

Tealk Services Limited

Manor Lodge

Inspection report

26-28 Manor Road
Romford
Essex
RM1 2RA

Date of inspection visit:
17 October 2022

Date of publication:
28 November 2022

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

Manor Lodge is a residential care home that supports people aged 65 or over, some of whom have dementia care or mental health needs. It is registered to accommodate and support up to 15 people. At the time of the inspection, 11 people were living at the home. The home has two floors with adapted facilities and ensuite rooms.

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

The provider had made some improvements in the home following our last inspection. However, there were some ongoing issues with quality assurance systems that needed further work to ensure the home was safe. Medicines for people were not always managed safely because we found they were not being recorded accurately against the dates they were administered.

Staffing levels for the home were assessed but the registered manager told us they needed to recruit additional staff for the home. We have made a recommendation about assessing suitable staffing levels.

Lessons were learned following accidents and incidents in the home. Systems to prevent and control infections were in place. Care plans and risks to people's health were regularly assessed and reviewed.

Staff were trained to carry out their roles and received support with their continuous development. People were supported to maintain a balanced diet and their nutritional needs were monitored. People were supported to attend health appointments with professionals to help maintain their health.

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 received personalised care. Staff treated people with dignity and respect. People pursued their interests and were supported to avoid social isolation. Staff understood people's communication needs and were aware of promoting equality and diversity. Systems were in place to manage complaints about the home. Feedback was sought from people to help make continuous improvements to the home.

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 the service was Requires Improvement, (published on 13 October 2021) and there were breaches of regulation.

We issued requirement notices to the provider for breaches of Regulation 12 (premises and equipment), Regulation 9 (person-centred care), Regulation 10 (dignity and respect) and Regulation 11 (need for

consent).

We issued a warning notice for breach of Regulation 17 (good governance).

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 the provider was still in breach of regulation 17 but no longer in breach of other regulations.

The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last two consecutive inspections.

Why we inspected

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

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.

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 a continued breach in relation to good governance at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one 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

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

Registered manager

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

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the provider. We reviewed notifications from the provider about the service. A notification is information about important events or incidents in the home, which the provider is required to tell us about by law. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager, 2 senior staff, 1 member of staff and a senior representative of the provider. We carried out observations of people's care and support and spoke with 4 people and 1 visiting relative, for their feedback about the home.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 5 care plans, which included risk assessments. We looked at other documents such as those for medicine management, staff training and infection control. After the inspection we continued to seek clarification from the provider to validate evidence found.



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 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.

Staffing and recruitment

- We received mixed responses about the staffing levels in the home. One person told us, "There are not enough staff especially in the day. There should be another staff member on the day shift." Another person said, "There seems to be enough staff."
- The provider assessed the numbers of staff required to support people in the home. Three staff were required during the day and they included a team leader and two senior staff. We saw them on duty during our inspection. The registered manager was also available when needed and the provider also employed domestic staff to maintain and clean the home. Although we found the home to be fully staffed, information we received from the local authority prior to our inspection indicated that staffing levels in the home were sometimes reduced.
- A new team leader was due to start working in the home. However, they were on a student contract and could only work a certain number of hours per week and the additional hours required covering. The registered manager told us the senior staff would cover the team leader's duties on the days they were not working.
- We were concerned this could impact staffs' ability to carry out their roles as these were additional responsibilities, such as giving people their medicines. Staff had a number of other tasks including preparing meals for people in the home, accompanying people to go out and about and providing personal care. This meant there was increased risk staff would not always have time to support people when needed when the team leader was not working. There was also risk of the home being short of staff if more than one person wanted to go out, as staff needed to go with them or people would not be able to go out when they wished to.
- Some staff told us there was not always enough staff, even when there was the current full time team leader, who was leaving their role. Although the provider had established a staff dependency tool to make sure appropriate numbers staff were on shift, staff still required additional support at certain times of the day.
- The provider had acknowledged this was an issue because they assessed that an additional member of staff was required to manage the kitchen. The registered manager told us they were aiming to recruit staff to prepare people's meals and ease the pressure on the care staff. However, we noted that this was the provider's plan at our last inspection, which had yet to be resolved.

We recommend the provider follows best practice guidance for adequate staffing levels for homes of this size to ensure people receive the support they need at all times.

- The provider carried out appropriate recruitment checks to ensure staff were safe to work with people.

This included criminal background checks, obtaining references, proof of identify and eligibility to work in the UK.

Using medicines safely

- Medicines were not always managed safely. The administration of people's medicines was not always being recorded accurately. We found people were being given their medicines against a set of dates that were incorrect on medicine administration records. This was the case for the majority of people in the home and meant that we could not always be certain that people were given their medicines on the correct days and times according to their prescribing information.
- The registered manager told us this was an auditing error and took action to insert the correct dates on the MAR, although they had not identified these errors since the start of the current medicine cycle, which had started more than a week before our inspection.
- There were protocols in place for the administration of medicines to be given to people when they required them, such as those for pain relief.
- Staff had received training and their competency was assessed to check they administered medicines correctly.
- People told us they received their medicines when required. One person said, "Staff give me my medication on time every day." Another person told us, "I take [name of medicine] twice a day. At 8.00am and 8.00pm."

Assessing risk, safety monitoring and management

At our last inspection the provider was not ensuring risks to people's safety were mitigated against to prevent people coming to harm. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- At our last inspection on 23 August 2021, we found there were no window restrictors in place throughout most of the home to prevent the risk of people climbing or falling out of them. After the inspection, the provider arranged for restrictors to be fitted and we saw them in place at this inspection. This gave people extra protection from accidents which could cause them harm.
- Risks relating to people's health and care needs were assessed. Risk assessments had been improved since our last inspection and contained information about specific risks to people for staff to be aware of. These included risks related to people's personal care, triggers that could cause people to become upset or angry, skin conditions and people's mental and physical health, including health conditions, such as diabetes. For example, one person's records contained clear information about monitoring their health condition, symptoms to look out for and when to contact other health professionals.
- This showed risks were being monitored and mitigated against to ensure people remained as safe as possible.
- Shortly before our inspection, the local authority notified us of concerns they had found about the maintenance of the home, particularly the toilet and bathroom areas. On the day of our inspection, we saw these issues had been resolved. However, we found some parts of the interior of the home to be broken or damaged such as skirting boards and doors. Some doors had battery operated door guards to hold them open although one of the door guards was faulty. This fault emitted a continuous sound that could be heard throughout the home, which could disturb people. The registered manager told us they were waiting for the maintenance contractor to fit new batteries.

- Gas, water, and fire safety systems for the premises had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and records. The registered manager raised alerts and records showed they complied with recommendations set out by safeguarding investigators. During our inspection, a relative raised a concern about abuse on behalf of their family member. We notified the registered manager and the local authority to investigate the concern.
- Staff had received training in safeguarding people from abuse. Staff were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Learning lessons when things go wrong

- Lessons were learned when things went wrong, such as following incidents and accidents to prevent re-occurrence. There were procedures for the recording of incidents and accidents.
- Records showed the registered manager or other senior staff investigated accidents or incidents and action such as reviewing a person's risk assessment was taken.
- The registered manager also drew some lessons for the service from incidents they investigated.

Preventing and controlling infection

- The provider was preventing visitors from catching and spreading infections. PPE was used effectively and safely. Staff told us they washed their hands thoroughly before and after providing personal care.
- Safety through hygiene and cleaning practices of the premises was promoted.
- The provider was accessing testing for COVID-19 for people using the service and staff. There were systems in place for infection outbreaks to be effectively prevented or managed.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with current government guidance.

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 Requires improvement. At this inspection this key question has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection systems to ensure consent to care and treatment was in line with law and guidance were not effective. This was a breach of regulation 11 (need for consent) 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 11.

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.

- At our last inspection we found people's capacity to consent to their care was not always being recorded. At this inspection, we found these systems were more effective.
- The service followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded in their care plans. People's choices and decisions were respected. Records showed if people required decisions to be made in their best interest.
- Staff understood the MCA and had received training. They told us they asked for people's consent at all times before providing them with support.
- Where applicable, the provider had ensured authorisations for DoLS were in place for people whose liberty was being deprived.

Staff support: induction, training, skills and experience

- Staff were supported with suitable training to provide people with safe care.
- Staff told us the training helped them develop their skills to support people safely and effectively. They completed an induction and training after they were recruited. People told us they felt the staff were trained well. One person said, "The staff are very well trained. 9 out of 10."
- Training topics included safeguarding adults, infection prevention and control, medicine administration, dementia awareness, mental health awareness, and equality and diversity. A staff member told us, "The training was very good. It was good to learn things."
- Staff told us they were supported in their roles by the registered manager. They told us they had opportunities to discuss their work and any issues with the registered manager. We saw records of supervision meetings with staff. A staff member said, "There is good communication here. We work well as a team and can talk to [registered manager] about any issues."

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

- People's needs were assessed before they moved into the home. The assessment helped the management team determine if the home was a suitable place for the person.
- People's needs, choices and desired goals were sought so that people could receive effective care that led to good outcomes.
- Pre-admission assessments contained details of people's backgrounds, health conditions, mobility, mental capacity and equality and diversity needs.
- People and their representatives were involved in the assessment and decisions made about the level of support they received.

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

- People were supported to eat and drink to maintain their health and staff prepared their meals. We observed a lunch service and noted that people appeared to look forward to their meal. People told us they were provided meals they helped to choose and they liked what they ate. One person said, "10 out of 10. The food is excellent. I have a cooked breakfast every day." Another person told us, "I think the food is basic but acceptable."
- At our last inspection, we found the lunchtime service to be rushed with little attention or interaction paid to people. There were improvements to the lunchtime experience at this inspection. Staff were more interactive and people seemed to enjoy their meal and each other's company.
- People who could eat independently sat together on a large table and there was a pleasant atmosphere. Staff were able to support people to have specific meals from their cultural background or heritage, which helped them to feel at home.
- Staff monitored people's dietary needs and risks, such as those related to diabetes or choking. If there were concerns about people's nutrition and hydration, they were referred to the relevant professionals.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People were supported to maintain their health and were referred to health services such as the local GP, district nurses and dentists.
- Care plans included the contact details of health professionals or agencies involved in their care. The staff and management team worked well with health professionals to ensure people remained in the best of health.
- People's health and wellbeing was monitored. Records showed they attended their health care appointments. Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- Manor Lodge is located in a residential area. There was outdoor and garden space for people to use during suitable weather.
- We saw that most people felt comfortable in the home. People were able to personalise their rooms with items of their choosing.
- The design and decoration of the service required some updating and improving which the provider had planned to carry out to make it more safe and homely for people.

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 Requires Improvement. At this inspection this key question has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had not established a culture of respecting people's privacy and dignity. This was a breach of regulation 10 (Dignity and respect) 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 10.

- At our last inspection, people's privacy, confidentiality and dignity was not respected because we found staff did not always close people's doors when providing personal care. Staff could also speak about people in a manner that could be deemed dismissive or disrespectful. This culture was also reflected in some of the care plans we reviewed at the time.
- There was an improvement at this inspection. Staff were attentive to people and treated them with respect. One person said, "Yes, staff are kind and respectful."
- When personal care was provided to people in their rooms, staff ensured they closed the doors. A staff member said, "I always make sure to knock before entering a resident's room and then shut the door when helping them with a shower or getting changed."
- People told us staff were mostly kind, caring and respectful. One person said, "Yes, they are quite decent. No bullying here." However, another person felt some staff were not always respectful. Although there was an improvement in the atmosphere of the home, in which people had a more positive experience than previously, we did note that staff did not always spend time to speak with people at certain times of the day, particularly the morning. We discussed this with the registered manager who said they would ensure that staff maintained a caring approach at all times.

Ensuring people are well treated and supported; equality and diversity

- At our last inspection, we made a recommendation for the provider to seek advice and guidance on promoting and discussing equality and diversity in the service.
- At this inspection we found staff understood what equality and diversity meant and they were aware of people's protected characteristics such as their gender, race, religion and sexuality. Initial assessments of people's needs and preferences included their sexuality and relationships.
- Staff told us they respected people's cultural and religious beliefs. People were supported to practice their religion and their cultural requirements were understood. For example, people could request their favourite

dishes from their home country and were supported with reading books and newspapers written in their first language. A staff member said, "The best thing is to meet people from different backgrounds and respect everybody's differences."

- Staff told us they had got to know people well which had helped to develop positive relationships with them. We saw people were dressed for the day and their personal care needs were met.

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

- People and their relatives were involved in decisions about their care. People's consent was recorded in their care plans. Staff told us they encouraged people to be independent and make choices about their day to day care and how they spent their time. People told us they could express their views and make decisions where they were able.
- Records showed they had one to one meetings with staff to discuss various aspects of their care and for them to express their views and choices.

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 Requires Improvement. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found person-centred care planning was not effective to ensure people's needs were being met. This was a breach of regulation 9 (Person-centred care) 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 9.

- At our last inspection, people's care did not effectively meet their needs and reflect their preferences. Care plans were not well personalised and did not provide a sense of who the person was.
- We found some improvements in the level of detail in the care plans which gave a better perspective of the person, their background, their likes and dislikes and their desired outcomes for their care. Care plans provided information about people's mental health, physical health, preferences for their care needs, interests, communication abilities and personal relationships. One person's care records stated, "[Person] likes to read the newspaper, sit in the garden everyday, drinking tea and smoking cigarettes which makes [person] very happy."
- Care plans were reviewed monthly and updated with any changes to people's preferences or health conditions. A monthly report was written to summarise how the person was progressing in the home. Staff also held individual meetings with people to talk about how they were.
- Staff told us they communicated with each other to ensure people received the support they needed. Handover meetings took place so staff could update incoming staff, such as night staff, of how people were and any issues.

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 provider supported people to develop and maintain relationships with family and friends. This helped to avoid people feeling isolated or lonely. One person said, "I have kept in contact with my [relative]. I now see them every week. I am seeing them at the weekend." Another person said, "My [relative] is my next of kin and they visit me regularly. [Relative] is here today."
- At our previous inspection, the home had very limited activities for people to be involved or take part in. People mainly sat in the dining room while the television was on. At this inspection, there were some improvements, although there was little for people to do in the morning. However, in the afternoon we observed staff engaging with people and encouraging them with table activities, such as jigsaw puzzles.

People also liked to socialise and spend time with one another especially during meal times.

- People were supported to go about their daily lives as much as possible and follow their own individual hobbies and interests. For example, reading books, going to the shops, the library, visiting a place of worship and listening to music of their own choice, including from their country of origin. This meant people were supported to follow their interests that were socially and culturally relevant to them.

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 communication needs were set out in their care plans, for example if the person was able to verbally express their thoughts and feelings, or if they needed staff to speak to them slowly and clearly.
- Staff told us they followed the person's communication plan. For example, one person could only express themselves in their own first language and staff were required to use translation applications on smart devices to communicate with the person. Staff told us this system worked and was helpful in assisting and speaking with the person.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the home should people wish to make a complaint if they were not happy with aspects of the service.
- The registered manager investigated complaints within the timescales set out in the complaints policy and provided people and relatives with an outcome for their complaint. They sought advice from external professionals to resolve concerns and make improvements.

End of Life care and support

- People's wishes for end of life care and support were explored and respected in the event of changes in their health. Where applicable people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place.
- The registered manager told us staff would receive training in end of life care, to ensure they had the knowledge and skills needed to deliver quality care to people nearing the end of their lives.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have effective systems to assess, monitor and improve the quality and safety of the service and to mitigate the risks relating to the health, safety and welfare of people.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection, the provider's systems to assess, monitor and improve the quality and safety of the service provided were not effective or robust, which could put people at risk. We have since found some improvements in the home, however there were still some shortfalls that required further improvement.
- The registered manager was appointed by the provider after our last inspection, as the previous registered manager left their position. The current registered manager carried out audits and checks to ensure the quality and safety of the home was being improved and maintained. However, audits had failed to identify that MAR charts were incorrectly dated for all the people in the service. This meant there was a lack of robust checks to ensure medicines were being administered correctly and accurately.
- Staffing levels in the home were not always sufficient, although the registered manager had received approval from the provider to recruit more staff. However, the provider told us this was planned at our last inspection in August 2021, but additional staff had yet to be recruited.
- There had been improvements to how staff interacted with people and treated people with dignity and respect. However, we noted there was not enough time given for more group activities during the day. There were also occasions when staff did not spend time with people when there was opportunity to do so. We addressed this with the registered manager who told this was part of ongoing improvement actions.
- Daily records of people's care were not always complete. Staff completed daily records for each person to summarise how the person was and what they did that day. We looked at daily records for one person and found there was no entry for one particular date and there was no explanation or notes provided as to why it was missing.

We did not find evidence people had been harmed but management systems were not robust to ensure there was a good standard of safe care in the home. This was a continued breach of regulation 17 (Good governance).

- Staff told us they were clear about their roles and responsibilities. They told us they felt were encouraged and supported by the management team to perform in their roles. One staff member told us, "[Registered manager] is supportive." Another staff member said, "The registered manager is very good and helpful."

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 and registered manager notified us of any allegations of abuse, serious injuries or incidents involving the police.
- The registered manager was open and transparent with people and relatives when things went wrong and notified and liaised with the local safeguarding authority regarding concerns of abuse.

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

- There was an improvement in the culture and environment within the home since our last inspection. Staff told us they could approach the management team with any issues. A staff member said, "The registered manager is alright and approachable."
- People felt the home was comfortable and told us they were satisfied with their arrangements. They told us they knew who the registered manager was and they were free to get on with things. One person said, "They mostly let us get on with life, I like that." Another person told us, "The manager is OK. I know who the manager is. We are free to do what we want."

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

- People and relatives were engaged with and they were kept informed and updated on any changes in the home and with regard to complaints.
- People were given the opportunity to take part in meetings with the management team. Items discussed included food and menu choices, activities, keeping safe and COVID-19 updates.
- Staff meetings were used by the management team to share important information and discuss any issues and topics included safeguarding, and following policies and procedures.
- People's equality characteristics, such as their religious beliefs, were considered and recorded in their care plans.
- The provider sent out surveys and questionnaires to people and relatives for their feedback about the home. The registered manager had analysed the feedback to make improvements and take action. For example, providing net curtains and cooling fans for the home and encouraging and assisting people better with their meals and activities.

Working in partnership with others:

- The provider worked with other social care agencies and professionals, such as GPs, social workers and pharmacists to maintain people's health and wellbeing.
- The provider analysed developments in the care sector and shared best practice ideas with the service. They had sought advice and guidance from other providers to work with the registered manager to help improve the service. The registered manager told us they were supported in their role by the provider and other partners.

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 did not have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(b)</p> |