

Mr & Mrs S Hayat

Chandos Lodge 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?

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

Chandos Lodge Nursing Home is a care home providing personal and nursing care to older people and people living with dementia. The home can accommodate up to 31 people in one adapted building. At the time of our inspection 28 people were living at the home.

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

People were not always protected from risks around unsafe recruitment. Records were not always held or fully completed in relation to staff's prior conduct, suitability or employment history. Staffing levels were based on the number of people rather than their level of need. We received mixed feedback from people about staffing levels, although they did not feel this impacted negatively on their quality of life. We have made a recommendation about the calculation of staffing levels.

Legionella risks were not managed effectively; health and safety checks were not fully implemented and risk assessment actions had not been followed-up. We have made a recommendation about this. Systems were implemented successfully for other health and safety risks such as fire evacuation. People's specific risks were identified and mitigated. Medicines were stored safely and administered to people as prescribed. Staff followed infection control procedures to reduce risk to people.

Management were not familiar with all regulatory requirements such as recruitment or legionella requirements. These areas had not been checked or identified as requiring improvement through the provider's own audits. Quality assurance audits had been implemented and covered people's care needs and other areas of risk. People, relatives and staff were positive about the leadership of the service and the standard of care provided. Management made sure that the Commission was notified of events in line with requirements.

Scheduled activities did not always meet people's individual preferences to provide meaningful engagement. We have made a recommendation about this. People's needs and preferences were assessed and documented, and staff knew people well. A complaints procedure was implemented to make sure concerns were investigated and outcomes were communicated. People's end of life wishes were explored and recorded in care plans.

People were 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 were respectful of people's rights and people felt they were treated well. Records showed that people and their relatives were involved in reviews of people's needs and planning care. Staff demonstrated they valued and protected people's privacy and dignity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 April 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

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

Enforcement

We have identified breaches in relation to staff recruitment checks, understanding of regulatory requirements and ineffective monitoring systems at this inspection.

We are considering what action to take in light of the Covid-19 emergency. This is to make sure the action we take is proportionate, considers current risks to people's safety, as well as the potential impact of our actions upon people, care providers, registered managers and the wider system during this time.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 ●

Chandos Lodge 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 Care Act 2014.

Inspection team http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png

The inspection was carried out by one inspector and one 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. The registered manager who was also the nominated individual was on leave during our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In their absence the floor manager assisted us with the inspection. We spoke with eight members of staff including the clinical lead nurse, a nurse, a lead care worker, two care workers, one agency worker and the chef. We reviewed a range of records. This included six people's care records and multiple medication records. We spoke with one professional who regularly visited the service. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident records, quality assurance audits, health and safety records and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further recruitment records, staff training and supervision data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as require improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

At our last inspection the provider had failed to implement robust recruitment processes to protect people from the risks of unsuitable staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff recruitment procedures were not always implemented by the service to promote safety.
- The service did not record their exploration of disclosed information about a staff member's reason for leaving previous social care employment, to make sure they were suitable for the role. The floor manager told us they had spoken to the staff member and previous employer to explore this, however, could not show their findings or demonstrate how the outcome to proceed with employment was reached.
- Recruitment processes included a questionnaire completed by candidates instead of an interview. Two questionnaires we checked were incomplete with several questions unanswered. In addition, the "recruitment decision" was not completed by management for one staff member. The floor manager told us managers explored candidates answers with them to assess their suitability for the role. However, the floor manager could not demonstrate these discussions took place as this was not recorded.
- The service did not routinely make sure recent staff photos were on file or explore or record gaps in staff employment history. Where candidates provided employment history from year to year, the service did not follow-up to include at least the months staff started and left employment. In another example there was a gap of a month between a candidate's education and employment, which was not explored or recorded prior to employment, although we received explanations after our inspection visit.
- The service did not consider or attempt to make reasonable exploration of criminal record checks from the country of origin, where staff had only resided in the UK for a short time in accordance with best practice.
- In one case a member of staff commenced employment the day before the date of their criminal check certificate. The floor manager told us the service received an email from the criminal checking service to confirm there were no disclosures prior to their employment. However, they could not show us evidence of this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff recruitment checks were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and

The provider responded immediately during and after the inspection. They planned to explore and record recruitment gaps and told us they would seek advice to make sure their systems were compliant with regulations.

- People and relatives gave us mixed feedback about staffing levels with comments such as, "There are not enough staff but they do their best with what they have got. They need more carers because they have not got enough time" and "The staff numbers are about right I think. I ring my bell, usually to get someone to change my bag and they always respond although they take longer at busier times of the day."
- People's individual dependency and level of need were not used to calculate staffing levels for rota planning. Instead, the service used a system which increased or decreased staffing levels based on the number of people using the service. When we queried this with the floor manager they showed us where people's needs and level of support was reviewed, however, this information was not linked to staffing levels or rota planning. This system was not responsive to people's needs and did not follow best practice principles.

We recommend the service seeks advice from a reputable source about calculating staffing levels in accordance with people's level of dependency.

- Staff consistently told us there were enough staff to meet people's needs; staff did not feel rushed and told us the staff team was very experienced and stable.
- During our inspection we observed staff responded to people's needs in a timely manner.

Assessing risk, safety monitoring and management

- The service assessed risks and completed health and safety checks for the majority of premises compliance areas such as fire safety, gas, electrics and equipment checks. There was an up-to-date legionella risk assessment and some safe measures were implemented to reduce the risk, such as descaling of water outlets. However, we found the temperature of the supply and flow of water systems were not checked as required. In addition, actions identified in the risk assessment had not been followed-up including the sampling of water for legionella bacteria and flushing of infrequently used outlets. The floor manager told us this was an over-sight and took immediate action to rectify. A system to check all legionella health and safety checks was implemented by the second day of our inspection. Water sample results showed there was no legionella present. The floor manager confirmed they had delegated responsibility for the oversight of premises health and safety check but had not received water hygiene training.

We recommend the provider arranges training in the management of legionella for those responsible, to reduce the risk of harm to people.

- Risks to people were identified and mitigated by management. For example, epilepsy risk assessments provided relevant details such as the type of seizure, where known, and action staff should take. The service assessed the impact and likelihood of risks and records showed this was regularly reviewed and updated in response to changes in need.
- People's personal emergency evacuation plans were up-to-date and contained relevant information about people's needs and the level of support required. The service completed fire drills and showed us they planned a fire drill for night staff to make sure this remained effective with reduced staff at night, in line with the general evacuation procedure.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to record and report safeguarding concerns. We found safe measures to protect people at risk of financial abuse could have been more robust. We raised this with the floor manager who took immediate action to account for financial transactions in consultation with the person and their social worker to reduce the risk of abuse.
- One safeguarding concern in relation to a person's unmet healthcare needs was being investigated by the local authority at the time of our visit. In response to the concern the service had worked with relevant healthcare professionals and the local authority to review the person's needs.
- People and relatives we spoke with said they felt the service was safe with comments such as, "Yes, I definitely feel safe living here. You needn't be afraid to ask for anything and they always try to help me" and "Yes, I certainly feel safe living here."
- Staff received safeguarding training. Staff we spoke with could identify signs of abuse and knew what action to take if they were concerned, such as reporting to management or the local safeguarding authority.

Using medicines safely

- Suitable medicines systems were in place for the supply and ordering and safe storage. Medicines administration records showed people were supported to take their medicines as prescribed.
- Where medicines were given to people covertly (in disguised format without the consent of the person receiving medicine), records showed this was assessed by the pharmacist and GP in people's best interests.
- One person had a history of refusing their anti-epilepsy medicine. The service regularly reviewed this with the person's GP and tried alternative forms of medicine; records showed this had improved the situation. Two nurses we spoke with told us they would contact the GP after two days of refusal. However, the service had not agreed a specific protocol with the GP. We found an occasion in January 2020 when a period of five days had passed before the service sought advice. We raised this with the clinical lead nurse who took action to review the protocol and updated the person's care records to avoid re-occurrence.

Preventing and controlling infection

- The premises appeared clean and free from malodours.
- Records showed domestic staff followed a cleaning schedule. Throughout our inspection visit we saw staff cleaning bathrooms and hoovering.
- Staff told us they had access to personal protective equipment (PPE) and stock was not allowed to run out.

Learning lessons when things go wrong

- Records showed staff completed incident reports and appropriate action was taken to prevent a reoccurrence. For example, where staff reported a potential pressure mark a referral was immediately made to the person's GP.
- The registered manager completed a basic monthly review of incidents which showed the number of themed areas, such as falls and health related incidents. The clinical lead nurse undertook a more detailed analysis. For example, where people had experienced frequent urinary tract infections, they took action to review and monitor their fluid intake.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider refer to national good practice guidance when formulating people's records surrounding their capacity and decision making. The provider had made improvements.

- The service completed mental capacity assessments for specific decisions in accordance with the mental capacity code of conduct. For example, a recorded assessment and best interest decision about covert medicines included detailed information, such as the person's views, needs, abilities and the views of the person's relative.
- The floor manager involved a person's social worker to complete a mental capacity assessment about their finances and to assess whether a DoLS application would be needed.
- The service maintained a DoLS tracker. The management team made sure regular reviews were submitted in accordance with conditions on existing DoLS authorisations to deprive people of their liberty.
- Staff we spoke with demonstrated a sound understanding of their day-to-day responsibilities in seeking people's consent, with comments such as "First I greet people and ask if it is ok if I assist them, for example 'Can I wash your face?'" , and "I always check [people's] DoLS. I can't just take their freedom."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- The service completed thorough assessments to make sure people's needs could be met, prior to them living at the service.

- Care and support was delivered in line with standards and best practice. For example, specific assessments and care plans were completed for people's skin integrity to respond to and reduce the risk of pressure ulcers.
- Appropriate referrals were made to healthcare professionals. For example, a referral to podiatry was made in response to a foot blister and speech and language therapist where people had swallowing difficulties.

Staff support: induction, training, skills and experience

- Systems were in place to provide staff with training and support in line with their role. Plans were in place where there were gaps to provide staff training and refresher training to meet people's specific needs
- An agency member of staff we spoke with told us they received a thorough induction and shadowed experienced staff before they supported people unsupervised.
- Staff we spoke with consistently told us they received supervision and ongoing training to meet people's needs. External clinical supervision was arranged for the clinical lead nurse, which they felt was successful in supporting them in their role.

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

- The service used malnutrition screening tools to assess and respond to people's needs and recorded people's food and fluid intake. However, we found where people's fluid intake did not meet the target amount it was not always clear what action was taken by staff. We raised this with the clinical lead nurse and floor manager who reassured us they would record such actions in people's care records and staff handovers.
- During our inspection we observed that people were regularly offered fresh drinks. We noted one person was put onto 'fluid watch' on the electronic system, which alerted staff if the person did not drink their target amount to be reviewed by the nurse or team leader.
- People were positive about the meals provided, with comments such as, "The cook, she tries her best and always asks me if there is anything different I would like and she does it if she can" and "The food here is to die for and it is always hot when they present it."
- We saw dietary guidance was followed to encourage people's food intake. The chef was familiar with people's needs in relation to allergies, preferences and provided food supplements where required to maintain people's weight.

Staff working with other agencies to provide consistent, effective, timely care

- Staff we spoke with told us changes in people's needs were well communicated to the staff team through regular handovers.
- There was a keyworker system in place to promote continuity. One member of staff told us "[keyworkers] know what has been done and what needs doing for continuity. We are responsible for supplies (of continence products), clothes and people's good health."
- Each person had an up-to-date hospital care plan to make sure essential information was shared with hospital staff.

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

- The premises decoration was well maintained and there were many points of interest such as pictures, murals and bright furnishings, which provided a stimulating environment.
- There was some signage, for example for toilets to help orientate people living with dementia. The floor manager told us the service planned to review further internal landmarks to support people to identify date, time and location, such as boards for large print, pictorial displays for the weather, memorabilia and personalised bedroom doors in line with dementia best practice guidance.
- People had access to an indoor courtyard. Staff told us in warmer weather they supported people to go for a walk down the adjacent country lane to compensate for not having an outdoors garden.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives we spoke with were positive about the care they received, with comments such as, "They (staff) all care. The carers do what they do very professionally", "It is excellent. They [staff] put themselves out for you", "I like the carers, one in particular and we have a good laugh over anything really" and "That carer helps me with my clothes, she goes through all my clothes and puts them in order for me and ever since my first day here she is so nice and she has been a carer here for six years, she won't let anyone else put me to bed, she alone has to do it, isn't that lovely?"
- Staff spoke about people respectfully and understood their responsibility to uphold people's rights and meet people's diverse needs. The floor manager gave us examples of how staff respected people's protected characteristics in practice around sexual orientation.
- We observed people appeared to identify with the staff and felt comfortable in their presence.

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

- Care records showed people's and relatives' views were sought and considered when planning and reviewing people's needs.
- Relatives we spoke with told us they were updated about their family member's needs and general information about the service.
- During our inspection we observed people were supported to express their day-to-day wishes such as choosing their lunch and what activities they would like to participate with. A person told us they wanted to stay in their room on the day of our visit, which was respected by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff valued and respected people's privacy and dignity. For example, people told us staff knocked on their bedroom doors before entering.
- We observed staff used a screen around one person in the lounge when they needed to be hoisted from their chair to their wheelchair. A staff member explained this was in place to protect the person's dignity as they did not like other people watching and helped them to feel more relaxed.
- We observed the hairdresser blow-dried a person's hair in the corridor just outside the hairdressing salon. When we spoke to the person they seemed happy with their experience. However, we queried whether this practice respected people's privacy and dignity with the floor manager, who reassured us they would review this practice with the hairdresser.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Staff provided people with a schedule of group and one to one activities. However, the service could not demonstrate how people's individual hobbies and interests were met to encourage meaningful engagement and interaction.
- External entertainers were booked twice a week. There was no dedicated activities co-ordinator and care workers were expected to promote group activities for one hour at 11am and 2pm. Staff also shared the role of visiting room-bound people to provide one to one activities. We observed a group quiz where the effort was short-lived and in general people did not appear to connect with the random questions. One person said, "It is so noisy, I can't hear what you are saying". There was no follow-up or inclusivity in this exercise. Another lady was given a box of dominoes; she sat alone and rearranged the tiles for a few minutes, but nobody engaged with her at all.
- We asked staff what one to one activities were provided to people staying in their room but they could not give us examples other than having a chat.
- There was mixed feed-back from people and relatives about activities, with comments such as, "There aren't really many activities at all though", "We have balloon exercises and a male singer comes along sometimes", "Most of us don't go out much now", "It does get a bit boring here" and "It does get lively in the mornings. I have seen a couple of entertainers, but the carers try to do some stuff for the residents too." Several people recalled with pleasure and positive memories the Chandos Lodge Christmas party and other seasonal celebrations.

We recommend the service seeks advice and guidance from a reputable source about the provision of meaningful interaction and engagement.

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.

- The floor manager was familiar with and understood AIS responsibilities. People's communication needs were assessed and recorded in care plans and included details about how to meet people needs. We noted that written information was not always accessible to people. For example, the pictorial menu was in a small print format and placed on the wall which was not accessible to all people. The floor manager told us they would enlarge this and make menus available for people to pick-up and read should they wish.
- People's communication needs were also flagged in hospital packs to make sure others were aware of

people's needs.

- We observed staff adapted their positioning to promote communication. For example, care workers knelt in front of seated people to facilitate visual and aural communication with them.

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

- People had comprehensive care plans in place including physical and emotional needs, background and preferences. For example, religious needs, allergies and food preferences were documented.
- Staff we spoke with demonstrated sound knowledge of people's needs, backgrounds and preferences. For example, a member of staff explained a person's diagnosis to us and the range of strategies staff used to support the person's emotional well-being.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Records showed complaints were responded to, investigated and outcomes shared with people and relatives.
- People and relatives told us they knew how to raise concerns and would feel comfortable talking to staff if they had a concern; "If there is ever anything (wrong) I ask, I don't shout, I call them over and I tell them what is wrong" and "Yes, we have been to the owner if we need anything. [The floor manager and team leader] know what is going on too. There are no major problems."

End of life care and support

- The service explored and recorded people's end of life preferences. Care plans included details about people's advanced decisions where these were known.
- Where one person's health had recently deteriorated the clinical lead nurse swiftly arranged a meeting with their relatives and GP to review their needs and plan for their 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to implement effective quality assurance systems and did not fully understand or meet regulatory requirements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found the management team did not understand all of their responsibilities or regulations they needed to be compliant with. For example, staff recruitment requirements were not fully understood or implemented in accordance with Schedule 3 of the Health and Social Care Act, 2008. In addition, health and safety checks to reduce the risk of legionella were not fully understood or implemented by the registered manager or the floor manager.
- The provider's quality assurance systems failed to identify issues with staff recruitment and legionella health and safety checks. We found actions identified by an external legionella risk assessment, dated 31 July 2018, had not been followed-up or addressed by the service.
- Records in relation to people's needs or the management of the service were not always complete. For example, a member of staff's induction record was not fully completed or signed by management to confirm they were competent to work in their role, although in practice the member of staff confirmed they had been assessed and received a thorough induction. Where people's daily care notes indicated they had not reached their fluid targets, audits did not identify this and actions taken were not recorded.
- We were provided with examples of satisfaction questionnaires completed by relatives in September 2019 and residents meetings were facilitated. However, there was no overall analysis to identify what the service was doing well or not so well, or whether any actions were required in response to people's feedback.

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 placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They took action to address legionella checks and implemented an audit system. The floor manager told us they would seek advice in relation to recruitment requirements and put a plan in place to improve recruitment records.

- Other provider and external audits in relation to people's care were completed and actions followed-up. For example, records showed progress had been made against areas highlighted in a recent pharmacy medicines audit.
- Relatives told us they were involved in the service with comments such as, "They keep us up to date on events at the home. Residents meetings we receive invitations by email" and "100%, it feels warm and friendly and as family we are always greeted by everybody. Our granddaughter (aged two) came to the Christmas party and they [manager] gave her a surprise present too and we were all made very welcome."
- Managers shared information with staff at regular team meetings. Staff told us they felt listened to and had opportunities to contribute to the development of the service.

At our last inspection the provider had failed to submit statutory notifications to the Commission when required. This was a breach of regulation 18 Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The floor manager demonstrated they understood what events needed to be reported to the Commission. Records showed that incidents were appropriately escalated and reported where required and actions followed-up.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team were open and transparent during our inspection visit. They welcomed our feedback and showed dedication to their roles.
- People and relatives were positive about the leadership of the service with comments such as, "[The registered manager] is good, she comes in and says hello. I walk through the door and they tell you everything and get you up to speed on how [family member] has been and that is so nice" and "[The floor manager] runs the whole show, he was going to leave before but he is very important to the home."
- Staff we spoke with consistently told us they felt valued by the management team and enjoyed their work; "[The floor manager] is very approachable. One of the best places where I get support. I am not treated like an agency worker, which makes it more enjoyable", "Nurses are good. [The floor manager] is the best, always helpful and takes everything seriously. Since he's been here everything has improved. [The clinical lead nurse] is very helpful and always reminds us at handovers (about applying training in practice)."
- Records showed the service was open and transparent with people and their families when accidents and incidents occurred, including what the service planned to do to avoid reoccurrence.

Working in partnership with others

- The service worked with a number of health and social care professionals to meet people's needs. A GP we spoke with was positive about the clinical lead nurse's communication and said they were proactive in following-up people's healthcare needs and prescriptions with the GP practice. The GP said up-to-date information about people's needs was always accessible to them in the home during their weekly round.
- The management team planned a meeting with one of the GP surgeries to improve communication and partnership working to benefit people using the service.

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
Treatment of disease, disorder or injury	The provider did not ensure their quality assurance processes were effective. Regulatory requirements were not always understood.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider did not always implement procedures to ensure staff were of a good character prior to them working with adults at risk.