

Bath and North East Somerset Council

Charlton House Community Resource Centre

Inspection report

Hawthorns Lane
Keynsham
Bristol
BS31 1BF

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24 May 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Charlton House Community Resource Centre is a nursing home. They were registered to provide personal and nursing care to 30 people. There were 25 people being supported at the time of the inspection.

The home was split over two floors each area having their own staff team. The top floor was called Abbey Park and the middle floor was called Somerdale. Abbey Park had ten beds block purchased to provide short term care as part of an ongoing assessment after discharge from hospital.

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

There were some improvements that were needed at Charlton House. People could not be assured they would be safe in the event of a fire. This was because not all staff had participated in a fire drill or completed fire training.

People's personal evacuation plans in the event of a fire did not include information on how they were to be evacuated in the event of a fire. There had also been a recent fire safety visit. The provider was still working through the action plan to address these areas including ensuring there was a comprehensive fire risk assessment, some of the warning systems needed updating.

People's daily records relating to food and nutrition and the delivery of care needed to improve due to significant gaps and not fully capturing the type of personal care given.

The provider had an action plan in place to drive improvements in respect of the environment of the home. There were action plans and new training systems being put in to ensure staff were trained and supported.

People were protected against the risks of abuse. Staff had received training in this area and understood their role in reporting. Staff recruitment was safe and ensured people were protected. The registered manager was actively recruiting to the vacant posts. In the interim, regular and familiar agency were working in the home to ensure safe staffing numbers.

People's medicines were managed safely. People had access to health and social care professionals who worked alongside the nursing and care team at Charlton House Resource Centre. People were protected from the risk of cross infection and appropriate guidance was followed. Although two staff were noted not to be wearing their masks in accordance with government guidance.

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.

There was a program of activities that people could take part in. External entertainers and the local church

had visited the service whilst following government guidance. People were supported to keep in contact with relatives throughout the pandemic through the use of video and telephone calls and visits.

There were systems in place to monitor the quality of the care and support. The provider regularly visited the service to drive improvements and support the registered manager and the staff. Improvements were required in respect of the audits, improving practice in relation to meeting people's nutritional needs and daily records. This was a breach in regulation.

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 the service under the previous provider was requires improvement (published on 16 March 2018). The service remains requires improvement.

Why we inspected

This was a planned inspection based on the previous rating and change of provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety, meeting people's nutritional needs, daily records and the governance arrangements that had not identified these areas. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Charlton House Community Resource 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 team consisted of one inspector and an Expert by Experience. The Expert by Experience attended on the first day of the inspection. 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

Charlton House Community Resource is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Charlton House Community Resource 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 reviewed information we had received about the service since the changeover of provider. 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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, head of service manager, two nurses, six care staff, the administrator, two relatives and 11 people that lived in the home and a visiting health professional. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home.

We reviewed a range of records relating to the management of the home, staff recruitment records, five people's care records and a sample of medicine records. We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We contacted three health and social care professionals for their views about the service, two responses were received.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People could not always be assured of their safety in the event of a fire. We found there was a lack of fire drills taking place for staff and people's Personal Emergency Evacuation Plan (PEEP) did not fully assess the risks to people or detail the support they required in the event of a fire and the individual evacuation route they should take. Not all staff had completed annual fire training.
- A fire safety visit completed in April 2022 had raised some recommendations in respect of there not being a comprehensive fire risk assessment in place, warning systems needed updating and escape routes needed to be decluttered.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A meeting had been arranged with the health and safety manager the day after the inspection to complete an action plan and address the areas raised by the fire safety officer.
- People had risks assessments around moving and handling managing, skin integrity, falls and managing weight loss.
- Checks were completed on equipment such as hoists, fire equipment, water and legionella, electrical and gas appliances. Staff participated in health and safety and moving and handling training.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us the service was safe. A relative told us, they would have no hesitation to raise any concerns with staff or the registered manager, but overall were very happy with the service. People looked comfortable and relaxed with the staff who supported them. One person told us, "I feel safe, never hear shouting".
- Staff had received training on safeguarding and understood their responsibility to report to the nurse and the registered manager. They were confident the registered manager would act on any concerns raised.
- The registered manager was aware of their responsibility to liaise with the local authority's safeguarding team if allegations of abuse were raised. Measures were put in place to ensure any further risks were mitigated.
- The registered manager was aware that improvements were needed in respect of daily records. Staff had not always recorded what personal care had been delivered and where this had been refused.

Staffing and recruitment

- Staffing was planned based on people's care needs. The registered manager said staffing had been increased in the last two years since being taken over by the local authority.
- The home was experiencing workforce pressures and having difficulties in recruiting staff especially registered nurses. The registered manager told us they were actively recruiting to a clinical lead, two vacant nurse posts, four care worker roles and a maintenance person. Regular and familiar agency staff were being used to cover the shortfalls. The agency nurses and agency care staff confirmed they had worked in the home on a regularly basis over the last two years and were part of the team.
- Catering and housekeeping staff complimented the care staff enabling the care staff to focus on the care of people living in the home.
- Safe recruitment and selection processes were in place to make sure staff were safe and suitable to work with people living in Charlton House Resource Centre. Recruitment information was held centrally. The registered manager could access a data base of the checks completed. They received confirmation when a new member of staff had been assessed as suitable to start work when all the documentation had been returned.

Using medicines safely

- People received their medicines safely. Medicines were stored, ordered, administered and disposed of safely.
- People's medication records confirmed they received their medicines as required. Information was provided about how people preferred to take their medicines.
- One person had been prescribed medicines to be taken 'when required' [PRN]. The medicines had been prescribed to support the person at times when they were anxious. There was not a specific PRN administration protocol in place. PRN Protocols give staff information on when and how the medicines should be administered. This was addressed during the inspection.
- Only staff that had been assessed as competent were able to administer medicines to people. Nurse apprentices (trained care staff) supported the nurses in this area when needed.
- Medication audits were completed monthly along with regular stock checks to ensure that people received their medicines when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We observed two staff not wearing their masks correctly. This was in the presence of the registered manager who said they would address this with the staff.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager facilitated visits for people in accordance with government guidance. People were observed receiving visits from friends and family.

Learning lessons when things go wrong

- An analysis of accidents and incidents was undertaken to identify any themes and trends, specific to an individual or general to the home.
- People's records were updated to reflect any changes required to their care to help reduce similar incidents. These were shared with the provider's health and safety representative and head of service.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We could not be assured people at risk were eating and drinking enough. Food and fluid charts for people had not been completed consistently and had significant gaps. The fluid charts had not been totalled over each 24-hour period. This meant staff would not be alerted if people had not had enough to drink and whether any enhanced care and monitoring was required. A member of staff said that often one person was asleep so therefore it was difficult to offer food and fluid. This had not been captured on the food and fluid chart.
- Two people were not being weighed in accordance with their risk assessment. For one person this was monthly and the other person fortnightly. They were being weighed monthly which potentially put them at risk as staff could not take immediate action to address any concerns in respect of any further weight loss.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate when people were at risk of malnutrition and dehydration their needs were being met. This placed people at potential risk of harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When people were at risk of poor nutrition, professionals were involved when required. Care plans included what support people needed at mealtimes and any aids such as plate guards or adapted cutlery.
- We observed the lunchtime period in one of the dining rooms on the first day of inspection. People were supported appropriately. The atmosphere was calm, staff were engaged with people and attentive to their needs. We received no concerns about the food, when a person indicated they were not happy an alternative was offered which they appeared to be enjoying.
- There was a lack of condiments and serviettes in the dining area. For those people eating their meal in their room, these were delivered uncovered, and again no condiments or serviettes. No one raised concerns about this.

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

- People's needs were assessed prior to arrival at the home. The assessment was used to develop the person's plan of care.
- Nationally recognised assessment tools were used to determine people's support needs. Guidance was included in care plans to inform staff about how best to meet people's needs.
- People's oral health was assessed, and care plans were in place to direct staff on how to support people.
- The service supported people being discharged from hospital as part of a care pathway to reduce

occupancy in hospitals for those people that were clinically ready to be discharged. There were ten beds that had been allocated for this purpose. Community health teams were involved in the support and assessment of people, enabling them to either return home or move permanently to a care home.

Staff support: induction, training, skills and experience

- Staff told us they had received the training they needed to be able to support people. The registered manager told us that training compliance had been low during the pandemic. The in-house training department was supporting the home and an action plan was in place. Monthly meetings had been arranged to monitor ongoing compliance.
- The organisation was implementing a new training system, which was going live in July 2022. This included clinical training such as management of diabetes and oral health care. The registered manager said there was approximately 200 different courses that staff could complete. Face to face training was being organised for those staff that were not confident using computers.
- Whilst staff said they felt supported not all staff had received formal one to one supervision from a line manager on a regular basis. Supervisions for nurses was in place but not for the care staff. The registered manager was aware, and an action plan was in place to address this shortfall.

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

- Charlton House was purpose built. People had their own bedrooms with an ensuite bathroom. Some people had personalised their bedrooms with their own furniture, pictures and ornaments. However, there were bedrooms that looked bare, curtains were fading, carpet was heavily stained and there were no points of interest in their rooms such as pictures. This was noticeable for people that were part of the discharge to assess pathway. An action plan was in place to address this.
- The provider had completed some works on the premises, which included sustainable heating. There was a redecoration programme in place and an action plan to replace some of the carpets, which had been identified via their own quality audits as either needing replacement or cleaning. The registered manager told us they had met with the house keeping staff to ensure improvement.
- There was a lack of storage and some equipment was being stored in corridors.
- Laundry, kitchen facilities and offices were situated on the ground floor. There was a secure garden leading out from Somerdale and balconies for people to access outside space on Abbey Park.

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

- Staff worked with other agencies to ensure people received the support they needed. People were registered with a GP and referrals to other health and social care professionals were made as people's needs changed. The GP completed weekly ward rounds.
- People were supported by the community health teams. This included the mental health team, physiotherapist, occupational therapists, tissue viability nurses and speech and language therapists. A health care professional told us, "I have found the team to be responsive, engaged, and listen and follow advice".
- The registered manager told us the difficulties they were having in registering people with a local dentist. This was because they were not taking on NHS patients and accessibility of one of the two dentists in the town.

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.

- There were systems in place to monitor any DOLS authorisations. Approvals were monitored to ensure any conditions on authorisations were being met.
- Copies of these were held in the people's care plans for staff to reference and fully understand what restrictions were in place for each person. Restrictions may include lack of capacity to make a decision to reside in a care home or sensor mats and bedrails.
- Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision such as support with medicines, the recent vaccination programme and medical treatment. These included professionals and relatives to support this process. Staff were observed seeking consent before providing care and 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.

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

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

- People and their relatives were complimentary about the staff. Comments included, "The staff have been lovely", "Staff are brilliant", and "I liked it here. I like it in the lounge as beats being in the room by myself". A relative said, "No concerns, the staff are all good and can always find someone when needed".
- We did note that the music in one of the lounges was very loud after lunch and one person could not be heard calling out. This was also hindered as staff were in the kitchenette also speaking very loudly.
- Our observations of staff interactions with people showed that people were treated with kindness, dignity and respect. Staff including agency staff demonstrated they knew people well and understood their likes, dislikes and preferences.
- A health professional told us "The staff go the extra mile to build quality of life into residents care and seem to take their job personally".
- Care plans included details to provide care that was person centred. For example, one person was sensitive to light and preferred their curtains shut and room dimly lit. Another person's care plan described the support they needed if they were anxious, which included staff sitting with them until they were calm. Some people had a document called, 'This is Me' which provided staff with information about how the person had spent their life, important people and hobbies and interests. These documents aided communication and enabled staff to get to know people.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their initial assessment. Staff could tell us about people's individual characteristics and how they supported people in a person-centred way.

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

- Information about independent advocacy and other support services was available within the home. An advocate is a person who is independent of the service and who can support people to share their views and wishes if they want support.
- People's views about how they wanted to be supported was gathered during the assessment stage and ongoing via care planning reviews. Where people were unable to express how they wanted to be supported, views of their family were sought.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocking on bedroom doors prior to entering and asking people if they needed support. Personal care and support were provided behind a closed door.
- The registered manager told us about how one person had a voice activated call bell to enable them to let staff know they needed support because they were unable to use the home's call bell. This afforded the

person their independence and dignity as they no longer needed to shout to get staff's attention.

- People were supported to be independent with eating, drinking and personal care. Care records described what people could do and where they needed support. When people were able to do certain things themselves, they were encouraged to do so, but staff were available to support when necessary. One person said, "No support required I can bath etc by myself. I am very independent. The staff are kind and do pop in to see me".
- Care plans included details of people's daily routines such as when they like to get up and go to bed. Some people were assisted in the afternoon to have some bed rest. Staff said that this was people's choice and helped to reduce skin damage.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and their representatives have been involved in the planning of their care. The majority of care plans viewed were detailed and person centred. However, some plans did require more detail to ensure staff knew how best to support people, especially in relation to their medical needs. These were being updated by nurses on the second day.
- Some people's daily records lacked detail to demonstrate what care had been delivered in respect of personal care, such as bathing, showering and oral health care. Staff had written 'all personal care given' as a summary. The registered manager was aware improvements were needed. They were planning to discuss this in team meetings, handovers supervisions and provide staff with additional training.
- There was high turnover of people being accommodated on Abbeyfield due to the discharge to assess beds. A health professional told us, "Many of the people supported were complex". They said the staff were well prepared and rapidly had detailed and person-centred care plans in place. They continued by saying, "The staff take an active role in discharge planning and putting rehab plans into action".
- Daily handovers were used to plan and coordinate care for people and share information about any changes to people's presentation. A whiteboard in the office had recently been put in place so staff could have a quick overview of people's needs, special diets and other important information to ensure continuity. This had been particularly useful to ensure agency staff had an overview of people's needs.

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.

- Systems were in place to ensure the Accessible Information Standard was met.
- People's sensory and communication needs had been considered during the assessment process and formed part of the person's care. This included the use of glasses and hearing aids and different ways of expressing their needs. An occupational therapist had been involved in one person to aid their communication; they had a word board they could use to point to things they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to see their friends and loved ones. The home had followed the changing government guidance over the last two years to ensure people could keep in contact with their families. This

helped people to maintain important relationships and avoid social isolation.

- There was a programme of activities that people could join in if they wanted to. This included quizzes, bingo, board games and sing-alongs. We observed a small group of people enjoying a quiz. The answers given were generating some lovely discussions and memories for the people involved. Comments from people participating included, "really fun, something to do" and "I look forward to this."
- The activity plan was displayed prominently within the home. Activities were mainly organised in the morning. For those that preferred to remain in their room, the activity co-ordinator spent time with people on a one to one. A second activity coordinator was planning to start working in the home shortly after the inspection.
- Care plans included people's interests. Staff were aware what people's interests were. Staff used electronic devices to explore their interests such as music and to keep in touch with family that were overseas.
- Weekly church services were taking place. The registered manager said a local choir had also visited the home. They were now organising external entertainers to visit the home and planning for the forthcoming Platinum Jubilee celebrations. Posters displayed in the home explained to people what was going on over the four day period of celebrations, including a tea party and an external entertainer.

Improving care quality in response to complaints or concerns

- Systems and policies were available for recording and dealing with complaints.
- A relative told us that they would feel confident if they had to make a complaint but added that they had not needed to do so. One relative told us, "I have no reason to make a complaint, although if I did, I would speak with the manager". They said the manager often popped in to check everything was alright.
- Staff told us that they felt able to raise concerns or complaints, and a whistleblowing policy was available.

End of life care and support

- People had end of life plans in place, which captured their wishes for how they would like to be cared for at the end of their life. This helped staff to understand what was important to them.
- Staff worked well with external professionals. Information was available to people about palliative care and the support they could expect.
- Relatives had sent thank you cards in respect of how the staff had supported people at the end stages of life. One relative had written to compliment the team stating, 'Wonderful care, she was loved and valued as much at the end of life as she was throughout'. It was evident that family were supported to visit and stay with their loved ones during the final stages of life.

Is the service well-led?

Our findings

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

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

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

- Regular monthly audits were being completed to monitor the quality of the service. This included infection control, hand hygiene, environmental audits, care planning and medication audits. Action plans were in place to drive improvement. However, these systems and processes were not always effective. For example they had not identified that some bedrooms were not personalised, and curtains were faded, they had not identified that staff had not participated in a fire drill or fire training as identified in the safe domain of this report or that people's personal evacuation plans were not in line with current guidance.
- Daily records did not fully describe the care and support that people were receiving in relation to personal care, including oral health or that people's food and fluid charts were not regularly and consistently being completed.

The provider had failed to ensure effective systems were in place to monitor the quality and safety of the service and a contemporaneous record of care was in place. This a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been a change of manager since the service was registered under the new provider in October 2020. The new manager commenced in post in September 2021 and registered with CQC in January 2022. They had previously been the clinical lead for the home.
- Staff spoke highly of the manager and her commitment to providing high standards of compassionate care. It was evident the registered manager had good oversight of the service and was driving improvements. The registered manager had an open-door approach and completed daily walk arounds to meet with people and staff.

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 was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager was open and honest with us in relation to safeguarding concerns raised by a whistle blower telling us what action had been taken to improve the culture of the service and the care of people.

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

- A newsletter was produced regularly and shared with people living in the home and their relatives.
- Surveys were completed to seek people's views and aid improvements. The registered manager said there was also a suggestion box that staff, relatives and people could use to communicate with the management team and recently they had set up a WhatsApp group for staff.
- Team meet meetings were held monthly. The registered manager met monthly with registered managers from other homes operated by the provider. The provider had a daily huddle meeting with managers to discuss any risks or concerns so these could be shared and resolved. These meetings were used to share good practice and improve the services being provided.

Continuous learning and improving care

- Staff spoke positively about the career pathways that were open to them. From completing the care certificate, vocational qualifications to completing a nurse apprenticeship qualification.
- Newly registered nurses were also supported with their preceptorship. Preceptorship is a period of time given to newly qualified nurses to develop the confidence to practise competently as a nurse, mentored by an experienced nurse.
- Staff had designated roles and were champions in particular areas such as infection control, safeguarding, dignity and safeguarding. Enhanced training was provided, enabling them to mentor staff in the delivery of care in this area.

Working in partnership with others

- The service had worked with health and social care professionals who routinely visited the service promoting positive outcomes for people. Feedback from these professionals was positive.
- A health care professional told us, "The manager is a 'can do' manager and is always striving to find a solution for the resident's best interests and refers to other services regularly and proactively.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that is reasonably practicable to assess and mitigate risks in respect of fire safety and actions agreed in people's risk assessments.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The provider had failed to ensure systems were either in place or robust enough to demonstrate where people were at risk of malnutrition and dehydration their needs were being met. This placed people at potential risk of harm.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to establish and operate governance systems to identify shortfalls in the quality of care provision and safety and ensure there was a contemporaneous record of care delivery in respect of the delivery of care.</p>