

Bethesda Care Homes Ltd

Pinglenook Residential Home

Inspection report

229 Sileby Road
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Loughborough
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Tel: 01509813071

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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: Pinglenook is a residential care home providing personal care and accommodation for up to 16 people, some of whom have dementia. There were 13 people living at the service at the time of our inspection.

People's experience of using this service:

- Whilst people received their medicines in a safe way and as prescribed by their GP, the staff team did not always follow the providers process of dealing with refused medicines. The staff team were appropriately trained in the management of medicines and their competency was assessed.
- On the day of our visit, door wedges were used in some people's bedrooms due to them not liking their door shut. We questioned this practice and were informed following our visit that this practice had ceased. The provider was in the process of obtaining automatic closers.
- There were on the whole, appropriate numbers of staff available to meet people's needs though we recommended the provider re visit the deployment of staff to ensure suitable numbers were available to meet people's ever-changing needs.
- People felt safe living at the service. They told us the staff team were kind and caring and this was observed during our visit. People were treated with dignity and respect and were involved in decisions about their care and support.
- Appropriate recruitment procedures had been followed and the staff team had received appropriate training, guidance and support. We recommended the provider re visited the dementia training offered to staff to ensure it was suitable and effective.
- People's needs had been assessed and risks to people had been identified and managed. The staff team followed the providers infection control procedures and lessons were learned when things went wrong.
- People were supported to eat and drink well and support from relevant healthcare professionals was sought when required. People's wishes at the end of their life had been sought and training had been provided to the staff team.
- The staff team worked in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected.
- Concerns and complaints were appropriately handled and people had a say on how the service was run.
- People were provided with a clean and tidy place to live. People's likes and dislikes were observed and activities of choice were offered.
- Monitoring systems had been introduced enabling the provider and the registered manager to effectively assess the service being provided.

More information is in the full report.

Rating at last inspection: Inadequate - last report published 17 September 2018.

Why we inspected: At the last inspection in June 2018 we found six breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The service was rated overall Inadequate with an

Inadequate rating in the Safe and Well led domains and a Requires Improvement rating in the Effective, Caring and Responsive domains. A warning notice was served and the service was placed in special measures.

Following our inspection, the provider informed us what they would do to meet the regulations.

We carried out this comprehensive inspection to check their progress against the warning notice served and to check if they had now met the regulations. Our visit was unannounced. This meant the staff and the provider did not know we would be visiting. During this inspection we found the provider had implemented the necessary improvements, though some areas still needed addressing. At this visit we found evidence to demonstrate and support the overall rating of Requires Improvement. The service is no longer in special measures.

Follow up: We will continue to monitor the home in line with our regulatory powers. More information is in the detailed findings below.

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

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 ●

Pinglenook Residential 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses services that support people with dementia.

Service and service type: Pinglenook Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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: The Inspection was unannounced.

What we did:

Before inspection: The provider completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about.

We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During inspection: We spoke with 11 people living there and four visitors. We also spoke with the registered manager, the nominated Individual and four members of the staff team. A visiting healthcare professional was also spoken with.

We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included three people's care records. We also looked at associated documents including risk assessments and medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for new staff employed at the service. We also looked at a sample of the providers quality assurance audits that the management team had completed.

After inspection: The registered manager provided us with copies of documents requested to demonstrate compliance with the regulations.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 12,13 and 28 June 2018. At that inspection we found there were not enough trained and knowledgeable staff to meet people's needs. The providers recruitment process was not robust. People were not safeguarded from abuse or avoidable harm. People did not receive their medicines as prescribed. Risks associated with people's care and support had not always been identified or acted on. The environment was not clean and there were insufficient maintenance and fire checks. This meant this was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014; within Regulation 18 - Staffing. Regulation 13 - Safeguarding service users from abuse and improper treatment. Regulation 19 - Fit and proper persons employed and Regulation 12 - Safe care and treatment.

At this inspection, whilst we saw improvements had been made, further improvements were still required in some areas. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Safe – this means people were protected from abuse and avoidable harm.

RI: Whilst people were safe and protected from avoidable harm, some aspects of the service were not always safe

Using medicines safely.

- Whilst people received their medicines in a safe way, the staff team did not always follow the provider's processes for the handling of refused medicines. This included the bagging and labelling of such medicines.
- Several people required the application of a barrier cream to protect their skin. When we checked one person's room, we found another person's prescribed cream was being used and applied to their skin. This was immediately removed and addressed with the staff team. Creams had been dated when opened to ensure they were used within the recommended guidelines.
- Records were completed to show medicines were administered regularly. Protocols were in place for people prescribed medicines 'as and when required' such as for pain relief, and these gave clear instructions regarding when and why the medicines were to be given.
- Medicines were stored securely and monitored regularly.
- Staff responsible for giving people their medicines had received appropriate training and their competency had been regularly checked.

Assessing risk, safety monitoring and management.

- A tour of the building identified several doors being kept open with door wedges. The registered manager explained this had been risk assessed and discussed with other professionals including an independent fire consultant. We discussed the appropriateness of their use should a fire break out. The registered manager informed us following our visit that the use of door wedges had ceased and the Nominated Individual was sourcing automatic door closers.
- Appropriate checks had been carried out on the environment and the equipment used to ensure people's

safety.

- Whilst the temperature of the hot water was being tested on a regular basis, actions had not always been taken when the temperature deviated from the recommended 43c. For example, the shower in the wet room was recorded as only 33c and in a downstairs toilet it was recorded as 46c. The registered manager acknowledged this and following our visit, we received confirmation that appropriate action had been taken to address the anomalies.
- Staff had received training in what to do in the event of a fire and fire drills and evacuation procedures were carried out and followed on a regular basis.
- Risks associated with people's care and support had been assessed and managed. Risks assessed included those associated with people's mobility and with eating and drinking. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe.
- People were supported to move around the service safely. For people who required assistance, this was done safely by staff members who had received the appropriate training in the moving and handling of people.

Staffing and recruitment.

- People told us overall there were enough staff on duty to meet their care and support needs in a timely manner. One person explained, "I don't have to wait long when I use the buzzer but I would say one more [staff member on duty], would be nice." A relative explained, "There is enough staff in the day but I don't know about night time because I'm not here."
- Staff felt current staffing levels were mostly adequate and they could meet people's care and support in a timely manner. One explained, "Most days there are enough staff on shift. Three is ok during the day. I can be busy in the mornings at times. But that depends on how many people have been supported up by the night staff." Another told us, "Three staff is generally fine but we do work a lot harder. It is sometimes difficult to get activities in. We don't have as much times as we'd like."
- The provider had increased the staffing levels since our last visit. There were three staff members on duty throughout the day and two staff members on at night. Whilst numbers had increased, it was identified there could be times when more were required. For example, whilst there was a cook on duty in the morning preparing and serving the midday meal, the care staff were required to prepare and serve the evening meal. This meant there were only two staff members available on the floor during this time. We asked a member of staff what would happen if one of the people who required the support of two staff required assistance? They explained the staff member would have to stop preparing the meal and assist.
- The care staff were also responsible for laundry duty and providing activities during their shift.
- Robust recruitment processes had been followed.

We recommend the provider re visits the staffing levels to ensure appropriate numbers of staff are suitably deployed to meet people's ever-changing care and support needs.

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

- People felt safe living at the service. One person explained, "I'm not scared or frightened, I feel safe." A relative explained, "[Person] is safe. I know this because I visit every week and come every week on different days and things are always the same. I used to do evening spot checks but for the last year or so I haven't needed to. When I visit, I look around and see what's happening. I have no concerns."
- The staff team had received training in the safeguarding of adults and they knew how to keep people safe from avoidable harm. One explained, "Abuse can be physical, verbal, mental and there's others [types of abuse]. If I saw anything I thought was wrong, I would speak with the senior first, then the manager. The safeguarding policy, as well as all the other policies, are in the office. I can get to see them if I need to."
- The registered manager and senior team understood their responsibilities for keeping people safe including reporting any safeguarding issues to the local safeguarding team and the CQC. A senior member of staff told

us, "I would ring [registered manager] and if I couldn't contact her, I would whistle blow to social services. I wouldn't let anything happen to them [people using the service]."

Preventing and controlling infection.

- Staff had received training on the prevention and control of infection and they followed the providers infection control policy. Personal protective equipment (PPE) such as gloves and aprons were readily available and these were used throughout our visit.
- Cleaning schedules had been introduced to ensure all areas of the service were clean and tidy. The service was clean and tidy on the day of our visit.
- We did note mould had started to appear within the grouting in the refurbished wet room. We shared this with the registered manager for their information and action.

Learning lessons when things go wrong.

- The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements were made when things went wrong. Lessons learned were then shared with the staff team enabling them to improve the service being provided.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 12,13 and 28 June 2018. At that inspection we found the staff team had not received all the required training and did not always act on changes to people's condition. The provider was not working in line with the Mental Capacity Act and Deprivation of Liberty Safeguards and they had failed to ensure people were legally being deprived of their liberty. This meant the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Safeguarding service users from abuse and improper treatment.

At this inspection we saw improvements had been made. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw DoLS had been submitted appropriately and conditions on authorisations were, wherever possible, being adhered to.
- Staff supported people who did not have capacity to make decisions, in the least restrictive way possible. People were supported to have maximum choice and control of their lives and the policies and systems in the service supported this practice.
- People's consent to their care and support was always obtained.

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

- People's individual and diverse care and support needs had been assessed prior to them moving into the service. A relative told us, "The registered manager did an assessment before [person] came here and my [relative] was here when they transferred [person] from hospital." From the initial assessment, plans of care had been developed.
- People were being supported daily to make choices and decisions about their care and support. One

person told us, "I can go to bed when I want to."

- The staff team were supported by a range of health care specialists and care, treatment and support was provided in line with national guidance and best practice guidelines.

Staff skills, knowledge and experience.

- People received care and support from a staff team that overall, had the skills and knowledge to meet their individual needs. One person explained, "They [staff team] seem to be well trained and know what they are doing." A relative told us, "Staff are well trained."

- New staff members had been provided with an induction into the service when they first started working there and relevant training had been provided. One staff member explained, "I had an induction. I have also done moving and handling and infection control training and level two and three in social care." Another told us, "I have done a lot of training and the details are on the records in the office."

- The staff team were supported through one to one supervisions and annual appraisals. One staff member explained, "I have supervisions, I do feel supported. There is always someone to talk too."

- Many of the people at the service lived with dementia. The staff team had either completed training on dementia awareness or for new staff, were booked to attend this training. We observed one staff member spending a lot of time patiently trying to explain to a person who was clearly upset, why they had moved in to Pinglenook. The staff member had a calm approach. However, the person lived with dementia and so trying to correct them about their misunderstandings was not helping to reduce their anxiety or upset. We recommend the provider re visits the dementia training currently being provided to ensure it provides the staff team with the knowledge and understanding they need to effectively support people living with dementia.

Supporting people to eat and drink enough with choice in a balanced diet.

- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly. We did note in one person's records, their nutrition dependency chart indicated they had no special dietary needs. However, this contradicted their plan of care which stated they needed a fork mashable diet due to their risk of choking. The registered manager immediately made changes to the documentation, including further highlighting their risk of choking. The staff team knew this person's nutritional needs and the need for a fork mashable diet and information was displayed in the kitchen for the cook to follow.

- For people at risk of not getting the food and drink they needed to keep them well, monitoring charts had been used to document their food and drink intake.

- People told us the meals served at Pinglenook were good. One person explained, "The food is very good up to now." A relative told us, "The food is home cooked, even the puddings are freshly made."

- A choice of meal was available at each mealtime and if someone didn't like what was on the menu, alternatives were offered.

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

- The staff team worked together within the service and with external agencies including commissioners and healthcare professionals to provide effective care. This included providing key information to medical staff when people were transferred into hospital so their needs could continue to be met.

- The staff team were observant to changes in people's health and when concerns had been raised, support from the relevant healthcare professionals such as the GP and community nurse had been sought. A visiting healthcare professional explained, "I have been here three times in the last seven months. The staff are always quick to answer the door bell and are always helpful. I phoned up before this visit and got all the information I needed. I have no concerns about this service at all. I have been to visit [person] today, and I have not seen anything that causes me a concern about the service. [Senior member of staff] know the patients here really well and is always very helpful when I visit."

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

- Improvements had been made to the service since our last inspection improving both the communal areas of the home and people's bedrooms. A new kitchen had been installed. The wet room had been refurbished and floorings had been replaced. The lounge and dining areas had been redecorated and curtains replaced. The provider was in the process of decorating and updating people's bedrooms, providing a more homely and attractive place to live. A relative explained, "The building is suitable, it's more like a home than an institution. It feels like a home."
- The patio area to the side of the service, whilst still looked bare and uninviting, had new tables and chairs and the registered manager told us they planned to erect raised flower beds for people to enjoy.

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 12,13 and 28 June 2018. At that inspection we found people had not always experienced a caring service because they had not been safeguarded from harm and staff did not consider the dignity and privacy of people when undertaking their duties.

At this inspection we saw improvements had been made.

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

Good: 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 the staff team were kind and caring and they looked after them well. One person explained, "The staff are all friendly." A relative told us, "The staff are very kind and patient." Another explained, "I looked at three different care homes. This was the first one I really liked. I liked the atmosphere because it is friendly and caring."
- Staff spoke to people in a kind way and offered support in a relaxed and caring manner. We observed positive, caring relationships between the staff team and the people using the service. A relative explained, "They [staff] are very caring. [Staff member] is superb. They are all kind. [Person] is much better since they have been here. [Person] being here gives me great peace of mind and it is a pleasure to visit."
- The staff team had the information they needed to provide individualised care and support because they had access to people's plans of care. These included details about people's history, their personal preferences and their likes and dislikes. They also included details of family and friends and the people who were important to them. This information enabled staff to better understand people's backgrounds and interact in a more meaningful way.

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

- People were supported to make decisions about their care and support daily. We observed people deciding how to spend their day, whether to join in the activities offered and where to take their meals. A staff member explained, "It is their choice what they want to do. For example, if they want to stay in bed."
- For people who were unable to make day to day decisions, either by themselves or with the support of a family member or friend, advocacy services were made available. This meant people had access to someone who could support them and speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with respect and their privacy and dignity maintained. The staff team gave us examples of how they promoted people's privacy and dignity. One told us, "When someone wants to use the toilet, I always knock on the door first. I then assist them and ask them if they want me to stay or wait outside."

- People were encouraged to maintain relationships that were important to them. Staff had received training on equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act.
- Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "They welcome me (when I visit) and offer me a drink. Staff seem very friendly and seem to know what they are doing."
- A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's policy. A staff member told us, "We take people to their rooms if we need to talk about anything confidential or private."

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 12,13 and 28 June 2018. At that inspection, records had not always provided staff with up to date information to help them respond to people's needs. There was a lack of any meaningful activities and people were not supported to have purposeful lives. The provider had failed to provide a service which met people's individual needs and reflect their preferences. This meant the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Person centred care.

At this inspection we saw improvements had been made. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had been involved in the planning of their care with the support of their relatives. A relative told us, "I am involved in the care plan."
- People received care and support based on their individual needs. Plans of care had been developed when people had first moved into the service. Those seen were comprehensive and included personalised information in them. They covered areas such as the persons mobility and the support they needed to eat and drink. They had been reviewed monthly or sooner if changes to a person's health and welfare had been identified.
- One person's plan of care stated they needed to be repositioned every three to four hours to maintain good skin. When we looked at their records there were two occasions when they had had to wait between four and five hours to be repositioned. We shared this with the registered manager who assured us this would be addressed.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager could access information regarding the service in different formats to meet people's diverse needs. The staff team knew people well and knew how each person communicated. This included for one person who had impaired hearing, a white board which staff used to communicate with them.
- People were supported to follow their interests and take part in activities of their choice. Whilst there was no dedicated activities leader employed, people were offered activities by the staff team working on shift. On the day of our visit, people were supported and encouraged to join in a game of jenga and a game of skittles. The staff members ensured everyone who wanted to join in, did so. People were celebrating together the achievements of knocking over the skittles and encouraging the next attempt and there was lots of laughter when the jenga bricks fell. The staff members were very enthusiastic and we observed this

enthusiasm to be infectious.

- We did note one of these staff members had been called in for an extra pair of hands on the day of our visit which the registered manager explained happened now and again when extra tasks such as GP appointments occurred.
- People told us activities regularly occurred. One person told us, "Up to now there has been enough (to do) to keep me occupied." A relative explained, "They play games and [person] doesn't seem to get fed up or bored."
- Activities had been arranged to celebrate upcoming national events including pancake day, St Patricks day and Easter bank holiday, and a boat trip had been organised for June of this year.

Improving care quality in response to complaints or concerns.

- A formal complaints process was in place and made available for people's information.
- People knew who to talk to if they had a concern or complaint of any kind. A relative explained, "I have no concerns and no complaint. I would talk to the registered manager first (if I was unhappy)."
- When a complaint had been received, this had been handled and investigated appropriately and resolved to the complainant's satisfaction. A relative told us, "They seem open and honest."
- Complaints were analysed to see if any action was needed to improve the service. This information was then shared with the staff team for their information and action.

End of life care and support.

- People had been able to discuss their wishes at the end of their life with the management team. A relative explained, "End of Life care has been talked about and there is a DNAR (Do Not Attempt Resuscitation) in place."
- Most of the staff team had received relevant training and knew how to support people at the end of their life. One staff member explained, "I haven't had any specific training on end of life care yet. One person has passed away while I have been working here. She was a special lady and it really affected everyone. It knocked everyone for six."

We recommend the provider ensures all staff receive training on end of life care to enable them to be able to support people with their wishes at end of life.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 12,13 and 28 June 2018. At that inspection there was a lack of appropriate governance and risk management framework. There were no effective systems in place to develop and improve the service, based on the needs of the people using it, their families and staff. The provider had not sought the views of people using the service, their relatives or staff to support them in improving the service provided. This meant this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Good Governance.

At this inspection, whilst we saw improvements had been made, these needed to be further embedded and sustained within the service. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

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

RI: Whilst service management and leadership was consistent and leaders and the culture they created supported the delivery of quality, person-centred care, systems needed to be further embedded and sustained.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- There was a registered manager in post and people spoke positively about them. One person explained, "The registered manager is competent and there have been big changes since they came. It's homelier and they have made big changes (for the better). Before this registered manager, I would have rated here as one out of five but now, it's five out of five." Another told us, "The registered manager is lovely and is here every day, sometimes at night time and at weekends."
- Effective systems were in place to develop and improve the service, based on the needs of the people using it. The registered manager had introduced a monitoring system to monitor the quality and safety of the service being provided. Audits had been carried out on a regular basis. This included checks on medicine management, weights, falls and complaints. Records showed where issues had been identified, appropriate action had been taken.
- Regular audits to monitor the environment and equipment used to maintain people's safety including fire checks had also been carried out. This made sure people were provided with a safe place in which to live. We did note anomalies within hot water temperatures had not always been actioned by the provider. This was addressed following our visit.

These checks need to be further embedded and sustained to ensure effective outcomes for people using the service moving forward.

- The staff team felt supported by the registered manager and felt able to discuss any issues or concerns. One explained, "Thank god for [registered manager], she has been an absolute diamond. I feel 100% supported and she has taught us more in the last year than ever."
- Staff at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required. Staff were appropriately supported through the supervision and appraisal processes that were in place.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Engaging and involving people using the service, the public and staff.

- People had been given the opportunity to share their thoughts on the service being provided. This was through informal chats and regular meetings. At the last resident/relative meeting held on 23 January 2019 topics discussed included, decorating choices and repurposing the small lounge into a quiet reading/activity area. People's relatives stated they were pleased they were getting updates on progress at the service and seeing the photos of the activities that were taking place.
- The registered manager was ever present at the service and made themselves available to all. One person explained, "[Registered manager] is in charge and is a good manager. She is willing to listen to me and wants to know about relatives. She understands the meaning of being in a care home."
- Surveys had been used to gather people's views of the service provided. One person explained, "I have been sent a questionnaire and asked to fill in consent forms about giving care and taking photographs etc." The registered manager was in the process of collating information received through the survey process. They explained Information received within surveys would be analysed and made available to people for their information.
- The staff team had been given the opportunity to share their thoughts on the service and be involved in how it was run. This was through formal staff meetings, supervisions and day to day conversations with the registered manager and management team. One explained, "I love working here, it is like a 'home from home'. [Registered manager] is doing a good job. She keeps us up to date with all the training. We know what we should be doing and we are doing it."

Continuous learning and improving care.

- The registered manager had worked hard since our last inspection to improve services for people and had developed an improvement plan to further improve the service moving forward. A staff member explained, "We have learnt by our mistakes."

Working in partnership with others.

- The registered manager and management team worked in partnership with commissioners of services, the local authority quality improvement team and other healthcare professionals to ensure people received care that was appropriate for their assessed needs.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The registered manager and management team demonstrated a commitment to improving and providing person-centred, high-quality care.
- The staff team understood the provider's vision for the service. One told us, "We are here to provide the best

care possible, that suits their needs, is in their best interest and provide a home from home."

- The staff team worked together as a team to provide of care and support. One explained, "I know it has been a battle for the manager when she first started. We are all in this together and it is all getting better. You can ask her anything and she will help."
- The staff team knew people's individual needs and ensured good outcomes for people.
- The registered manager understood their responsibilities for learning lessons when things went wrong to ensure people were provided with good quality care.