

Cedarhouse (Hythe) Limited

Cedar House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cedar House is a care home providing accommodation and personal care for up to 29 adults in one adapted property. At the time of the inspection, there were 18 people living at the service and two further people, registered at the service, but receiving care in hospital. People using the service were older people with varying needs.

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

People told us they felt safe and were happy living at Cedar House. However, we found processes were not consistent to ensure the effective management of some medicines and some records.

An incompatibility between a pressure mat and the alarm call system meant the system could not be used to alert staff of the risk of a person falling when they mobilised independently.

Although the shortfalls we found were addressed during our inspection, audits and quality assurance processes had not identified or acted on these issues as was their intended purpose. This was because monitoring procedures were not always effective to allow enough management oversight, which could compromise the quality and safety of the service people received.

Individual risk assessments provided the detail needed to keep people safe. People and their relatives told us they felt safe and staff knew how to keep them safe. There were enough staff to provide the support and flexibility people needed. Only suitable staff had been employed to support them, the provider had used robust recruitment practices.

The registered manager and the staff understood their responsibility about safeguarding people from abuse, staff had been appropriately trained and knew how to recognise and raise safeguarding concerns.

People were met with before they moved into the service to complete an initial assessment. This enabled the provider to make sure staff had the skills to provide people's support. Staff received the training, support and supervision they needed to carry out their role and achieve personal development goals. People received a balanced diet.

People's support was individual, planned and provided in a way that they preferred. People were encouraged to take part in activities they enjoyed. Staff knew people well, their likes, dislikes and what and who was important to them.

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.

When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. People's end of life wishes were recorded and people were supported at the end of their lives to be comfortable and pain free.

People knew how to complain or make comments and suggestions. People were asked their views about the service at meetings and by completing surveys, suggestions had been acted upon.

There was an open culture, led by the registered manager and provider. People, relatives and staff described them as approachable and supportive. People knew the provider well and were relaxed and enjoyed their company. The provider had oversight of the service, often visiting daily.

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 24 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to quality monitoring at this inspection. However, we found no evidence during this inspection that people were at risk of harm from this concern.

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 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 ●

Cedar House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cedar House 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 the inspection

We used information the registered persons sent us in their Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

We reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our inspection in December 2016. These are events that happened in the service that the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with nine people, three relatives, three care staff, the deputy and the registered manager as well as the provider.

We reviewed a range of records, these included four people's care and medicines records as well as some risk assessments for other people. We checked that all staff were appropriately trained. We reviewed records about the management of the service, quality assurance records and a variety of policies and procedures. We also looked at other records such as minutes of resident and staff meetings where they had shared their views.

We displayed a poster letting people and visitors know about our inspection and invited feedback about the service. We did not receive any additional feedback following the inspection.

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 good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- People received their medicines when needed and they were stored and managed safely. However, records of medicines given were not always complete. For example, staff did not routinely record when topical creams were given or where pain patches were placed on people. It was important to do this because a patch applied in the same place too often may lead to skin irritation and breakdown. The registered manager explained records had been in place but accepted this had lapsed. Records were re-introduced during the inspection. This is an area identified as requiring improvement, we will review the impact of the changes in place at our next inspection.
- Some people were prescribed medicines on an 'as and when' basis such as for pain relief and anxiety. There was guidance for staff about when to give the medicine, how often and what to do if the medicine was not effective.
- When medicine instructions were hand written, the instruction had been signed by two staff, to confirm it was correct
- Staff received training to administer medicines and their competencies were checked regularly.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends. If an accident or incident resulted in an injury to people, this was routinely investigated as part of the analysis process.
- However, these records did not include records of unexplained or injuries sustained in other ways, for example skin tears. This meant there was no effective oversight or investigation process to establish cause, or action taken to mitigate the risk of future occurrence. The registered manager accepted inclusion of injuries, although very infrequent, should feature in their accident and incident analysis. A system enabling this to happen was introduced during the inspection.
- When people had experienced falls, some action was taken to reduce the risk of this happening again. This included referrals to GPs, occupation and physiotherapists as well as medicine reviews, urine infection tests.
- However, an incompatibility between pressure mats and the call bell system meant the pressure mats could not be used to let staff know if a person, at high risk of falls, was trying to mobilize without support. This compromised the effectiveness of the call bell system and, if working, may have prevented further falls. The provider acknowledged further work could have been done to address this issue. On the second day of the inspection, the registered manager confirmed new compatible mats had been ordered and would be used when needed.
- These are areas identified as requiring improvement, we will review the impact of the changes in place at our next inspection.

- Accidents were reviewed by the registered manager. They looked at how the accident happened, if there was a pattern, whether medical advice was sought or needed and the least restrictive way to reduce the risk of it happening again.

Assessing risk, safety monitoring and management

- Risk assessments continued to be detailed and guided staff what to do to minimise each identified risk and keep people safe. Individual risk assessments included risks related to health conditions, nutrition and hydration, health, activities, falls and mobility.
- The registered and deputy managers assessed risks to people individually and assessments identified the areas of risk and what action to take to keep these to a minimum. Where people had specific health care needs, for example, diabetes and catheter care, specific risk assessments were in place. Staff were aware of the risk assessments and knew the support people needed.
- Care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- If people's skin was at risk of becoming sore or damaged, staff used pressure reducing equipment, such as, air mattresses, air cushions and creams. They helped some people change position in bed and closely monitored the condition of people's skin.
- Environmental risks and potential hazards in the premises were assessed. Regular fire safety checks were undertaken, and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

Systems and processes to safeguard people from abuse

- People were protected from the risk of abuse. The deputy manager and staff understood their responsibilities to keep people safe from abuse and had received appropriate training.
- Staff were aware of how to recognise and report any concerns they may have. They were confident that the management team would act properly and promptly.
- The registered manager had discussed any concerns they had with the local safeguarding authority. We reviewed records of safeguarding concerns raised and the registered manager had taken appropriate action.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We saw staff supported people when needed and responded to them quickly. People we spoke with told us there were always enough staff. One person told us, "I feel reassured that there always seems to be staff around."
- Staff told us they felt there were enough staff to meet people's needs and they did not feel rushed. Throughout the inspection, we saw staff taking time to chat with people and go and see people who preferred to stay in their rooms.
- Staff covered holidays and sickness to ensure people were supported by staff who knew them; agency staff were used very infrequently.
- Staff were recruited safely following the provider's policy. Checks had been completed to make sure staff were of good character to work with people.

Preventing and controlling infection

- All areas of the service were clean and odour free. People and their relatives told us that the service was always clean and smelled fresh. One person said, "I think they keep the place spotless."
- Staff followed hygiene procedures, there were enough stocks of personal protective equipment, such as disposable gloves and aprons, which staff used. Food Safety training was provided for catering staff.

- Bins were covered, and clinical waste was separated and disposed of safely. Cleaning staff followed a cleaning programme that included emergency and routine deep cleaning of higher risks areas.
- An infection control audit was carried out regularly to ensure safe practices were in place.

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 remained the same. 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 registered manager continued to undertake a thorough initial assessment with people before they moved into the service. This included asking people about their religion, specialised diets and other life choices. Records showed initial assessments considered any provisions that may be needed to ensure people's protected characteristics under the Equality Act 2010 were respected.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. People and relatives were involved in regular reviews of their support.
- One person said, "The staff are good, they explain what they are doing and ask if it's OK, I am one hundred percent included in decisions about my care."
- People received care and support in line with their care plans and other national guidance, for example, in relation to monitoring their skin condition and nutrition. Hydration charts were in place where needed. These were improved during the inspection by adding target amounts that people should drink. This enabled staff gauge throughout the day how well people were drinking and encourage people to drink more fluids if needed.
- People's medical conditions were detailed in care plans. This included how it affected people's ability to carry out certain tasks. There was information for staff about what signs to look for and what to do if they observed any deterioration in people's physical or mental health. One person told us, "The staff know I am tired and weary due to my treatment, they are wonderful and have made sure I have received all the help I needed."

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

- People continued to be supported to maintain good health. Care plans gave clear guidance for staff about if people had specific healthcare needs that may need attention from healthcare professionals such as a GP, district nurse or mental health team.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, a medicine review had taken place after staff noticed a difference in person. Another person had received advice from a dietician and a further person received regular support from the community nursing team.
- Staff kept accurate records about people's healthcare appointments, the outcomes and any action that was needed to support people effectively.

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

- People enjoyed the food provided, one person commented, "I enjoy the choice of food we have, I asked

for a favourite meal to be added to the menu and it was. The food is actually very good." Another person told us, "The food is not always to my liking, but actually I can ask for almost anything to eat and they will make it." A visitor told us, "I have no concerns about the quality and choice of food, mum eats well, but sometimes she is given too much."

- Where needed, staff kept records about what people ate and drank. This was used as a basis for referrals to healthcare professionals if there were concerns about a person's food or fluid intake.
- There was a daily menu and staff also asked people what they wanted to eat and what the choices were. Where people needed support to eat or used adapted plates and cutlery, this was provided.
- People were happy with the times their meals were provided and told us they could have drinks and snacks throughout the day if they wanted them.
- Staff ensured any special health or dietary requirements were met, such as providing softened foods as recommended by healthcare professionals. Nobody needed to have their drinks thickened.
- Some people enjoyed cooking and preparing food and we were told this had been included as an activity.

Staff support: induction, training, skills and experience

- Staff received training and the regular updates they needed, training was up to date and a schedule of refresher training was in place. Training was effective, which enabled staff to carry out their roles properly.
- Staff told us the training they received was a good quality and useful. Training was provided in face to face settings and online. The registered manager told us they had recently booked for staff to receive training about good skin management practice to avoid pressure areas and skin tears. They had also received training about end of life care, deprivation of liberty, mental health and pain and symptom management.
- New staff completed the Care Certificate, which is a set of standards staff should adhere to in their working practice. In addition, they had time to read people's care plans and work with experienced staff until they were confident and signed off as competent. Experienced staff were supported to undertake diplomas at various levels.
- Staff had supervision meetings with the registered manager as well as an annual appraisal of their work performance. This provided opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

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

- Staff liaised with professionals when assessing people's needs. People's needs were reviewed regularly, so staff could provide information to health and social care professionals when needed.
- There was a close working relationship with the local GPs, occupational therapists, community nurses and the mental health team. People confirmed they had access to healthcare professionals when they needed to.
- The registered manager had developed a good working relationship with the local dentist, who visited people in the home regularly. Staff had received training about mouth care and had been complimented by the dentist about the good standard of oral hygiene they provided for people.

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

- The service was designed and decorated to meet people's needs. A passenger lift provided stair free access around the building.
- The service was spacious and well decorated. Some people told us they had made suggestions about the décor and room layouts; people were happy with their rooms.
- People had free access to the garden, conservatory and all areas of the service. There were hand rails and ramps to help people do this.
- People's rooms were clean, recently decorated and personalised to suit their tastes and needs.

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

- Staff had received training and demonstrated a good understanding of the MCA and DoLS. They were aware any restrictions in place for people should be the least restrictive option. Staff were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. We saw examples of where this had happened with involvement of people's families.
- The registered manager was able to explain clearly when a restriction had been placed on a person to make sure they remained safe. At the time of the inspection DoLS applications had been sent to the local authority and were awaiting authorisation.
- Staff supported people to make decisions about their care and how to spend their time. We observed that staff respected the decisions that people made.

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.

Good: At the last inspection this key question was rated as Good. At this inspection, this key question 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; equality and diversity

- People told us staff treated them well, were kind and caring when they spoke with them and supported them. People's comments included, "Staff are friendly and kind." A visitor told us, "The staff work well as a team, nothing is too much trouble." We saw lots of positive and kind interactions by staff. These included staff stopping to chat with people, a person telling a member of staff a joke while the member of staff sat and held the person's hand and a member of staff showing and explaining to a person how to adjust their new profiling bed.
- People and visitors told us they would not hesitate to recommend Cedar House.
- The registered manager and staff were aware of the need to ensure people's diversity was respected and accepted. Staff were aware of people's individual needs and protected characteristics, for example disability, race or gender and food lifestyle choices.
- Staff were positive and encouraging when they interacted with people. Staff spoke kindly and were patient with people, supporting them at their own pace. People were relaxed and happy in their interactions with staff.
- Care records contained information about people's background and preferences and staff were knowledgeable about these. Staff were able to tell us about people, their support needs, likes and dislikes throughout the day, without needing to refer to their care plans.
- Staff helped people to keep in touch with their family and friends and organised social events in the garden and also in the home. There was a steady flow of visitors throughout the day.

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

- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported with their daily personal care, preferred name and whether they preferred male or female staff.
- People decided how they wanted to be supported. The registered or deputy manager assessed each person's ability to do things for themselves or the levels of support they needed.
- People told us they were involved in making decisions about their day to day care. One person had recently moved to the service and they told us that they and their family were asked about how they liked to be supported. They told us, "I didn't want to come to a care home, but I feel settled and reassured by the staff. I now feel better than I did when I lived at home; that must be down to how I am now looked after."
- Information about advocacy services was available. Advocates, if needed, help people to access information or services and be involved in decisions about their lives and promote people's rights. Staff were able to give examples of occasions when people had used advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet.
- People told us their dignity was protected and gave examples of staff covering them with towels, only leaving the area exposed which was being washed. One person told us, "I am really happy here because I get the right amount of help. I didn't want them to take over and I am happy to say they haven't, I still do the bits and pieces that I can."
- Staff were attentive and observant of people's needs, they ensured people's walking aids were to hand when people mobilised. When one person was walking around the home, two members of staff asked separately if the person was alright or needed anything. The person was content just having a walk around.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- People carried out tasks independently, such as eating, drinking and mobilising, but staff were nearby to help if it was needed.

Is the service responsive?

Our findings

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

Good: At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. 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

- Care plans were individual. They contained personal information about people, such as important people in their lives, where they had lived and worked, as well as their interests and hobbies. There was guidance for staff about what made people happy as well as things that might make them sad or anxious and how staff might recognise this and how to support them.
- People and family members or friends were involved in developing and reviewing care plans. This provided an opportunity to gain information about people, particularly if a person had difficulty remembering or expressing their wishes.
- Daily care records kept by staff were clear. They included notes about personal care given, well-being and any activities people may have joined in. Religious and cultural needs were documented. Some people identified with a specific religion and went to church or place of worship. A local priest visited the home.

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

- Activities were led by an activity coordinator. People could join group or have one to one activity. People were largely happy with activities, which had included people visiting the service with owls, birds of prey and farm animals. The home worked with a local school and had arranged for school children to visit which was mutually enjoyed. People had received a survey asking which activities they wanted to do. One person commented, "It's nice to be asked and listened to."
- Where people were unable to or preferred not to join in group activities, staff sat with them and chatted, gave hand massages and read to people.
- Some people enjoyed spending time in the local community, going out for meals and coffee with friends and family.

End of life care and support

- The service was not supporting anyone at the end of their life, although one person had been prescribed anticipatory medicines as their GP felt they were approaching that stage. These are medicines people may need towards the end of their lives, for example to help to control pain. They are prescribed and held in stock at the home before they are needed so there is no delay in getting them when they are needed.
- Staff had spoken with some people and their relatives about end of life plans and, where people had agreed, written plans were in place. The registered manager understood people may have particular requests, based upon their religion, culture or beliefs. These aspects were embedded into end of life planning processes.
- Staff had received training about end of life care and were able to give examples of other healthcare

professionals they may need to consult with, such as specialist nurses, hospice services and GPs for anticipatory medicines.

Meeting people's communication needs; improving care quality in response to complaints or concerns

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 were in clear print and some forms contained easy read or pictorial prompts.
- Staff were aware of people's communication needs and spoke with them patiently, where needed using short sentence structures that people would best understand.

Improving care quality in response to complaints or concerns

- The complaints process was displayed and included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service, such as CQC. We discussed with the registered manager that the procedure should also signpost people toward the local government ombudsman, this was updated during our inspection.
- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person said, "I have no complaints what so ever, I have absolute confidence in the manager."
- The service had not received any formal complaints since we last inspected. However, the registered manager maintained a written record of comments and concerns which were resolved to people's satisfaction. There were also thank you cards and letters from people and their families acknowledging the care and support provided.

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 good. At this inspection this key question has now deteriorated 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.

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

- Audits were undertaken by the registered manager, key staff and the provider, but there was not a consistently robust approach to audits. For example, medication audits did not reflect that staff were not recording the application of topical creams or the positioning of pain patches; incidents and accidents did not include records or investigation of skin tears. Environmental audits had not resolved the issue of the pressure mat not working with the call bell system. Additionally, while the registered manager used action plans effectively to address any concerns identified, there was no system of oversight to enable other staff to progress action plans in the event of the absence of the registered manager.
- The registered manager agreed improvements needed to be made to auditing processes and started work on this straight away.

The failure to ensure a robust approach to monitoring the quality and safety of the service or maintain complete records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider, registered and deputy manager regularly worked alongside staff. This gave them the opportunity to observe staff working and ensure consistent working practices.
- Care records for each person were relevant, regularly reviewed and up to date.
- Services are required to inform the Care Quality Commission of important events that happen within the service. The registered manager had submitted notifications in an appropriate and timely way in line with guidance. The rating of the last inspection was prominently displayed as required.

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

- The provider had requested feedback from people, relatives and healthcare professionals in the form of quality assurance questionnaires.
- Survey feedback reviewed from was positive; people were happy with the service and support they received. Relatives provided positive feedback. Comments included, "I feel a sense of reassurance because of the care mum receives."
- People were able to share feedback about the service, staff and improvements through regular meetings, or on a one to one basis with the management team. People told us management were approachable and

visible and that they would not hesitate to speak with them.

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

- There was an effective and visible management team at the service. The registered manager was supported by a deputy manager, key staff were given other delegated responsibilities. The service provider visited regularly, they were encouraging and provided support to the registered manager. The culture of the service was open and honest; staff knew what was expected of them. One member of staff commented, "We work professionally and learn from each other."
- Each person knew the registered manager and members of staff by name. One person told us, "I can't fault the staff, they make me feel settled and contented."
- Staff found the registered, deputy manager and provider supportive and approachable. One member of staff told us, "The owner is here a lot, they are open and encourage us to talk to them."
- A visitor told us, "All the staff are polite and friendly, marvellous really."
- Staff told us they felt valued and appreciated by the provider and registered manager.

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 had a duty of candour policy, which outlined how they should respond when something went wrong.
- All staff we spoke with were knowledgeable about duty of candour and understood the need to be open and honest.

Continuous learning and improving care; Working in partnership with others

- The management team were involved with several positive practice networks and used any information shared to improve care and treatment for people living at the home.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management team worked with funding authorities and other health and social care professionals such as the district nurses to ensure people received joined up care.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure robust monitoring of the quality and safety of the service and maintain complete records of medicines administered.</p> <p>Reg 17 (1)(2)(a)(b)(c)</p>