

Centrust Care Homes Limited

Haydons Lodge

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

Haydon's Lodge is a residential care home providing personal care and support to up to six people. The service provides support to people with mental health care needs and/or learning disabilities. At the time of our inspection six men aged 40 and over who all had mental health care needs were living at the care home.

The care home can accommodate six people in two adjacent terrace houses, which have their own separate entrances, but where facilities are shared. This includes a communal rear garden, two kitchens, two dining areas/conservatory's and two main lounges.

People's experience of using this service

Feedback we received from people living in the care home and their relatives was positive about the standard of care and support they or their loved ones were provided at Haydon's Lodge.

However, we found evidence during our inspection that the provider needed to take action to make improvements.

The service was not always safe. This was because the provider did not always ensure all the risks people might face were properly assessed and managed and not all fire safety equipment was always appropriately maintained. We also signposted the provider to resources to develop their approach to obtaining evidence to show all visitors to the care home did not have COVID-19 or related symptoms.

The service was not always well-managed. This was because the provider did not always operate governance systems effectively and ensure they identified and/or took appropriate action to address all the issues described above in a timely way. The provider also failed to notify the Care Quality Commission (CQC) without delay about the occurrence of a number of incidents that had adversely affected the health and well-being of people living in the care home.

People continued to be supported to stay safe and be protected against the risk of avoidable harm and abuse. People were supported by enough competent staff who knew them well and had been safely recruited. The environment was kept clean. People received their prescribed medicines as and when they should.

Staff had the right levels of training and support they needed to deliver effective care and support to people living at the care home. People had access food and drink that met their dietary needs and wishes. People were helped to stay emotionally and physically healthy and well. 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 lived in a suitably adapted and comfortable care home.

People were treated equally and with compassion, and had their human rights and diversity respected. Staff

treated people with respect and dignity and upheld their right to privacy. People were encouraged and supported to maintain and develop their independent living skills. People were encouraged to make decisions about the care and support they received and had their choices respected.

People had up to date person-centred care plans in place, which enabled staff to understand and meet their people's personal, social, emotional and health care needs and wishes. Staff ensured they communicated and shared information with people in a way people could easily understand. People were supported to participate in meaningful recreational activities that reflected their social and cultural interests. People's concerns and complaints were well-managed, and the provider recognised the importance of learning lessons when things went wrong. People were supported to maintain relationships with family and friends. Plans were in place to help people nearing the end of their life receive compassionate palliative care in accordance with their needs and expressed wishes.

People living at the care at home, their relatives and staff working there were all complimentary about the way the registered manager ran the service, and how approachable they were. The provider promoted an open and inclusive culture which sought the views of people, their relatives, community-based professionals and staff. The provider worked in close partnership with various community-based mental health, health and social care professionals and agencies to plan and deliver people's packages of care and support.

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 13 April 2018).

At our last inspection we discussed with the provider concerns we had about chemicals and other substances hazardous to health (COSHH) not being safely stored and faulty window restrictors in people's bedrooms. The provider responded immediately during and after that inspection and confirmed appropriate action had been taken to improve how they stored COSHH and maintained window restrictions.

At this inspection we found the provider continued to take appropriate action to ensure COSHH were always securely stored away in locked cupboards when they were not in use and window restrictors were in place and well-maintained throughout the care home.

Why we inspected

We undertook this planned inspection based on the previous rating and as part of a random selection of services rated good.

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

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 two breaches at this inspection in relation to the provider's failure to always properly

assess and manage risks people living in the care home might face and to operate their oversight and scrutiny systems effectively.

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 ●

Haydons 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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This on-site inspection was carried out over two days and the first day was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 also sought the views of community health and social care professionals about their experiences of working with this provider and received email feedback from one mental health care nurse.

We used all this information to plan our inspection.

During the inspection

We spoke in-person with five people who lived at the care home, a visiting relative and various staff who worked there including the registered manager, deputy manager and two support workers.

Records looked at as part of this inspection included three people's care plans, multiple staff files in relation to their recruitment, training and supervision, and three people's electronic medication administration record (MAR) sheets. A variety of other records relating to the overall management and governance of the service, including policies and procedures, were also read.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to the Directors' monthly quality monitoring audits of the care home.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we discussed with the provider concerns we had about chemicals and other substances hazardous to health (COSHH) not being safely stored and faulty window restrictors in people's bedrooms. The provider responded immediately during and after that inspection and confirmed appropriate action had been taken to improve how they stored COSHH and maintained window restrictions.

At this inspection we found the provider continued to take appropriate action to ensure COSHH were always securely stored away in locked cupboards when they were not in use and window restrictors were in place and well-maintained throughout the care home.

- We were not assured people were always protected against the risk of avoidable harm.
- People's care plans did not always contain all the information and guidance staff needed to help them prevent or appropriately manage identified risks people might face. For example, most people did not have a personal emergency evacuation plan in place to help staff ensure people were able to leave the building as quickly and safely as possible in the event of a fire.
- Furthermore, a number of the care home's fire resistant doors were not fit for purpose. Some did not always close automatically into their frame when released and others were fitted with faulty alarm activated door release mechanisms, contrary to recognised best fire safety guidance and the provider's own fire safety protocols.

We found no evidence that people had been harmed as a result of these risk management and fire safety issues described above, however these failures had placed people at risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did respond immediately during our inspection and by the second day had ensured all the faulty fire resistant doors and fire alarm activated door release mechanisms had been repaired.

Using medicines safely

- We were assured people received their medicines as prescribed.
- People told us they received their medicines on time. One person said, "The staff are very good at making sure I take my medicines when I should, which is great, because sometimes I do forget."
- People's care plans included detailed guidance for staff about their prescribed medicines and how they

needed and preferred them to be administered and managed.

- Staff received medicines training as part of their induction. Staff's competency to continue managing medicines safely was reassessed at least annually.

Preventing and controlling infection

- We were assured that the provider was accessing testing for people living at the care home and staff.
- However, we were not assured the provider was always checking visitors to the care home had recently tested negative for COVID-19. For example, on the first day of our inspection the provider failed to obtain evidence from a visiting relative and a community professional to show they had both tested negative for COVID-19 on their arrival at the care home, contrary to government infection prevention and control (IPC) guidance and the provider's own IPC/COVID-19 procedures.

The provider did respond immediately during our inspection and on the second day staff checked both a visiting relative and community professional had taken a COVID-19 test that morning.

We also signposted the provider to resources to develop their approach to obtaining evidence to show all visitors to the care home did not have COVID-19 or related symptoms.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People said the care home was a safe place to live and that staff treated them well. For example, one person told us, "I feel very at home and safe here. There's always somebody working in the building to look after us". A relative added, "I'm so pleased my [family member] is here... They [staff] really do look after him well and make sure he's safe, which he wasn't when he was living at home on his own."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures. Whistle-blowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training as part of their induction. Staff knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm.
- The registered manager also understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated and take appropriate action to minimise the risk of similar incidents re-occurring.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- There were enough staff to meet people's needs and wishes. Staff were visibly present throughout this inspection providing people with the care and support they needed. We observed staff respond quickly to people's requests for assistance or to answer their questions. The registered manager told us there were always at least two waking staff on duty 24 hours a day in the care home and that he would often act as a third additional member of staff when staff were needed to support people access the wider community.
- People told us enough staff were always on duty at the care home to meet their needs. One person told us, "There's always two staff around during both the day and at night", while a relative remarked, "I think the

staff are like our new family and there's always a couple of staff about whenever I visit". A member of staff added, "Having two staff on duty 24/7 feels about right staffing to me. The [registered] manager, who is often about or at the end of the phone, regularly works on shift as an extra third member of the team."

- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures. The provider did not use any temporary agency staff and only had permanent staff who are familiar with people's needs and wishes.
- The provider performed robust pre-employment checks to ensure the suitability of staff for their role. These included identify checks, previous employment, their character, their right to work in the UK and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider regularly monitored accidents and incidents. Systems were in place to investigate any accidents and incidents involving people using the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained rated good. 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

- People received care and support that was planned and delivered in line with their assessed needs and wishes.
- People's care and risk management plans were based on their pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs. This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for people with mental health care needs.
- Care plans were routinely reviewed at least bi-annually which helped to ensure staff had the most up to date and relevant information to continue meeting people's care and support needs.
- Staff demonstrated good awareness of people's individual support needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the right levels of training and support they needed to effectively meet their needs.
- People described staff as competent and compassionate. For example, one person told us, "The staff who work here seem to know what they're doing."
- Staff told us their training was a mixture of e-learning and face-to-face. Records showed staff received regular training that was refreshed periodically which helped to ensure they were competent in carrying out their roles.
- The provider's training matrix identified the training staff had completed, which covered all the topics that were relevant to supporting people living in the care home. For example, this included mental health care and dementia awareness training.
- The training also included a comprehensive induction programme, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities. One member of staff said, "We do loads of training. It's all essential, so you know how to support the people who live here." While a second member of staff remarked, "We get all the training we need and there's plenty of it. I certainly feel confident that I have the skills to manage any incidents of challenging behaviour."
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision meetings with their fellow co-workers and managers, as well as an annual appraisal of their overall work performance. Staff told us they received all the support they needed. One member staff said, "I normally have a supervision meeting with the manager or the deputy four

or five times a year."

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS. For example, staff understood who they supported that lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they enjoyed the quality and choice of meals they were offered at the care home. One person said, "I do like the food we have here. The staff ask us to help them plan the weekly menu and we sometimes go out with them food shopping." While a relative remarked, "Never eaten here myself, but the food always looks and smells pretty good whenever I visit, which is regularly. Staff do seem to know what my [family member] likes to eat and he does tell us they often ask him what he would like to have at mealtimes."
- We observed most people living in the care home sat together in the dining area to have their lunch on both days of our inspection, where the atmosphere remained relaxed and congenial throughout.

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

- People were supported to stay emotionally and physically healthy and well.
- People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of community health and mental health care professionals, including GPs, psychiatric nurses, dentists and chiropodists. One person told us, "Staff look out for me and will call the doctor or my psychiatric nurse whenever I need them."

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

- People lived in a suitably adapted, adequately furnished and clean care home.

- People's bedrooms were furnished and reasonably well decorated.
- People told us the care home was a relaxed and comfortable place to live. One person said, "I've got everything I need in my bedroom, including a fridge, and they let me have my furniture how I like it."
- There were communal and private spaces for people to engage or relax in including two lounges, a conservatory/dining area and a shared back garden with tables and chairs in it.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had their human rights and diversity respected and were treated with compassion by staff.
- People looked at ease and comfortable in the presence of staff. Staff interaction with people was characterised by warmth and kindness. We observed managers and staff throughout our two-day inspection often sitting and chatting with people relaxing in the communal areas in a respectful and positive manner.
- People typically described staff as "friendly" and "supportive". One person said, "The staff are like my second family to me. I love living here." While a second remarked, "I would prefer to be in my own place to be honest, but while I try and get better, I've got no problem living here for now. The staff are terrific, always so supportive and kind."
- Staff knew about people's diverse cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices. For example, most of the meals on the weekly planned menus were British, Irish and West African in origin, which reflected the ethnically diverse culture and tastes of people living at the care home.
- People's care plans contained information about their spiritual and cultural needs and wishes.

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

- People told us that they were able to express their choices and lived their lives how they wanted.
- People, and those important to them, took part in making decisions and planning of their care.
- People's views were sought in relation to their menus, activities and how they liked to spend their day. Staff respected people's choices and supported them to make informed decisions about their day to day care and support.
- People held regular meetings with an allocated key worker, this gave them an opportunity to express their views and let staff know what things they wanted to do.
- People were consulted and agreed to the contents of their care plan. People had signed their care plan to show they had read it and agreed with its contents.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and their independence promoted by staff.
- People told us staff respected their privacy and dignity. One person said, "Staff always knock on my bedroom door and ask if it's alright if they came in and see me." A second person remarked, "Staff do respect my wishes when I want to be on my own and rarely disturb me in my bedroom when I tell them this."

- People also said staff supported them to be as independent as they could and wanted to be. One person told us, "I do look after my own money and I've been given a key so I can come and go as I please".
- People were actively encouraged and supported to maintain and develop their independent living skills including, travelling independently in the local community, managing their own finances, and assisting staff with food shopping, preparing some meals, keeping their bedroom clean and doing their own laundry.
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves, and what tasks they needed additional staff support with.
- The registered manager told us about one person who had recently moved out of the care home to achieve their lifelong goal of living independently in their own home, which they had achieved by being supported to develop all the necessary independent living skills during their time at Haydon's Lodge. This included learning to manage their own finances and medicines safely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs continued to be met through good organisation and delivery.

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

- People received care and support from staff according to their individual assessed needs and preferences.
- People's care plans were up to date, personalised and contained information about their strengths, likes and dislikes, and how they preferred staff to meet their personal, emotional and health care needs.
- Input from people living in the care home, and where appropriate their relatives and external mental health and social care professionals, was actively sought by staff to help them plan person-centred packages of care for people.
- People told us staff provided them with all the care and support they needed. One person said, "You can choose when you get up, go to bed, wear and what you do every day."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Six monthly reviews took place, summarising the support that had been provided over the previous six months, any health or medicines reviews, family contact and recommendations for the upcoming six months.

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 information, communication needs, and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard.
- People told us staff communicated clearly with them which enabled them to understand what they meant and were saying. For example, we observed staff repeat on several occasions what they had said to one person living with memory loss problems about the lunchtime meals options that were available to them, so they were able to understand and make an informed decision about what they ate that day.
- People's communication needs were identified, recorded and highlighted in their care plan.

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

- People were encouraged and supported by staff to participate in various social activities at the care home and in the local community, which reflected their social interests and wishes.
- People told us they were able to participate in recreational activities they enjoyed. For example, several people said they often went out as a group with staff to have lunch in a local pub every Fridays which had

clearly become a favourite leisure pursuit with most people living at the care home. Another person remarked, "Sometimes I like spending the afternoon watching horse racing in a local bookies or going for a walk in the park, which staff are happy to support me with." We observed people talking to each other and staff in both the communal lounges, where the atmosphere remained relaxed and friendly throughout our two-day inspection.

- People were supported to maintain positive relationships with people that were important to them. Staff supported people to use various electronic communication devices, such as mobile phones, to keep in touch with family and friends who were unable to visit the care home in-person.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have.
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- People's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to.
- The registered manager told us they had worked closely with the local GP surgery and palliative care professionals to ensure the two people who had died at the care home in recent years had both experienced dignified and comfortable end of life care in line with their dying wishes.

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 changed 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; continuous learning and improving care

- The provider had established governance and monitoring systems in place, but these were not always operated effectively. This was because these governance systems had failed to identify and/or take appropriate action to address a number of issues we found during this inspection. This included ensuring risks people might face were always properly assessed and suitable plans were in place to help staff prevent and manage them; fire safety equipment was always kept in a fit state of repair; visitors to the care home proving they were free of COVID-19 and related symptoms; and, failure to notify the CQC without delay about incidents that adversely affect the health and well-being of people living at the care home.
- In addition, although audits of the service, which were regularly carried out by the provider company's Director, registered manager and deputy manager, the outcome of this monitoring was not being routinely analysed to help the provider identify issues, learn lessons and develop action plans to improve. For example, although fire resistant doors and fire alarm activated release devices had been identified as faulty at an audit the Director conducted in February 2022, no action was taken to address these maintenance issues until we inspected three months later.

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failures described above however, the provider's governance systems were clearly not always operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and represents a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had notified us without delay about the deaths of people who lived at the care home, but had failed to let us know about a number of incidents where people were seriously injured and admitted to hospital in the last 12 months.

We discussed this notification issue with the registered manager at the time of our inspection. They acknowledged there had been a few incidents in the last 12 months which the provider should have notified the CQC immediately about, but did not. The registered manager agreed to develop an action plan to improve how they would keep us informed about such incidents in a timely way in future. Progress made by the provider to achieve this aim will be closely monitored by the CQC.

- People living at the care home, their relatives, and staff all spoke positively about the way the care home

was managed. For example, one person told us, "The [registered] manager is a very nice man and easy to get along with and talk to." A relative remarked, "I do have a lot of time for the [registered] manager who is often on hand to have a chat with about how things are going for my [family member]."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received personalised care from staff.
- The registered manager had a clear vision for the care home and worked hard to instil a culture of care in which staff valued and promoted people's individuality. They told us they routinely used individual supervision and group team meetings to remind staff about the service's underlying core values and principles.
- The registered manager worked directly with people and led by example. Staff spoke in positive terms about the support from the registered manager and teamworking with their colleagues. For example, "The manager [registered] is very approachable and a good listener."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Details of the provider's whistle-blowing procedure were available for staff to refer to if needed.
- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team.

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

- We received positive feedback from people about the leadership style of the registered manager. People told us they were often working in the home and would usually sit and talk with them to find out how they were doing. One person said, "The manager [registered] is a good guy. I like him a lot. Really easy to talk to."
- The provider sought to capture views of people living in the care home and their relatives which they used to develop and improve the service they received. This included informal feedback through day-to-day discussions and more formally through regular group meetings with their fellow peers who they shared the house with and individual meetings with their designated keyworker. One person gave us a good example of how after several people had suggested the idea at a house meeting of having a pub lunch out with everyone, this was promptly taken on board by staff and had now become a weekly tradition. Another said, "We usually talk about what activities we want to do and the food we would like on the menus at the house meetings with staff."
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Staff told us they received all the support they needed from the managers who were regularly on site at the care home.

Working in partnership with others

- The provider worked closely with the local authority and various external health and social care professionals and bodies including GPs, community psychiatric nurses and social workers. A mental health care professional told us, "From my involvement with the service I do not recall anything negative about them."
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service had been placed at unnecessary risk of avoidable harm because the provider had failed to always ensure they assessed and did all that was reasonably practicable to mitigate health and safety risks people might face. Regulation 12(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight and scrutiny processes were not always effectively managed. Regulation 17(2)(a)</p>