

Wellington Care (Somerset) Limited

Wellington and Longforth House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wellington and Longforth House is registered to provide accommodation with nursing or personal care, for up to 43 people. There were 39 people using the service at the time of our inspection. The service is in the town of Wellington. The home is divided into two units, Longforth House and Wellington House. The Longforth unit supports people with a range of mental health needs. The Wellington unit supports older people with dementia and mental health needs. Each of these units mainly has its own staff team, communal spaces and secure outside garden for people to use as they choose.

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

People felt safe at the home and with the staff who supported them. People told us staff were always kind and respected their privacy and dignity. Visitors said they always felt welcomed at the home and staff kept them informed about the care of their relatives.

People lived in a home where quality audits were carried out but were not always effective in ensuring people received consistent care. Shortfalls identified at this inspection had not all been identified and addressed by the provider's own quality assurance systems. The two units were operated differently. The Longforth unit was very person centred, independence was being promoted and plenty of activities with the Wellington unit being more institutional and task orientated. After the inspection we received an action plan from the provider setting out the actions they were taking to address this concern. For example, reviewing continence support and promoting independence.

The mealtime experience was not always good across the home. Action was taken during the inspection to address the breakfast routine with further actions planned for the other mealtimes.

People had access to activities but not all were encouraged and supported to continue to pursue their hobbies and interests. Each person who lived at the home had a care plan, which gave clear guidance to help staff to effectively support people. These were regularly reviewed but it was not always clear that people and their relatives had been involved.

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 told us staff asked for their consent before assisting them.

Staff had been recruited safely, received the provider's mandatory training and had supervisions although the systems to demonstrate these were not always clear.

Medicines were safely managed, and people were supported to access healthcare services. Staff recognised deterioration in people's health and sought professional advice appropriately and followed it.

People lived in a comfortable home which was well-maintained and regular checks were carried out to promote people's safety. There was appropriate control of infection processes in place which meant people lived in a home which was clean.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the management team.

More information is in the full report.

Rating at last inspection and update: The last rating for this service was good (published 1 March 2017).

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Wellington and Longforth House

Detailed findings

Background to this inspection

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

This inspection was carried out by an inspector and two Experts by Experience on the first day, and two inspectors on the second day. 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.

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

The service did have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day. We announced the second and third days of the inspection, so the operations manager, registered manager and provider were available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people, 4 relatives and friends and 18 members of staff. This included the registered manager, both unit managers, senior care staff, care staff, housekeeping staff, the cook, receptionist, activities person and the maintenance person. We also spoke with the provider and the provider's operations manager.

The two-unit managers and the providers operations manager were available during the first two days of the inspection. The registered manager was not available on the first two days of the inspection, so we went back on a third day to speak with them and one of the providers.

We reviewed a range of records. This included four people's computerised care records and medication records. We looked at three staff files in relation to recruitment, training and induction. A variety of records relating to the management of the service, including policies and procedures, complaints, quality assurance and quality monitoring were reviewed.

Throughout the inspection we were able to observe staff interactions with people in the communal areas how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed meal time experiences and used the SOFI to observe how staff interacted and cared for people.

After the inspection

We sought feedback from social and health care professionals who work with the service. We received a response from four of them.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. Comments included, "Yes, I feel safe. I can lock my door", "Always someone around to help" and "I know mum is safe here...safer than at home. Have confidence in them to care for her."
- The majority of staff had completed safeguarding training as part of their induction and were scheduled to undertake further training in September 2019. Staff said they would have no hesitation in reporting any concerns to the management team and were confident that action would be taken to protect people.
- Keypads were in place throughout the home to protect people from unwanted visitors.
- The registered manager understood their responsibilities and had made appropriate referrals to the local authority safeguarding team and followed their guidance.

Staffing and recruitment

- There were adequate numbers of staff on duty to keep people safe and meet their physical needs. People, relatives and staff said there were enough staff to meet their needs.
- Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place. During the inspection the provider implemented a recruitment checklist to ensure all folders contained the relevant information required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care records contained individual risk assessments for falls, nutrition monitoring, skin integrity and a general risk assessment. The general risk assessment looked at risks regarding harm to people and others and risk of discrimination.
- The environment and equipment were safe and well maintained. The provider had checks and audits in place to protect people from the risks of unsafe and unsuitable premises. For example, water temperatures, testing of portable electrical appliances and window restrictor checks. Staff reported maintenance issues they identified which were reviewed by the maintenance person and action taken.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. This helped to make sure the equipment was safe for staff and people to use.
- When possible the registered manager and/or a head of unit assessed people prior to them moving to the home to ensure they could safely meet the person's individual needs.

- People had personal emergency evacuation procedures in place which detailed how staff needed to support individuals in the event of an emergency to keep them safe. This meant emergency services would be able to access people's information in the event of an emergency evacuation.
- Following a complaint there had been an investigation and there had been lessons learnt which were being actioned with staff. For example, improved recording of people's behaviours, ensuring clearer communication with relatives and staff to act in a professional manner at all times.

Using medicines safely

- Medicines were safely managed. People told us they were happy with the way staff supported them with their medicines.
- The pharmacist providing medicines to the home had undertaken a review in June 2019 and hadn't identified any issues.
- Medicines were audited regularly with action taken to follow up any areas for improvement. Improvements were made during the inspection to implement weekly audits to monitor stock levels to ensure people did not run out of medicines.
- There were suitable arrangements for receiving, storing and disposal of medicines, including medicines requiring extra security.
- Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines.
- Staff administering medicines wore a red tabard advising staff not to disturb them. We discussed with the registered manager that staff regularly interrupted the staff member administering medicines. They said they would take appropriate action.

Preventing and controlling infection

- People lived in a home which was clean. One relative said, "Usually clean and odour free... staff clean the floor after lunch. Maintenance man washes the carpets." We discussed with the management team that we identified there were occasional odours and sticky areas on the Wellington House unit. After the inspection the provider sent us an action plan telling us the changes they had made to the cleaning rota and cleaning methods used.
- Housekeeping staff recorded cleaning undertaken and used designated mops and buckets for different areas. This ensured there was no cross contamination.
- The laundry rooms were well managed and soiled laundry was segregated and laundered separately at high temperatures. This was in accordance with the Department of Health guidance.
- Staff had the required protective equipment available, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.
- In January 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained. The kitchen was clean and appropriate cleaning schedules and checks were in place.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were complimentary about the food. Comments included, "Nice, plenty of choice" and "We can help prepare Sunday lunch vegetables."
- Improvements were needed to make sure the meal time experience was a pleasant social occasion for people. On the first day of the inspection we observed breakfast and lunch on both units at the home. There were no concerns regarding the dining experience of people living in Longforth House. People had breakfast when they got up, were being offered choice, were interacting with staff and having a pleasant dining experience.
- On Wellington House people were waiting until half past nine to have their breakfast. This was raised with the management team and on the second day of the inspection improvements had been made. People in Wellington House were being offered breakfast when they got up. The management team told us they were implementing a new staff role to cover breakfast on the Wellington House unit, so people would have their breakfast when they got up.
- On Wellington House at lunchtime on the first day staff did not promote a good experience for people. Most people were not offered choices regarding their meals, desserts or refreshments. Tables were not laid, the service of meals was disorganised meaning people sitting together did not receive their food at the same time and food was cold when people received it. We discussed this with the management team who said this was unusual and staff had panicked because there had been an accident just prior to lunch and we were inspecting. They showed us photographs taken at the weekend of the tables laid and a comment in a person's records about how they liked to have the tables laid. On the second day of the inspection people had an improved mealtime experience. After the inspection we received an action plan from the provider telling us their plans to improve the dining experience on the Wellington unit. This included the registered manager speaking with people and staff, involving people with laying the tables and trialling suggested ideas.
- The cook had a good understanding of how to support people who required modified diets, such as those who needed a softer diet due to swallowing difficulties.
- Care records included monitoring for weight and malnutrition screening tool (MUST) to identify those at risk of weight loss. We saw that suitable referrals were made to people's GPs and Speech and Language Therapy (SALT) when additional needs had been identified.

Staff support: induction, training, skills and experience

- Staff completed an induction programme developed using the care certificate modules when they began work at the home. They then shadowed an experienced staff member until they felt comfortable to work alone.
- Staff received training and supervision although at the inspection we could not clearly see all staff had received regular supervisions and all of the provider's mandatory training. The provider used a 'Skills for care' database to keep a record of staff training which was not operational at the time of the inspection. This meant we could not see if all staff had completed the provider's induction booklet. The registered manager showed us two completed induction workbooks but the three staff induction books we requested were not at the home. We spoke with the three staff members who confirmed they had them at home. Two of these staff already had a health and social care qualification. The third, had not previously worked in care and had started to work at the home in October 2018 and said they were, "half way through".
- Staff gave us mixed views about how regularly they had supervision, and some said they had not received dementia and safeguarding training. The registered manager had a paper matrix of staff supervisions on the wall in their office which was difficult to navigate to demonstrate all staff had received the provider's required six supervisions a year which included an annual review. The management team gave us assurances staff had received supervisions and the dementia bus (gives staff an experience of what dementia might be like by using specialist equipment and creating a simulated environment) had been at the home which staff all attended. They said safeguarding training was part of the induction program and that further training was scheduled in September 2019.
- There were opportunities for staff to obtain nationally recognised qualifications in care.

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

- People received the care and support they required because assessments of people's needs were in place. Care and support was reviewed regularly but did not regularly include people and relatives. The provider wrote to us after the inspection to say "Where appropriate, the clients and their families are invited to participate in this (reviews) but if there has not been a change in needs or circumstances which indicate a specific change in the care plan, we would not usually organise a formal review meeting or expressly invite clients or their relatives to participate in the review".
- Care records included information about people's choices and preferences.

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

- There was good communication between the staff to ensure they had the information needed to support people's changing needs. The provider used a computerised system which all staff could access. Staff were made aware of concerns and issues on this system. Staff received a handover when they arrived on shift to ensure information about people's changing needs was shared.
- People's records showed people were being seen by dentists, doctors and chiropodists. Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice. Comments included, "Wellington house have always been very prompt in contacting me should they need advice or have a general query. Staff are very approachable, knowledgeable and appear happy in their work."

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

- There was signage on doors to identify toilets and bathrooms. We discussed with the management team that there was limited signage to guide people around the home. After the inspection the provider sent us an action plan telling us they had purchased additional signage for the Wellington unit.
- People's rooms were personalised with soft toys, pictures and ornaments. Bedroom doors had been personalised with name plaques and in one area appeared like front doors.

- There was a suitable range of equipment to support the needs of people using the service. One health care professional commented, "I find the home homely and whilst there are always things that can be improved on I do not feel these make the home unsafe." Another said, "The environment is fit for purpose and appears to be as safe as it can be."

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

- Assessments had been completed when people lacked capacity and best interest decisions made which included professionals and relatives where appropriate. For example, needing to use covert medication.
- People were asked for their consent before any care was delivered. Staff were observed asking people's permission before providing them with support. This was carried out in a gentle and unrushed manner.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this.
- Care plans reflected the principles of the MCA and DoLS and appropriate applications to the local authority had been made where restrictions were in place.

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 as 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

- People were treated with dignity and respect and their privacy was supported by staff. One person said, "I love it here. They treat me well." Staff on the whole offered people assistance in a discreet and dignified manner. We observed that people were discreetly supported with bedrooms, bathrooms and toilet doors kept closed when people were being supported with personal care to maintain privacy. Staff knocked on people's doors before entering their rooms
- Staff spoke respectfully about the people they supported. Mostly they were careful not to make any comments about people of a personal or confidential nature in front of others.
- People moved freely around the home. On the Longforth unit they moved around the whole unit and on the Wellington unit they freely moved around the communal areas of the ground floor. People who remained in their rooms were regularly checked on by staff.
- People's relatives and friends were able to visit when they chose. Relatives said they were made very welcome in the home. One said, "Always welcome...the kids are welcome too...so friendly and kind...can sit wherever...can come any time of day."

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

- People said staff were kind and caring. Comments included, "Staff are very caring", "Staff are kind, they're alright here" and "Everybody's nice. I like living here. Peace and quiet."
- Relatives praised the staff and their caring approach. Comments included, "Very caring staff... I sit and watch...they are very patient...everything is done for the patients" and "Can't praise their friendliness enough...always a nice greeting...they notice things...they have the time and do bother about people here. Would definitely recommend this service."
- We observed positive interactions between people and staff. For example, comments heard included, "look at you, looking glam. You have had your hair done", "How are you today?" and "We are loving having you here."
- People were protected from discrimination. Staff understood the importance of equality when meeting people's individual needs. They respected people's individual, religious and cultural needs.
- Staff interacted with people making conversations and asking their opinions, they used people's preferred names and greeted them with bright smiles.

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

- People and relatives felt able to speak with staff and raise concerns.
- Staff contacted relatives and friends regarding any concerns they had about people. Relatives told us they were kept informed about their relatives. One said, "Inform us if she is unwell or had a fall. Feel involved and know what is going on with (person)."
- Staff knew people's individual likes and dislikes. One person said, "Staff have got to know me."

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 now deteriorated to requires improvement.

This meant people's needs were not always met.

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

- Staff had a good knowledge of people and knew their individual care needs. People told us that staff knew them well.
- People's care plans included information for staff about the support they required to meet their needs. They included information about what was important to the person. We discussed with the registered manager that care records we looked at did not record people's food likes and dislikes. We received an action plan from the provider after the inspection telling us these would be reviewed and completed. The provider wrote to us after the inspection to say, "Staff are familiar with the individual preferences, likes and dislikes of our clients and residents are also asked at each meal time what they would like to eat from the choices available."
- People's care records were regularly reviewed and updated. However, they did not always show that people and their families had been involved. Where appropriate people's relatives had the opportunity if they chose to access the provider's care planning system to monitor and be engaged in their relative's care. We received an action plan from the provider after the inspection telling us that people, relatives and families where appropriate would be formally involved in reviews. The provider wrote to us after the inspection to say "Where appropriate, the clients and their families are invited to participate in this (reviews) but if there has not been a change in needs or circumstances which indicate a specific change in the care plan, we would not usually organise a formal review meeting or expressly invite clients or their relatives to participate in the review."

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

- There were different levels of meaningful activities for people on the two units. The service employed two activity co-ordinators, one who had won a regional award for 'best activities coordinator'. On the Longforth unit for younger people with mental health needs there were a range of activities for people to engage with. However, on the Wellington unit for older people with mental health needs there were activities being undertaken which included an external entertainer and staff completing activities like nail care, looking at photographs and singing groups.
- Some people had completed a life history with staff. We raised with the management team that three people we reviewed did not have a life history completed. This meant it was not clear how staff ensured people's interests and individual social needs were met.
- The staff had designed four-week activities timetable for both units ready to be implemented. This

included arts and crafts, baking and bingo.

- The home was involved with the 'Archie project', a local dementia awareness project that links local primary schools and care homes. The registered manager recorded in the provider information return (PIR), "Access to education via forest school for Longforth residents and through the Archie project maintaining relationships in community".
- People were supported to maintain regular contact with people who were important to them. Relatives were encouraged to visit, and people went out with relatives when possible.

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 identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- Relatives said staff were approachable, listened to them and acted on any concerns or suggestions.
- Staff recognised from people's demeanour and body language, if they had any concerns and acted to address them. For example, reassuring and calming a person who was getting anxious.
- The provider had a complaint policy and procedure and a complaints register was kept. It was evident that complaints had been responded to and action taken in line with the provider's policy. We discussed with the management team that the complaints register was difficult to navigate. The operations manager showed us a new log system they would be implementing at the home for future complaints.

End of life care and support

- There was good end of life care at the service. Procedures were in place to identify people's wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.
- Staff had ensured appropriate medicines were available for a person nearing the end of their life, to manage their pain and promote their dignity. The person's care plan did not reflect this or the changes in their presentation and care required. However, staff were delivering good care. This was reviewed during the inspection.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now, deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People lived in a home where quality monitoring audits were carried out but were not always effective in ensuring people received consistently good care. The provider had a range of quality audits and reviews which were completed. It was not always clear what actions and follow up had been taken as a result of these. After the inspection we received an action plan from the provider telling us the improvements they were making to their system to ensure it was clear actions had been completed.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance. This placed people at risk of harm. This is a breach of regulation 17. (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a manager registered with the Care Quality Commission (CQC). 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.
- There was a clear management structure with designated unit managers on each unit supporting the registered manager. The unit managers had designated office hours and undertook shifts as part of their roles working alongside staff, so they were in day to day control and could monitor and support staff. The registered manager told us the management system was robust so if any of the management team were on leave there was no disruption to the quality of the service as they all stepped in to cover each other's roles.
- We identified the two units were operated differently. The Longforth unit was very person centred, independence was being promoted and plenty of activities with the Wellington unit being more institutional and task orientated. We raised this with the management team and after the inspection we received an action plan setting out the actions they were taking to address this concern. For example, reviewing continence support and promoting independence.
- There were systems in place to ensure the quality and safety of the service. The provider had a range of quality audits and reviews which were completed. It was not always clear what actions and follow up had been taken as a result of these. After the inspection we received an action plan from the provider telling us the improvements they were making to their system to ensure it was clear actions had been completed.
- The provider regularly visited the home to support the management team. They completed a review and

spoke with staff and people about their views and experiences. They told us they would be improving their quality monitoring format to include more quality checks.

Continuous learning and improving care; Working in partnership with others

- The service had a range of policies and procedures to ensure staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as equality and diversity, safeguarding and the safe management of medicines. They had been regularly reviewed and were up to date, were relevant to the service, and contained current guidance.
- Accidents and incidents were promptly recorded by staff and analysed by the management team to ensure there were no patterns or trends.
- The registered manager liaised with outside agencies such as the local authority, district nursing teams and GP's, safeguarding, DoLS and social work teams. Health professionals were positive about the management at the home. Comments included, "I speak with the manager on occasions, he is approachable and also listens and is happy to discuss any concerns that patients may be having."

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

- The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested.
- The management team had an open-door policy and people, relatives and staff were confident about approaching them. Staff said they felt well supported by the management team.

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 promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. Following a complaint, they had investigated the concerns and where they identified issues they had put in place measures to prevent further incidents.
- We saw during the inspection, the provider, registered manager and management team were open and honest about shortfalls and immediately dealt with concerns raised. This was also demonstrated by them sending us an action plan after the inspection setting out the actions they were going to take following our feedback at the end of the inspection.

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

- The provider undertakes annual surveys of people, relatives and friends and the results are analysed and shared. They had received 23 responses to the January 2019 survey all rating seven and above out of ten to the five questions asked. For example, is our service safe, effective, caring, responsive and well led.
- Resident's meetings were held regularly on the Longforth unit but not on the Wellington unit. We were told by the management team this was something they wanted to improve. After the inspection we received an action plan from the provider telling us they would be "Trialling residents' meetings with small groups of residents in the meeting room in a "coffee morning" environment."
- Regular staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the service. Where there were lessons learnt these were shared. For example, improvements in answering the telephone in a more professional manner.
- At the beginning of each shift staff attended a handover session so they were informed about people's changing presentation and needs. Information was also placed on the provider's computerised system to

advise staff of changes.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance. Regulation 17 (1) (2) (a) (b)