

Bondcare (London) Limited

Derwent Lodge Care Centre

Inspection report

Fern Grove
Feltham
Middlesex
TW14 9AY

Tel: 02088442975

Website: bondcare.co.uk/derwent-lodge/

Date of inspection visit:
17 January 2023

Date of publication:
01 March 2023

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Derwent Lodge Care Centre is a care home with nursing for up to 65 older people, some who may be living with the experience of dementia. At the time of the inspection, there were 62 people living at the service. The accommodation was on three floors in separate 'units' (Diamond, Rainbow and Star) each with a dedicated team of staff.

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

Some of the practices around medicines management needed to be improved. For example, some medical supplies and equipment had passed the expiry date and therefore may not have been effective. The provider's own audits had not identified this.

Some equipment was not thoroughly cleaned, and some practices increased the risk of the spread of infection.

The provider took action to correct the issues we identified and also put in place systems to help prevent the reoccurrence of these incidents.

People using the service and their relatives were happy with the care they received. They liked the staff and had good relationships with them. People were treated with kindness and respect. There was a relaxed and friendly atmosphere. People were not rushed and were able to make choices about how they spent their time.

There were enough suitable staff, a rigorous recruitment process and in-depth training. Staff felt supported. They had enough information for their roles, there was good communication and they worked well as a team. The staff found the management team approachable and helpful.

People's care was well planned, and they were involved in making decisions about this. Their preferences were known, and they had opportunities to take part in a range of different social activities. Their nutritional and hydration needs were met. The staff worked closely with other professionals to make sure people's healthcare needs were monitored and met.

The registered manager and management team were knowledgeable about the service. They were aware of their responsibilities and legal requirements. There were suitable systems for auditing the service, for dealing with complaints and other adverse events and for making the improvements.

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.

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

Rating at last inspection

The last rating for this service was good (Published 23 October 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was 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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Derwent Lodge Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was conducted by 2 inspectors, a nurse specialist advisor, a member of the CQC medicines team 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the service including feedback from the local authority and notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 10 people who lived at the service and 5 relatives. We also observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 1 visiting professional at the inspection visit and another after the visit.

We spoke with staff on duty who included the deputy manager, nurses, team leaders, care assistants, activities staff and kitchen staff.

We looked at a range of records which included the care records for 12 people, staff recruitment, training and support records, and other records the provider used for managing the service.

We conducted a partial tour of the environment.

We looked at how medicines were managed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always do all that was reasonably practicable to mitigate risks. We found out-of-date items in two first aid boxes. The contents of one of the boxes had expired in December 2019 and the other one in May 2022. This meant the first aid items were not suitable for use and may not have been effective. This also demonstrated staff members did not always check the first aid box contents for expiry dates.

We found no evidence people were being harmed. But failure to identify and mitigate risks was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The risks to people's safety and wellbeing were assessed, monitored and met. The staff assessed risks relating to people's individual health, conditions and needs. The assessments were clear, included detailed plans about how to keep people safe and were regularly reviewed.
- People were supported to take risks to enable them to be independent and do things for themselves. This was monitored and they were involved in making decisions about their lives.
- The environment and equipment, such as hoists, were kept safe. There were regular checks on health and safety and action was taken when any concerns were found. People were assessed for any equipment needs and the least restrictive options to help keep people safe were implemented.
- The provider organised for regular checks and servicing on fire safety, electricity, water and gas.

Using medicines safely

- Medicines were not always managed safely. Some people were prescribed insulin for the treatment of diabetes. The staff regularly monitored their blood glucose before giving them their prescribed insulin. However, the staff did not always quality check the blood glucose monitors as per the manufacturer's instructions. This meant the blood glucose reading may not have always been accurate.
- Blood glucose monitoring test strips used by staff to monitor glucose levels were out of date. For example, test strips being used for one person had expired in April 2022 and for another person in November 2022. This meant there was a risk that blood glucose readings taken using these test strips may not have been accurate.

We found no evidence people were being harmed. But failure to operate safe systems for managing medicines was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took immediate action to rectify the concerns we found and sent us evidence they had improved the system to help make sure these did not happen again.
- Some people were given medicines covertly. Covert administration is when medicines are administered in a disguised format hidden in food or drink. The staff consulted the GP and the pharmacist in the decision making process. However, the staff members did not always accurately record if they had contacted family members, relatives, or advocates and if they had been involved in the decision to give medicines covertly.
- Medicines including controlled drugs (CD's) were stored securely and at appropriate temperatures.
- Medicine Administration Records (MAR) were in place for prescribed medicines. Some MARs were handwritten, and these were appropriately checked and signed by two members of staff.
- We observed staff give medicines to people. The staff were polite, gained consent and signed for each medicine after giving it on the medicine administration record.
- Some people were prescribed medicines such as pain-relief, laxatives and inhalers to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols were in place to help staff administer these medicines consistently.
- Medicine care plans were in place and person-centred. These provided guidance to staff on how to support people with their medicines and health needs.
- There was a suitable policy in place. Staff undertook training and had their competencies in handling medicines regularly assessed. The provider responded appropriately to medicines alerts. There was a process in place to report, investigate and respond to medicines incidents.
- People using the service told us they received their medicines on time and were happy with support in this area.

Preventing and controlling infection

- Whilst there were systems in place to help prevent and control infection, these had not always been followed. During the inspection we found a used lancet (a device used to test blood samples) stored in a container alongside unopened lancets. This presented a risk of cross infection and needle stick injury for staff.
- Some equipment had not been properly cleaned. One blood glucose monitor was dirty and stained with blood.

We found no evidence people had been harmed, but failure to follow safe infection prevention and control procedures placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took immediate action to rectify the issues we identified. They also told us how they felt risks had been minimised. They provided staff with extra supervision and introduced systems to help make sure the incidents did not reoccur.
- People using the service and their relatives told us they felt the home was clean and well maintained. There were systems for making sure all areas of the home, including regularly touched areas, equipment and furniture, were regularly cleaned and checked by staff.
- The provider had updated their procedures to reflect latest good practice guidance regarding COVID-19 and made sure personal protective equipment (PPE), such as masks and gloves, was available for staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to help safeguard people from abuse. The staff received training in this and understood how to recognise and report abuse.
- People using the service and their relatives told us they felt safe at the service.
- The provider had taken appropriate action following safeguarding concerns. They had worked with the

local safeguarding authority to investigate these, to help implement protection plans and to learn from these.

Staffing and recruitment

- There were enough suitable staff to keep people safe and meet their needs. People told us they felt there was enough staff on duty, and they did not have to wait for care. Staff offered support when people needed this and did not rush people. Most of the time care was provided by permanent staff. The provider only used temporary (agency) staff to cover short notice absences.
- There were appropriate systems for selecting and recruiting staff. These included checks on their suitability, competence and knowledge. All staff received a thorough induction and training to help make sure they had the skills needed for their roles.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. Accidents and incidents were investigated, and information used from these to help improve the service.
- The staff described how the management team met with them to discuss any adverse events, the outcome of safeguarding investigations and the findings from audits. They told us they were involved in discussing lessons which could be learnt from these. Staff told us the management team encouraged an 'open' and transparent approach and they felt able to and encouraged to speak up when things were wrong.
- The deputy manager explained to us they had been able to identify some themes through analysis of accidents and incidents and as a result they had changed certain procedures to help prevent these from happening.
- Care plans and risk assessments included proactive strategies to help staff identify and respond to triggers that someone was becoming agitated or may be a risk to themselves or others.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs and choices before they moved to the service. The assessments included information about risks, healthcare and personal care needs. People's preferences, culture, religion and background were recorded to help staff understand about the person.
- Assessments were used to help develop care plans which were regularly reviewed and updated.
- People explained they had been asked about their choices and preferences.
- Some of the relatives we spoke with explained about people's admission to the home. They told us staff had helped them to understand the assessment process and gave them information they needed. They told us they had enough information about the service and what to expect. One relative explained their loved one had moved to the home during a period of lockdown. They explained how the management team had helped them during this difficult process. Comments from relatives included, "[Staff] made us feel comfortable and that made such a big difference about how we viewed the process" and "They could not have been more welcoming. It has all been done so nicely and smoothly."

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The provider employed a training manager who worked in the home directly with staff. They had developed a comprehensive induction training package, which staff followed. This included training in key areas and assessments of their knowledge and skills.
- The training manager also provided ongoing training and support for all staff, regularly assessing their skills, working alongside them and providing bespoke training updates when needed.
- Staff were supported to undertake qualifications in care and nurses were supported to undertake a range of training to help maintain their nursing registration. Some other staff undertook additional training to help support the nurses with some of their tasks.
- Staff felt supported and had the information they needed. They were invited to regular individual and team meetings. They told us there was good communication with managers and each other.
- People using the service and their relatives felt staff were knowledgeable and competent. Their comments included, "The nurses know what they are doing" and "The staff really know their stuff and I feel confident in their abilities and skills."
- The staff confirmed they had received good inductions and training. They could explain about their training and how they implemented this in their work.

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

- People were supported to have enough to eat and drink. The staff had recorded information about their

dietary needs and preferences. The chef catered for these and had a good understanding of people's needs.

- There were a range of dishes prepared for each meal, including Asian and vegetarian menus. People were also able to choose other food if they did not want one of the main choices. There were cold drinks available throughout the home and we observed a choice of hot drinks served during the morning and at lunch time. People often used cups with lids and two handles so were able to drink with more independence. People were encouraged and supported to drink by staff.
- Staff monitored people's weight as well as nutritional and hydration intake. They took appropriate action when they identified any concerns, liaising with relevant healthcare professionals to make sure people received any additional support they needed.
- The kitchen staff prepared textured foods such as soft and pureed meals. These were served in a manner to still be appetising. The chef had food profiles which contained people's individual dietary information. This included textured foods, drinks, preferences, allergies and dislikes and specific health related dietary requirements.
- People told us they liked the food, were able to make choices and had enough to eat and drink. Their comments included, "The food is amazing and [the chef] is fantastic", "The food is very nice and there is always something I like on the menu", "I get plenty to drink all day", "The food is great and you can always get a drink when you want one" and "The food is exceptional, really good."

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

- People's healthcare needs were assessed, monitored and met. Their care plans described individual needs and how these could be managed. The nurses monitored people's health and worked closely with other professionals to help make sure needs were met.
- People were supported with their oral care. Their individual needs in this respect were assessed and planned for. Staff recorded when they had provided support with people's oral care. People had access to dental services who visited the home.
- People told us they could see a doctor, dentist and other professionals when needed. The doctor and community matron regularly visited the service and staff told us they could consult with them by phone and video calls when needed. The provider employed a private physiotherapist who visited the home weekly and supported people with exercises and mobility.
- Visiting professionals told us they worked well with the service. They told us staff gave them good information about people's needs and followed their advice and guidance. They felt people's healthcare needs were well met.

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

- The design and décor of the environment was suitable and met people's needs. The building was light and well ventilated. Décor was attractive and in keeping with the needs and choices of people living at the service. Communal rooms were comfortable. People were able to personalise their own rooms.
- There was suitable equipment to help people stay safe. This was regularly checked by staff and external companies. The home was equipped with a lift to all floors, handrails and adaptive baths, showers and beds.
- There was signage to help people orientate themselves and to provide information about meals, activities and staff on duty. The environment was welcoming, homely and smelt clean and fresh.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the MCA and took steps to help ensure people were well informed and consented to their care. People were offered choices and communication care plans helped to provide staff with the guidance they needed to communicate effectively so that people understood choices.
- People had been asked to consent to their care plans. When they lacked the capacity to do so, the provider had consulted their representatives to make decisions in their best interests and had applied for DoLS authorisations when needed.
- Staff undertook training in the MCA and understood the principles of this. They were able to speak about the importance of offering people choices and acting on their wishes. Staff were gentle, encouraging and found positive ways to communicate to help people to understand choices and consent to their care.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 were well treated and supported. They had good relationships with the staff and felt staff were kind, supportive and caring.
- Some of the comments from people using the service and their relatives included, "The staff are brilliant and they know me and what needs doing, they are amazing", "The staff are fantastic", "The carers are very friendly and nice, they treat me well", "They are all good for me" and "The care my relative receives is second to none, they are amazing, kind and polite. They treat [person] with respect and the family are always welcomed here."
- People's diverse needs were met. During initial assessments and reviews, people were asked about their culture, religion, sexual orientation and other diversity needs. Their choices and specific needs were recorded. They were supported to celebrate their religion and follow culturally appropriate diets. People confirmed they were asked whether they had specific needs or preferences for the gender of their carers.
- We observed people were well supported throughout the day, including at mealtimes. They were given choices; staff took their time to let people make decisions and to allow them to be independent when possible. They offered praise and encouragement to people and quickly resolved any problems people had or when people became distressed.

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

- People were supported to express their views and be involved in making decisions about their care. We observed staff offering people choices and allowing people time to understand the questions being asked and give a response. The staff respected people's choices.
- People's known preferences and likes were recorded in their care plans. They were involved in developing and reviewing these.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff spoke with them in a respectful way, provided care in private and respected people's wishes. They knocked on doors before entering and were discreet when talking with people about their needs.
- People confirmed the staff respected their privacy.
- People were supported to be independent when they wanted and were able. Care plans outlined things people could do for themselves. We saw staff encouraging people to move independently and to use equipment (such as specialist cutlery or crockery) to enable them to be independent. Staff made sure equipment such as walking frames and wheelchairs were suitable and in good working order. The

environment was free from hazards so people could move around safely.

- The staff assessed risks for people in order to promote independence. For example, when people wanted to go to the shops on their own, the risks relating to this had been assessed and plans were developed to enable this whilst minimising these risks.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and preferences. People felt happy with the care they received and told us their needs were met.
- People appeared well cared for, in clean clothes with clean hair and nails. They told us they had regular baths and showers if they wanted them. Staff approached people with kindness and respect. They knew them well and were able to tell us about people's needs.
- Care plans were well written and included details about individual needs and preferences. They were regularly reviewed and updated. Each month people were selected as 'resident of the day' where nurses, care workers, activities coordinators, housekeeping and catering staff reviewed people's care and made sure it reflected their needs and wishes.
- The provider shared with us some examples of how care they had provided had helped to improve people's health, wellbeing and how they had worked with others to help provide good care.
- The staff described good systems for communicating with each other to share information about people's needs and to make sure they worked in a consistent and personalised way for each person.

Meeting people's communication needs

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

- People's communication needs were assessed, planned for and met. For people who did not speak English as a first language, the staff took steps to enable good communication. For example, they used translation applications, spoke with families and learnt key words and phrases from people's languages. They also used visual aids to help communication. The deputy manager described how this work had helped improve the outcomes for one person who had struggled with accepting care because of language barriers. Since communication had improved, they had participated more in communal activities and their health and wellbeing had improved.
- Information was available in different formats and languages. For example, there were pictorial signs and menus to help people to understand these.
- The staff received training to understand about different ways of communicating and how people with dementia may experience difficulties understanding others and being understood.

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

- There were a range of organised social activities for people. These included group activities, entertainers and individual games and activities. We saw people being supported to take part in a range of different events, such as singing, games and quizzes. They enjoyed these and staff adapted the activities to suit people's needs, interests and abilities.
- People told us they liked visiting singers and some of the different organised events.
- The provider employed activities staff to organise events.
- People were encouraged and supported to see friends and families. Visitors we met told us they were welcomed.
- People were supported to celebrate their culture and religion and staff facilitated worship for people who needed support.
- People had access to electronic devices and the internet for their own entertainment and to stay in touch with others.

End of life care and support

- People were supported at the end of their lives. The provider made sure they discussed people's wishes and needs so they were able to provide the right care when needed. The staff undertook training to understand the importance of good end of life care.
- The staff worked closely with palliative care teams and other professionals to make sure people received pain free and comfortable care at the end of their lives.

Improving care quality in response to complaints or concerns

- There were appropriate systems for responding to complaints and concerns. People using the service and their relatives knew who to speak with if they had any concerns. They told us they would be happy to raise concerns with managers or other staff.
- We saw that complaints had been investigated and action taken to improve the service as a result of these.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

- The provider's systems and processes for auditing medicines and first aid supplies had not always been operated effectively. During our inspection, we found items which had passed their expiry dates. Some of these by a considerable amount of time.
- The provider took action to rectify this when we informed them and also showed us how they planned to update their systems to help avoid a repeat of this.
- The provider undertook a wide range of audits and, with the exception of the medicines audits, we found these were robust and had identified where improvements were needed. The management team worked closely with staff to help make necessary improvements.
- There were management meetings to discuss the service and to look at how adverse events were dealt with and learnt from. The managers worked closely with other professionals to monitor and improve the quality of care and support people received.

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

- The provider had good methods of engaging with people using the service and other stakeholders. They held regular meetings which included learning and information sharing for relatives. For example, they ran a session about understanding dementia. They also asked stakeholders to complete surveys about their experiences and online reviews.
- The provider acted on feedback from people and their relatives. They had improved the wifi connection, improved staff training and made changes to the environment as a direct result of things people told them they wanted.
- The provider considered people's different protected characteristics during assessments and reviews of their care. They employed staff who spoke a range of languages and came from different cultural and religious backgrounds. The provider also helped people celebrate different festivals and national days.
- There were regular staff meetings and staff felt they had opportunities to engage with the management team.

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

- There was a positive culture where people felt well supported and received personalised care. People using the service and their relatives spoke positively about the staff and the management team. They felt able to raise concerns and felt listened to and valued.

- Staff enjoyed working at the service. They felt supported. The relationship between staff and people using the service was good. Staff were friendly and enjoyed humour with people as well as providing gentle and kind care.
- The provider celebrated good practice and individual staff. They held an award ceremony for staff who had been nominated by other staff, people using the service and relatives for good work in different categories.
- The provider employed a training manager who worked directly with staff at the home. They had developed bespoke training based on their observations of staff practice. They provided individual support for staff to learn about holistic care as well as running team training sessions.

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 understood their responsibilities under the duty of candour. They had apologised when things went wrong and had investigated incidents and other adverse events.

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

- The registered manager was suitably qualified and experienced. They and the deputy manager were nurses who provided clinical guidance and support for the staff. People using the service, relatives and staff commented positively about the management team. Their comments included, "The management team is very approachable" and "They are very helpful and help to reassure us."
- The management team and staff understood their responsibilities and legal requirements. There were a range of up to date and comprehensive policies and procedures. There was good communication within the staff team and opportunities for all the staff to learn when things went wrong.

Working in partnership with others

- The provider worked in partnership with other agencies and professionals. They worked closely with health and social care professionals to assess, monitor and meet people's needs.
- The external professionals we spoke with told us staff followed their advice and gave them the information they needed.

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
Treatment of disease, disorder or injury	<p>The registered persons did not always ensure the safe care and treatment of service users.</p> <p>Regulation 12</p>