

Little Sisters of the Poor

# St Anne's Home - London

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

St Anne's Home – London is a residential care home providing personal and nursing care to 32 older people at the time of the inspection. The service can support up to 34 people in a purpose-built care home.

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

People's medicines needs were not always managed safely. There were inconsistencies in people's medicine care plans and 'as required' medicine guidance. The service did not always follow their provider's policy in relation to proper medicines management.

People trusted staff. Risks to people's needs were identified, assessed and mitigated. People's needs were met by enough and suitable staff who safeguarded them from the risk of harm and abuse. People were protected from the risk of infection. Incidents were investigated, and lessons learnt to minimise their recurrence.

People's needs were identified before they moved to the home. People told us their needs were met by staff who were well trained and knew their needs. Staff received regular supervision and told us they felt well supported. People's dietary needs were met. They had access to ongoing healthcare service.

The home was accessible. However, it was not dementia friendly. We have made a recommendation in relation to dementia friendly environment.

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.

People told us staff were kind and treated them with dignity and respected their privacy. People's needs in relation to their protected characteristics were identified and met. People's freedom was respected, and independence encouraged.

People's personal needs were met by staff who knew how to provide person-centred care. People's care plans were individualised. People were satisfied with the complaint's process. There were systems in place to support people to have a pain-free and comfortable death.

People and staff told us the home was well-led and the registered manager was approachable. Staff told us they liked working at the home and they worked well as a team. The registered manager worked in partnership with other agencies to improve people's experiences.

The provider had quality assurance systems in place to assess, monitor and evaluate the service. However, these were not always effective. We have made a recommendation in relation to quality monitoring systems.

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

#### Rating at last inspection and update:

The last rating for this service was requires improvement (published 16 November 2018) and there were three breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but were not enough and the provider was still in breach of a regulation.

The last rating for this service was requires improvement (published 16 November 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach 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 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 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** ●

# St Anne's Home - London

## 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

The inspection was carried out by two inspectors, one medicines inspector, a specialist nurse, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Anne's Home – London 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 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 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. 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

We spoke with 11 people who used the service and one relative about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the deputy manager, the human resources officer, two registered nurses, two senior care workers, three care workers and the chef. We used 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 reviewed a range of records. This included nine people's care records and multiple medication records. We observed medicines administration. We looked at six staff files in relation to recruitment, and staff supervision. We reviewed staff training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documents sent to us by the provider.

# 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 requires 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.

### Using medicines safely

At our last inspection the provider had failed to ensure safe medicines management. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The provider had made some improvements since the last inspection. However, medicines were still not always managed safely.
- Staff did not check controlled drugs stock weekly as per the provider's own policy. This meant the service could not be assured the stock was managed safely. A controlled drug is a drug whose manufacture, possession, or use is regulated by a government.
- We found inconsistencies in people's medicine care plans. Some people had been prescribed end of life care and 'as required' medicines. Their medicine care plans did not always have information about these medicines or protocols for when staff should administer them. This meant staff may not have been able to give people their medicines consistently as prescribed.

The above-mentioned evidence showed the medicines were not being managed safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received medicines on time. One person said, "[Staff] all know what they are doing. [Staff] explain what [medicines] are for." However, one relative told us there had been some medicine errors. We spoke to the registered manager and they told us the concerns had been investigated and addressed. Records confirmed this.
- Staff were trained, and their competency assessed before they started supporting people with medicines. They gained people's permission before giving them medicines. Staff completed medicines administration records appropriately and without any errors.
- Systems and processes around ordering, storing and returning medicines were up-to-date and in line with the provider's policy.

### Staffing and recruitment

At our last inspection we recommended the provider consider guidance on renewal of staff checks to confirm their suitability for the job. The provider had made improvements.

- Since the last inspection, the provider reapplied for all staff criminal record checks and introduced a renewal system. This was to ensure staff were still suitable for the job.
- Recruitment records showed people were supported by enough staff who were safe, of good character and skilled.
- People were satisfied with staffing levels. One person said, "Always plenty [staff] around, always staff to care and support me."
- The provider used a dependency tool to establish staffing levels. Staff confirmed this and told us the staffing levels were enough and they did not feel rushed when providing care.

#### Assessing risk, safety monitoring and management

- At the last inspection, we found not all stairwells were secured and this was a safety risk. At this inspection the provider secured all access to stairwells to ensure people's safety.
- Risks to people were identified, assessed and mitigated. These were clearly recorded in people's risk assessments which were comprehensive and personalised. They were for areas such as fire, mobility, personal care, diet, skin integrity, behaviour and diabetes.
- Staff knew risks to people and how to provide safe care. A staff member gave an example of a person at risk of falls. They said, "We make sure two staff support [person]. Make sure the environment is clutter and trip hazard free."
- Staff knew risks to people's health conditions. A staff member described risks to a person with diabetes, the signs of low and high blood sugar levels and actions they were required to take if they noticed any signs of concerns.
- The provider carried out regular health and safety, and maintenance checks. There were records of water, fire equipment and electrical and building checks. These were all in date.

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

- People told us they felt safe. One person said, "I am still here a year on, so [staff] must be doing something right. I do feel safe with [staff]."
- The provider had systems in place to ensure people were safeguarded from abuse, neglect and poor care.
- Staff were trained in safeguarding and whistleblowing procedures. They knew their responsibilities in identifying and reporting abuse and knew how to escalate concerns. A staff member said, "I will report any safeguarding issues. I am not scared of losing my job."
- Safeguarding records were clear and accurate and showed suitable actions had been taken to ensure people's safety, and relevant parties were notified in a timely manner.

#### Preventing and controlling infection

- The home environment was clean and without malodour. There were systems in place to safeguard people from the risk of infection. Staff used suitable equipment to prevent infection.
- People and relatives were happy with the cleanliness. One person said, "Oh it is always immaculately clean."

#### Learning lessons when things go wrong

- Records showed appropriate actions were taken when things went wrong, and lessons learnt and shared to prevent them from happening again. The lessons were shared with staff via staff meetings. The registered manager said, "We share [lessons learnt] openly via staff meetings and trainings."



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consider guidance on renewal of staff checks to confirm their suitability for the job. The provider had made improvements.

- Since the last inspection, the registered manager introduced a supervision matrix to monitor whether staff received regular supervision. Records showed staff were provided with group and one to one supervision sessions every month.
- Staff told us, and records showed they received regular supervision and appraisals. Their comments included, "We have regular supervisions both one to one and group. We discuss anything we would like to" and "I have had [appraisals]. We talked about how far I have come and if I faced challenges."
- People told us they felt confident in staff's ability. One person said, "[Staff] are lovely. They are all trained to take care of us well."
- Training records showed, and staff told us they received in-depth induction and regular refresher training. Their comments included, "We are always being trained, updated on this and on that" and "I have received all the necessary training. I also have good role models here."
- This showed staff were provided with regular training, supervision and appraisal to enable them to provide effective care.

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

- People told us their needs were met by staff who knew them well. One person said, "I am well looked after here. I have known [staff] a very long time, they know how to look after me."
- People's needs were assessed before they moved to the home. The assessment process included identifying people's needs, abilities, choices, preferred routines and how they would like to be supported.
- The service involved people, their relatives and relevant professionals in the assessment process. This process enabled the service to identify staffing levels, their training needs and whether they were able to meet people's needs.

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

- People's dietary needs were met. They told us they liked the food. One person said, "I find the food very pleasant. [Staff] always find something I like, I get lots of drinks, water and juice."
- Staff knew people's dietary needs, their likes and dislikes, and these were recorded in their care plans along with any culturally specific needs.
- During the inspection, we observed people were given choices of food and drinks. Food was well

presented, looked fresh and the portion size was good.

- People's choice of where to have meals was respected. During the inspection, we saw most people preferred to sit in dining rooms. However, some people chose to either eat in their bedrooms or in living rooms. A person said, "I go down to the dining room it is lovely."
- The kitchen has been awarded the highest, five-star food and hygiene rating for the last five years. This meant food and hygiene was maintained as per the requirements. The chef knew people's dietary needs, food allergies and intolerances and staff updated them on any changes.

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

- People told us, and their care records showed staff worked well with each other, with other agencies and professionals to ensure they received consistent and timely care. This effective working relationship enabled people to achieve positive care outcomes.
- People's care records showed they received weekly visits from the GP, and visits from other healthcare professionals such as dietician, physiotherapist and chiropodist. They also contained details of people's health appointments and the outcome.
- Staff were trained and knew how to support people with their individualised oral healthcare needs. Staff cleaned people's dentures regularly and knew how to do it effectively.
- Records showed, and our observations confirmed, staff followed healthcare professionals' recommendations to ensure people live healthier lives.

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

- People told us it was their home and they liked their bedrooms. The bedrooms were personalised. People were seen accessing their bedrooms and communal areas with ease and comfort.
- The home was purpose-built with bedrooms laid out across two floors accessible by lifts. It has specialist baths, appropriate grab rails and handles. People's bedrooms had en-suite facilities.
- The home had an accessible garden, a hairdresser room, a library, and an arts and crafts room. The home also has bedrooms specifically for visitors including family, friends and visiting professionals such as trainers.
- Some people who were living with dementia were provided with equipment to meet their needs such as soft toys and dolls. One person had put their artwork on their bedroom door to help them find their way back to their bedroom. However, we found there were no dementia friendly sign postings around the home to enable people living with dementia to maintain their independence.
- We spoke to the registered manager and the deputy manager about this. They told us they would review the environment to meet all people's needs.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to dementia friendly environment.

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.

- There were systems in place to assess people's mental capacity to consent to care. Where people lacked mental capacity to consent to care, the provider followed appropriate processes to ensure decisions were made in people's best interests. There were records of DoLS referrals and authorisation certificates.
- People's care plans gave details about the legal representatives who were authorised to make decisions on their behalf.
- People told us staff asked their consent and gave them choices.
- The registered manager and staff gave people choices and asked their permission before providing support.

# 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 told us staff were kind. One person said, "Staff are gentle, always ask and tell me what they are doing. They are very kind." A second person told us, "[Staff] cannot do enough to help and care."
- A relative commented staff were caring. They said, "I cannot fault the [staff]. They are gentle and look after [my relative] well. Some individual staff are fantastic, [staff member] is very good and so caring."
- Our observations confirmed staff treated people with compassion and kindness. They addressed them by their preferred names. The service had a relaxed, tranquil and homely atmosphere. At the inspection we saw meaningful interactions between people and staff. Staff were patient and sensitive with people's requests.
- People's cultural, spiritual and religious wishes and needs were identified, recorded and respected. People were supported to attend religious facilities. The home had an accessible chapel for people to pray and attend religious ceremonies.
- People's gender preference for care needs were identified and met. A staff member said, "We ask people if they would like to be supported by female or male staff. We make sure their choices are respected and met."
- Staff were trained in equality and diversity, they understood people's diverse needs, and knew the importance of providing care without discrimination. One staff member told us, "Everybody is welcomed here. [Diversity] is respected." Another staff member said, "I would treat lesbian, gay, bisexual, transgender people with respect. I would support them as they would like to be supported."

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

- People were involved as partners in their care. Staff encouraged and supported people in expressing their views, choices and make decisions about their care. A staff member said, "The care is centred around [people] and what they want."
- During the inspection, we observed staff asking people for their choices, the support they needed and how they would like to be supported.
- Staff knew how to involve people in their care. A staff member said, "We ask people how they would like to be supported, what they would like to eat, give them choices and encourage them to make decisions. For example, if there are certain activities on we don't push them to go if they don't like them."
- Staff told us they had time to engage and involve people in making decisions about their care. A staff member said, "We take our time with people, they can take as long as they want, for example, to decide what they want to eat, what they want to wear."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. A person said, "Sometimes I spend a penny

when I don't mean to, but [staff] never make me feel I am a nuisance. They always help me and change me [with dignity]. They don't make me feel awkward or uncomfortable."

- People were mainly supported by the same staff team. Some staff had been there for 10 years. This enabled the development of trust and companionship between people and staff.
- People's freedom and independence were respected. Staff comments included, "People are supported to have as much freedom of choice in their lives as possible" and "[Person] can lift the teacup by herself, so I encourage her to do so and prompt her to drink."
- Staff knew the importance of dignity in care. A staff member commented, "Speak to [people] nicely, call them by their preferred name, speak calmly and clearly, eye contact with them, so they feel like you are talking to them and not at them."

# 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 now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure people's complaints were appropriately handled, recorded, investigated and responded. This was a breach of regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Since the last inspection, the provider had improved their complaint's process to ensure people's complaints and concerns were addressed appropriately and responded to promptly.
- The service had received two complaints in the last year. Records showed investigations were carried out in a timely manner, actions were taken to improve care where possible, the outcome of the complaint and lessons learnt.
- The provider displayed their complaint's policy and procedure for people, relatives and visitors' easy access.
- People and a relative told us they knew how to raise concerns. One person said, "I would talk to staff or [nurses] in charge, they would help."

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

- People told us staff knew their preferences and staff met their personal needs.
- People's care plans had life histories and personal profiles. These included information about their background history, their likes and dislikes, significant events and relationships, hobbies, interests. This helped staff to get a better understanding of people's personal needs.
- The care plans were comprehensive and gave staff information on their preferred routines, what support they required and how they would like to be supported. This enabled staff to provide person-centred care.
- Where people's needs changed, these were reviewed, and care plans updated to reflect the changed needs.
- The service also introduced new training for staff in response to people's changing needs. For example, staff received comprehensive training sessions in dementia. This was in response to people being diagnosed with dementia.

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 care plans contained their communication needs, preferred communication methods, and instructions for staff on how to communicate effectively. For example, one care plan stated, "Staff to orientate [person], use short phrases and emphasise key words. [Person] can present loneliness, staff need to be calm and gentle when communicating with [person]."
- Staff were seen communicating with people with patience and as per their preferred methods.

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

- The service offered one to one, group and community activities to encourage people to develop relationships and avoid social isolation. Weekly activity plans with pictures were displayed to remind people of what activities to expect.
- The provider invited the community into the home to reduce social isolation. For example, medical students visited people and had one to one conversation with them. Volunteers regularly visited people, spent time with them on a one to one level and facilitated activities of people's choice.
- People were encouraged and supported to get out of their bedrooms and spend time in the communal areas. This enabled people to engage with other people, visitors and staff.
- People were offered activities socially and culturally relevant to them including music and singing, religious services, ball therapy, board games, Bingo, art and crafts.
- People were satisfied with activities on offer. One person said, "I like the music and the singing every week. It makes me feel good." A second person told us, "You can always go to mass. There are prayers and singing, we all enjoy it here." A third person said, "[Sisters] come and chat."
- At the inspection, we observed people taking part in activities such as music and singing, reading, watching television, walking and having one to one interaction with staff and volunteers.
- Relatives were encouraged to visit people at home and there were no time restrictions.

End of life care and support

- There were systems in place to explore people's choices, wishes and preferences in relation to end of life care. These also included people's wishes in relation to their religious, spiritual and cultural needs.
- Where people had disclosed their end of life care wishes and signed a 'Do Not Attempt Cardio-pulmonary Resuscitation' these were clearly recorded and maintained in their care plans. This enabled staff to meet people's end of life care needs.
- Staff were trained in end of life care and were knowledgeable about how to provide individualised care and assist people to have a pain free and comfortable death. A staff member commented, "[Staff] make sure [people] are comfortable. Still care for them as before, give them oral care, make sure we reposition them, be mindful of their spiritual needs, for instance, if they ask for sisters to pray with them you respect that and give them privacy."
- The registered manager and staff provided emotional support to relatives. Relatives travelling from far were offered to stay in visitors' bedrooms. The deputy manager told us this facility allowed relatives to spend more time with people who were on end of life care.

# Is the service well-led?

## Our findings

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

At 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

At our last inspection the provider had failed to effectively operate auditing and monitoring systems to ensure the health and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the registered manager had improved their monitoring and auditing checks to identify issues and gaps in premises safety, complaints, staff recruitment and supervision, and people's care records. There were systems in place to rectify any identified issues in a timely manner.
- There were records of regular internal audits. These included care plans, risk assessments, staff files, complaints, accidents and incidents, safeguarding, building and equipment. These were up-to-date and showed actions had been taken when issues were identified.
- The registered manager and their staff team had a good understanding of their roles in delivering care that met people's care outcomes.
- The pharmacy carried out an annual independent medicine audit. However, the service stopped carrying out internal medicine audits since they introduced an electronic medicine recording system. This meant there were lack of internal audit processes to monitor medicines management and identify any gaps and make improvements.
- We found no evidence that people had been harmed. However, medicine audit systems were not robust enough to effectively identify issues and inconsistencies.
- The registered manager told us they were recruiting for the clinical lead position. They further said this position would take a lead in ensuring systems were in place to ensure safe management of medicines.

We recommend the provider seek and implement guidance from a reputable source in relation to quality monitoring and auditing systems.

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 registered manager understood the duty of care and their responsibility to be open and clear with people and all relevant parties. They said, "To be very open, straight, so that everything is clear, and nothing is hidden. Passing on information to family, residents and professionals."

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

- The registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People told us the registered manager was approachable and available. One person said, "[Staff] are all very easy to talk to. The manager comes in every morning and evening to see if I am OK." A second person commented, "[Registered manager] looks after us all. Everyone is easy to talk to."
- Staff felt well supported. Their comments included, "[Registered manager] always visits [staff] on the floor and is easy to talk to, you can always speak to her if you need to", "I feel supported. I feel comfortable in raising concerns to [registered manager], she listens to me" and "The managers are helpful, they will listen to you, they are there for you."
- Staff told us they were encouraged to take breaks and enjoyed working at the home. Their comments included, "This is a great place to work. It is peaceful, and you feel happy working here" and "I love coming to work. There is enough staff here, so it allows me to create relationships with people. [The management] encourage us to take breaks, when I have had to go to hospital the [registered manager] would let me go home early."
- Staff were treated fairly, without any discrimination and told us they worked as a team. A staff member said, "I like the unity here. The way [the management] accept everyone. The passion especially the sisters" and "We work well as a team."

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

- The provider had systems in place to continuously learn and improve care by involving people, relatives, healthcare professionals and staff whilst considering their diversity needs.
- Since the last inspection, the provider introduced two new senior care staff positions and an extra nurse. The provider appointed development officers who took lead on each area of care delivery and supported the registered manager to identify gaps and make improvements.
- The service sought people, relatives, staff and professionals' feedback about the quality of care, the management of service, and service improvement. People, staff and records confirmed this.
- The provider engaged people formally bi-monthly residents' meetings. Records showed people were asked for their opinions in relation to food, activities, events and accommodation.
- The provider carried out annual satisfaction surveys and last survey results were positive. Activities were identified as an area of improvement. Records showed new activities had been introduced to address the issue, this included "Love to move, creative art, get together, befriending, knitting and sewing, and visits from school."
- The service conducted regular handovers, and staff meetings for day staff and night staff to ask their views about the service and how to improve care. Staff found meetings useful and told us they felt involved in the changes, and felt their opinions were considered.

Working in partnership with others

- The registered manager and staff worked in collaboration with healthcare professionals, community and not for profit organisations, volunteers, local authorities and local hospice to improve the service and people's physical and emotional well-being.

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 provider failed to ensure people received care in a consistently safe way. This included failure to ensure the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(g)</p>