

Fern Leaf Carehome Limited

# Fern Leaf Carehome Limited

## Inspection report

26 Purleigh Avenue  
Woodford Green  
Essex  
IG8 8DU

Tel: 02082528311

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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

### About the service

Fern Leaf Carehome (26 Purleigh Avenue) is a care home registered to accommodate and support up to six people with physical disabilities, learning disabilities and/or autistic people. At the time of the inspection, six people were living at the home. The service is a two-floor building. Each floor has separate adapted facilities.

### People's experience of using this service

We expect health and social care providers to guarantee people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, Right care, Right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right support:

- The provider had not ensured the premises was safe because windows were not fitted with restrictors. This put people at potential risk of serious injury. The provider did not have adequate systems to discuss people's wishes should they require end of life support. We have made a recommendation about end of life care. People were supported to make decisions on how their current care and support was delivered to them. They were supported to integrate into the local community and be as independent as possible.

### Right care:

- Care was personalised and staff ensured people's dignity, privacy and human rights were respected.

### Right culture:

- The values and attitudes of staff and managers in the home encouraged people to be as independent as possible and feel they could go about their daily lives. However, quality assurance systems to monitor the quality and safety of the service had not identified some of the shortfalls we found.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, improvement was needed with paperwork because records to show people had consented to certain aspects of their care and support were not always completed.

People told us they felt safe in the home. Systems were in place to protect people from the risk of abuse. Risks to people's health were assessed so staff could support them safely. Medicines were stored and managed safely by trained staff. Recruitment procedures ensured staff who were suitable were recruited to work with people. There were suitable numbers of staff present, at all times. Systems were in place to prevent and minimise the spread of infections. Lessons were learned following accidents and incidents in the home.

Staff were trained to carry out their roles and received an induction upon their employment. Staff felt supported in their roles.

People were encouraged to maintain a balanced diet and their nutritional needs were monitored. People attended health appointments with professionals to ensure they remained in good health.

People and staff had developed positive relationships with one another. Care plans were personalised to ensure people received care that met their needs and preferences. People participated in activities and were supported to avoid social isolation. Systems were in place to manage complaints. People's communication needs were met. Feedback was sought from people to help make continuous improvements to the home.

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

The service was registered with us on 30 April 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, (report published on 15 October 2018).

#### Why we inspected

This was a planned inspection because the service had not been inspected since registering under a new provider.

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.

#### 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 have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to premises and equipment and good governance.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was 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** ●

# Fern Leaf Carehome Limited

## **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 Care Act 2014.

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

The inspection was carried out by one inspector.

#### Service and service type

Fern Leaf Carehome (26 Purleigh Avenue) is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have a registered manager at the time of our inspection. 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'. They and the registered provider have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a new manager in post and they had submitted their registration application to us, which was in progress at the time of our inspection.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection.

During the inspection, we spoke with two people who lived in the home, the manager, the director, who was the provider of the service and two support staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments. Other documents we looked at included records for medicine management, staffing, quality assurance and infection control.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives by telephone, for their feedback about the home.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Not all aspects of the home were safe. We inspected the physical environment of the home and found a number of areas where window restrictors had not been fitted. Restrictors limit how far a window can be opened. This helps make it secure from people potentially falling from or jumping out of windows or for objects to be thrown from them, all of which could cause serious injury or death. Some windows on the lower floor did have some form of restriction on them. However, there were large windows in people's rooms on the upper floor that people could open fully because there were no window restrictors in place.
- We discussed this with the provider and with the manager. They told us this issue had not been previously identified and they would arrange for a professional to have the windows assessed and fitted with restrictors.
- Although people in the home were not assessed to be at risk of falling or jumping out of windows, we were concerned that potential accidents could still occur should there be a sudden change to their needs and risks.
- The provider maintained other regular safety checks of the home. Gas, water, fire alarm and electrical installations had been serviced by professionals to ensure the premises was safe for people. However, we noted that one person's bedroom door did not shut fully as required. This was a risk in the event of a fire as it would not adequately be able to stop the spread of fire or smoke to other parts of the home.
- We also noticed holes in the skirting near the doorway to the garden, which could develop mould and bacteria or attract mice. The manager told us they would ensure all doors and doorways are checked and arrange for any repair works to make them safe.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate the safety of the premises was effectively managed. This could place people, staff and visitors at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider confirmed they had carried out works and had window restrictors fitted in the home.

- Risks to people's health and safety were assessed so people could be supported safely and remain in good health.
- Risk assessments contained measures to mitigate each risk. These included people's health conditions, risks around their nutrition, personal care, mobility and their environment. For example, there were details of the types of epileptic seizure people could have and guidance on what actions staff should take to keep

the person safe.

- Staff told us risk assessments were helpful and gave them an understanding of people's needs and how to support them safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Safeguarding procedures were available to ensure abuse was identified and reported. One person said, "Yes I am safe. The staff are good." A relative told us, "My [family member] is safe and well cared for."
- Staff were trained in safeguarding people from abuse and told us they knew how to prevent people from coming to harm. They told us they had read the home's procedure for safeguarding and whistleblowing and knew where to report concerns.

Staffing and recruitment

- There were suitable numbers of staff to support people. Staff told us staffing numbers were sufficient and the provider could arrange cover for sickness or holidays. The management team completed a rota to confirm the staff needed for each shift and staff were informed of their allocated shifts. A staff member told us, "There is enough staff and we work well as a team."
- Staff accompanied people when they went out and they ensured there were enough staff remaining in the home to support other people. A relative said, "Yes, there are always enough staff there."
- Staff were recruited safely. Records showed the provider carried out criminal background checks, sought references and obtained proof of the applicant's identity and eligibility to work in the UK.

Using medicines safely

- People received their medicines safely and on time. Medicines were stored securely in the manager's office. One person said, "Yes, the staff give me my medicines everyday." Each person had a medicine profile detailing their medicines and the risks associated with each one.
- We observed staff following safe medicine procedures. Protocols for 'as required' medicines such as painkillers were available. Staff completed Medicine Administration Records (MAR) after they administered medicines to confirm medicines were given to people at the times prescribed.
- Staff were trained in medicines management and their competency was assessed to check their understanding of medicines.
- The manager had carried out audits of medicines and took action when they identified errors in medicine records. The manager said, "I had to speak with all the staff on one occasion after I found some recording errors. We have learnt lessons from this and the management of medicines has improved."

Learning lessons when things go wrong

- Accidents and incidents that involved people in the home were recorded and reviewed.
- The manager investigated and analysed incidents to learn lessons and minimise the risk of re-occurrence.
- Action was taken by staff and managers to ensure people remained safe and to help prevent a repeat of the incident. For example, reviewing procedures for supporting people to attend activities outside of the home.

Preventing and controlling infection

- We were not fully assured the provider was promoting safety through the layout and hygiene practices of the premises. For example, we found holes and deterioration in some of the skirting boards, which could affect how infections are prevented or controlled. We addressed this with the manager.
- We were assured that the provider was preventing visitors from catching and spreading infections. People and relatives told us the home was kept clean and hygiene was maintained.



- 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 personal protective equipment (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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training to provide them with the skills to support people and meet their needs. They completed essential training in topics such as safeguarding adults, infection control, medicine administration, equality and diversity awareness and how to support people during times of distress.
- New staff completed an induction following their initial recruitment by the provider, to introduce them to the people in the home and understand the home's policies and procedures. The induction included completing the Care Certificate, which is a set of training standards for health and social care staff to work towards.
- We looked at a training schedule, which showed staff were provided training and an induction. The manager told us refresher training was offered to staff when needed to keep their skills up to date. A staff member said, "We get regular training, which is good. I learned new skills which helped a lot." One person said, "Yes the staff know what they are doing but some are better than others because they have been here longer."
- The management team ensured staff were supported with supervision to discuss their work and any concerns. Appraisals of staff were carried out yearly to review their performance and set objectives for the following year.
- Staff told us they felt supported by the new manager and the provider. A staff member told us, "[Manager] seems to be good. The owner is also very supportive and always comes to check we are ok."

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

- People's needs, and choices were assessed to ensure the home was a suitable place for them and would help them achieve effective outcomes for their care .
- Pre-admission assessments contained details of people's health conditions, mental health needs, level of independence and personal care needs.

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

- People were supported to have food and drink that met their preferences and ensure they maintained a balanced diet as much as possible.
- Staff were able to cater for people's meal choices and offered options should people not wish to eat what was on the menu. People could choose what they wanted each day and staff told us they purchased ingredients for particular dishes that people enjoyed. A variety of fresh fruit and vegetables were available in the kitchen. We noted the kitchen area was inspected by a food hygiene professional and received a high rating. A person told us, "Yes I like the food here."
- Staff supported people with cultural meals to make them feel at home. One person enjoyed dishes from

their home nation and staff from the same background prepared and cooked these meals for them. Some people were also able to receive home cooked meals from their own relatives when they visited them.

- People's nutritional requirements were assessed and monitored, as well as their weight to check if they had gained or lost too much weight, which could have a negative impact on their health.
- Staff completed records of what people had eaten each day to check it was in accordance with any dietary requirements and their preferences. Where fluid intake was a concern, fluid records were maintained to check people were consuming the levels as recommended by professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and receive any treatment they needed from healthcare services such as GP surgeries, opticians, district nurses and dentists.
- Care plans included the contact details of the person's relevant GP and other health professionals or agencies involved in their care. Staff could contact them if they had concerns about a person's health. Staff told us they could identify if people were not well and knew what action to take in an emergency.
- People's records contained a hospital passport, which contained important information about the person that health professionals should be aware of, should they require hospital treatment.
- People's health and wellbeing was monitored to help them remain in good health. Records showed people attended health care appointments.

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

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

People can only be deprived of their liberty to receive care and treatment 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.

- People's ability to consent to decisions made about their care was assessed. This included aspects of their care, such as their medicines, finances, relationships and personal care. However, we noted that some of these individual consent records were left incomplete. They did not confirm whether the person had consented or not consented to the specific agreement. We informed the manager and the provider of this and they told us they would ensure all consent forms were completed.
- Staff understood the principles of the MCA and told us they asked for people's consent at all times before providing them with support.
- The provider had ensured authorisations for DoLS were in place for people whose liberty was being deprived.

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

- Fern Leaf Carehome - 26 Purleigh Avenue was located in a quiet residential area. There were no obvious signs it was a care home from the outside. The local town was accessible for shops and services. The home was designed and decorated to help people with learning disabilities and/or autistic people and had suitable access for wheelchair users.
- There were dining and lounge areas and a large garden for people to relax outside if they wished. We saw that people felt comfortable in the home and could choose where and how they wanted to spend their time.

- People were able to personalise their rooms with items of their choosing. There was enough space for up to six people to socialise and also have their own privacy.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One person said, "Lovely staff. They are really nice. I help them out as well and look out for the other residents and tell them when someone needs help." A relative told us, "The staff are very caring and very respectful of [family member]. Whenever we visit [family member], the staff are very helpful."
- Staff told us they had got to know people and understood their specific needs. They supported people with their personal care but promoted their independence. A staff member said, "I encourage people to be independent and do as much as they can for themselves, such as getting dressed."
- Care plans contained information about people's levels of independence and daily living skills. For example their ability to mobilise or eat and drink independently.
- Staff told us they did not share people's personal data with anyone not authorised to view the information. This protected their confidentiality and maintained their dignity.

Ensuring people are well treated and supported; equality and diversity

- People were well treated. Staff were kind and respectful towards people. We observed staff and managers spending time with people and speaking with them.
- People's protected characteristics were understood and there was a culture of equality and diversity in the home. Staff told us they respected people's beliefs and would challenge discrimination. A staff member said, "We have to always show respect for someone's religion, sexuality or culture and not treat them differently."
- People's religious and cultural beliefs or practices were recorded in their care plans. Staff told us they could also support people to practice their religion and provide food that met religious requirements, for example halal only meat. One person was supported to attend their local place of worship and other people also attended if they wished, as this promoted inclusivity.

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

- People were supported to express their views and make decisions for themselves. During our inspection, we observed staff being caring and supportive of people's wishes.
- People and their relatives were involved in decisions about their care. People had monthly one to one meetings with their key worker, who was a member of staff allocated to work with the person closely and update their care plan.
- People were supported to express their thoughts and provide feedback to staff.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

### End of Life care and support

- The home did not support people with end of life care at the time of our inspection. However, we looked at the range of needs of people living in the home, their differing cultural backgrounds and respective ages.
- We noted the provider had not considered approaching the topic with people and their relatives to capture and discuss their wishes at any point. There were no systems in place for people's end of life support needs to be taken into account, for example in the event of their health deteriorating or if they had specific cultural or religious requirements.
- The manager told us they would explore end of life care and support with the provider. They would look at people's specific preferences should they wish to discuss it to ensure their needs could be met.

We recommend the provider follows best guidance on exploring and recording people's end of life care and support wishes.

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

- People received support in accordance with their personal preferences. Care and support plans were person-centred and provided a background to the person and a brief history of their needs to help staff understand how to support them. It detailed their interests, personal preferences and goals or targets they had agreed with staff who supported them. For example, one person's care plan explained how they enjoyed singing, speaking to staff and other people and watching the news to keep up with world events.
- Staff told us the information in care plans was helpful and enabled them to provide care and support that was personalised and tailored to each person. One person said, "I get to do the things I like. They all know me here."

Staff understood people's habits, behaviours and routines and we observed how they responded to people to ensure they were able to freely go about their daily lives.

- Keyworker meetings were written up into a monthly report and contained details of people's health, nutrition, activities and medicines over the past month.
- Staff worked together and communicated with each other to ensure people received the support they needed. Handover meetings took place between shifts so staff could update incoming staff of how people were feeling and to ensure any actions were followed up.

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 maintain relationships with their relatives and others. They were able to have visitors and keep in regular contact with them by telephone or video call.

- Records showed the management team had identified people required more stimulation in the home and had made improvements to activities. People followed their own interests and hobbies and they were supported with these. For example one person attended a local community centre to participate in an arts project once a week. Staff held group activities such as karaoke, ball games and bingo sessions.
- The provider had recently held a Christmas party for people in the home and for people using the provider's other services, in a local community hall. Photos we looked at showed people from the home had attended. They told us they enjoyed themselves. This helped people avoid social isolation.
- An activity plan was developed with each person according to their preferences. One person said, "Yes I can do what I need to do. I like going for walks and the staff support me." A staff member told us, "We have definitely improved activities for people and not just put the TV on for them."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were set out in their care and support plans. If people spoke a second language, we found some staff also spoke the same language, which helped to maintain good methods of communication between them. Staff told us they used signs and gestures to communicate with people who were less verbal and followed the person's communication plan.
- The provider ensured information was made available to people in easy read formats to help them understand what the information was trying to say, such as understanding how to report abuse or make a complaint.

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

- The provider had a complaints procedure for the home should people wish to make a complaint if they were not happy or satisfied. There had been no complaints received in the past 12 months.
- The manager told us complaints would be investigated fully and people would receive an outcome for their complaint should they arise in future.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were in place to check the home was safe and people received good quality care and support. However, we found some shortfalls in the home which had not been identified through the provider's quality assurance processes. Window restrictors had not been fitted throughout most of the home, which was a potential risk to people's safety that could cause harm.
- The provider had not sought people's views about their end of life wishes or recorded whether people wanted to discuss it or not. Records of people's consent to their support were incomplete. A record of consent for each part of their care was in the person's file. However, some consent records were not completed to confirm the person had given their consent, either verbally or by signing the document.
- Not all fire resistant doors could be fully shut, which presented a possible fire risk. We noted that a fire risk assessment had been due in 2020 but there was no confirmation this took place.
- This meant the provider was not effectively assessing the safety and quality of the home. We were not assured the management team were following all regulatory requirements. We noted there had been a number of managers of the home over the past eighteen months. This meant there was a lack of consistent leadership to maintain the standard of the home.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection, the provider confirmed they had taken action to carry out repairs in the home and made improvements in the areas that we identified.

- The previous registered manager had left their post and a new manager was recruited a few weeks before our inspection. We received the new manager's application to register with us as manager shortly before our visit. After our inspection, the manager's registration was completed and confirmed.
- The manager was clear about their role and their responsibilities and told us they were making improvements where needed. They were supported by the director and provider, who briefly attended the inspection.
- The manager carried out audits of medicine records, care plans, risk assessments, infection control processes, including for COVID-19 and made maintenance checks of the building to ensure people were supported safely.



- Staff also told us they understood their responsibilities and they were supported by the manager to carry out their roles. One staff member told us, "[Manager] is good, very knowledgeable and supportive and has made a difference. We are doing well and have made improvements and are learning from mistakes."
- People and relatives told us the home was well managed. One relative said, "The staff and managers have always been very helpful and welcoming."

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

- People were supported to achieve positive outcomes from their care. There was an open and inclusive culture in the home. We observed a relaxed atmosphere, in which people and staff engaged and interacted with one another.
- People, relatives and staff told us the culture was positive and they could approach the manager with any concerns.

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

- People were involved in the running of the home as they regularly met with staff to discuss what was important to them. People could give their feedback about the home. Information about developments in the home were shared with people and their relatives to keep them updated.
- Staff meetings were used to share important information and discuss any issues for updates and developments in the home and areas for improvement were identified. Staff were given the opportunity to provide their feedback about working for the provider by completing a survey, which was analysed to identify any issues.
- We saw the manager had systems in place to drive continuous improvements in the home. We noted they took disciplinary action if staff did not adhere to their responsibilities and perform to the standards expected.
- People's equality characteristics were considered and recorded.
- The management team also obtained feedback from relatives and professionals through surveys and questionnaires. The home received compliments. One comment from a relative was, "We are very happy with the way [family member] is being looked after."

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 provider was aware of their duty of candour and legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- We discussed notifications with the manager to check they also understood the types of incident to notify us about.
- The provider was open and transparent to people and relatives when things went wrong. Relatives told us they were contacted and kept up to date by staff.

Working in partnership with others:

- The provider worked in partnership with professionals to support people in the home.
- The provider had established links in the community with local authorities, public health and other services. They kept up to date with new developments in the care sector and with government guidance on protecting people from COVID-19.

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 15 HSCA RA Regulations 2014 Premises and equipment  The provider did not ensure the premises was being securely and properly maintained, which put people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider was not effectively assessing, monitoring and improving the quality and safety of the service, which could put people at risk of harm.  Regulation 17(1)(2)(a)