keen to share ideas and bring a contribution such as food; relatives were reminded they and their loved ones could look at, and be involved, in their care plan whenever they wished and ideas for activities were often a theme.
- The registered manager held regular staff meetings so staff were given the opportunity to share their views or make suggestions for improvement as a group. Staff were provided with updates and areas for improvement to enhance the service provided.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and registered manager showed a commitment to provide good quality person centred care. Staff knew people very well and were in tune with their needs and when there were changes. Relatives told us they were kept informed when things changed or went wrong, such as their loved one becoming unwell. Relatives commented, "The staff are always there for not only (my loved one), but for me as well, and nothing is too much trouble. The staff understand (my loved one's) health needs and they will call the doctor if need be and I will be informed"; "The owners are often around and available" and "I don't have time to come meetings, but I get informed about what goes on."

Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way as demonstrated through the report.
- The provider and registered manager attended local provider forums and kept in contact with other providers in the local area, sharing good practice at times. They worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager failed to ensure people were kept safe from harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure accurate records were maintained and to ensure a robust system to monitor and improve quality and safety was in place.