

Sunrise UK Operations Limited

Sunrise of Frognal

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sunrise of Frognal is a residential care home registered to provide personal and nursing care for up to 131 people in two adapted buildings. There were 115 people using the service at the time of our inspection.

Sunrise Senior Living Limited and Sunrise UK Operations Limited are dual registered and both providers are jointly responsible for service delivery at Sunrise of Frognal.

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

At our comprehensive inspection of 22 and 23 March 2018, we found the provider had not acted to make sure medicines were managed safely and we issued a requirement notice.

At this inspection, we found the provider had not made sufficient improvements for managing medicines since the last inspection. Medicines were still not always being managed safely.

At our comprehensive inspection of 22 and 23 March 2018, we found some improvements were needed to have an effective quality assurance system and processes.

At this inspection, we found the provider had not made sufficient improvements to monitor the quality of the service being delivered.

The falls management was not effective, people were at risk of receiving unsafe care and support.

People and their relatives gave us positive feedback about their safety and told us that staff treated them well.

The registered manager and staff understood what abuse was, the types of abuse and the signs to look for.

Senior staff completed risk assessments for every person and they were up to date with clear guidance for staff to reduce risks.

There were enough staff on duty to support people safely and in a timely manner. Staffing levels were consistently maintained to meet the assessed needs of people.

The provider carried out comprehensive background checks of staff before they started work.

Staff kept the premises clean and safe.

The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again.

Staff carried out pre-admission assessments of each person's needs to see if the service was suitable and to determine the level of support they required.

Staff received appropriate support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach their line manager, and the registered manager, at any time for support.

Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink.

The provider had strong links and worked with local healthcare professionals in a timely manner.

The provider met people's needs by suitable adaptation and design of the premises.

Staff completed health action plans for everyone who used the service and monitored their healthcare appointments.

The provider worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

Staff showed an understanding of equality and diversity. They supported people with their spiritual needs where requested.

Staff involved people or their relatives in the assessment, planning and review of their care.

Staff respected people's choices and preferences.

People told us staff treated them with dignity, and that their privacy was respected.

Staff recognised people's need for stimulation and supported them to follow their interests and take part in activities. People responded positively to these activities.

Staff had developed care plans for people based upon their assessed needs.

Care plans were reviewed on a regular basis and reflective of people's current needs.

People told us they knew how to make a complaint and would do so if necessary.

The provider had a clear policy and procedure for managing complaints.

The provider had a policy and procedure to provide end-of-life support to people. However, no-one using the service required end-of-life support at the time of our inspection.

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions.

The registered manager had knowledge about people living at the home and made sure they kept staff updated about any changes to people's needs. They encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings.

The provider had worked effectively in partnership with a range of healthcare professionals.

Rating at last inspection – The last rating for this service was requires improvement (report published on 18 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations.

Why we inspected - This was a planned inspection based on the rating at the last inspection.

Enforcement – We have identified breaches in relation to the provider was not making sure always there was proper and safe management of medicines and making sure risks from all falls were assessed and action taken to mitigate them, and the quality assurance system and process was not effective as the provider had not always identified issues we found at this inspection and acted upon in a timely manner. 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Sunrise of Frognal

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

This service was inspected by a specialist advisor, two inspectors, one assistant inspector and an Expert by Experience on 13 June 2019. The inspection team, minus one inspector, returned to the service on 14 June 2019, to complete the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people.

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 June 2019 and ended on 14 June 2019.

What we did before the inspection

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We also contacted the local authority to gain their views about the home. We used this information to help inform our inspection planning.

During the inspection

During the inspection, our Expert by Experience spoke with 15 people and four relatives to seek their views about the service. We also spoke with 12 members of staff including the registered manager and the deputy manager. We reviewed a range of records. This included 10 people's care plans, risk assessments and 19 medicines records. We reviewed 14 staff files in relation to recruitment, induction, training and supervision. We also reviewed records relating to the management of the service which included policies and

procedures, health and safety checks, cleaning schedules, accidents and incidents, surveys, minutes of meetings and various quality assurance reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicines and falls management data and quality assurance records.

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 this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely

At our comprehensive inspection of 22 and 23 March 2018, we found the provider had not acted to make sure medicines were managed safely and we issued a requirement notice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff had not been trained and competency assessed to handle specific medicines. These included nebulisers and when staff should withhold specific medicines which could affect people's pulse.
- The provider had not followed best practice with regards to the production of handwritten MAR, and these did not always contain the level of detail needed for staff to be able to manage medicines safely.
- Staff had not recognised the staff were giving people a different dose to that prescribed for some anti-depressant medicine, Upon our feedback at the inspection, a senior manager took immediate action to contact the GP and establish which the correct dose was.
- Staff gave people their medicines prescribed on a "when required" basis (PRN.) Although the provider told us the reason these were administered was recorded on people's electronic care record, this was not recorded on the back of the MAR to include the reason given and its effect. This issue was identified in the providers' internal audit and on the pharmacy audit in April 2019 but was still unresolved
- Medicines records did not always accurately reflect the number of medicines in stock for two people.

The provider and registered manager had failed to ensure medicines were managed safely. This was a continuous breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did see some areas of good practice with medicines. People said the support they received from staff met their needs. One person told us, "They [staff] bring them [medicines] in the morning and in the afternoon. They are very good." Another person said, "I get medicines in the morning and at night when I go to bed. I take it for granted that I get them." One relative commented, "I know, what, they [staff] are better than us with it [medicine]. They seem to cope with the number of tablets my [loved one] has to take."
- Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge and room temperatures to ensure that medicines were stored within the safe temperature range.
- We observed staff providing people with appropriate support whilst administering medicines, for example

by ensuring that they were positioned correctly and comfortably.

- The service followed the legal requirements for managing Controlled Drugs (CDs). The service had policies and procedures for the safe disposal of unused medicines.
- We saw the medicines room was found to be clean and tidy and the medicines trolley was always locked.

Assessing risk, safety monitoring and management

- The arrangements for falls management was not effective. Most of the falls occurred in the Chestnut unit. Most of the falls were reported to occur at night and early mornings when people had attempted to get out of bed unassisted.
- A quarterly falls audit was carried out by the provider and the findings were discussed in a clinical governance meeting. Key factors identified included poor lighting, unaided mobility, and the bed rooms were not monitored at night. However, there was no action plan to suggest how the risks would be mitigated and their effectiveness was monitored.
- The risk assessments of falls were inconsistent. Some people's care records showed they had fallen. However, their risk assessments for falls was not reviewed and updated to reflect their current risk management plan. In addition, some people had suffered frequent falls. There was no reassessment carried out to address the frequency of falls.

People were at risk of receiving unsafe care and support. This was a further breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did see some areas of good practice with falls management. One relative told us, "My [loved one] had a previous history of falling over. My [loved one] had not had any falls for a few months now." Another relative said, "When my [loved one] needed a walking frame we got it from the local authority. They [staff] rung up and we got it." A third relative commented, "My [loved one] had several falls. They [staff] ring every time. My [loved one] is been put on an hourly review."
- Medicine and nutritional review had been carried out following incidents of falls for some people. For one person who had frequent falls, we saw their bed had been lowered to the floor. Staff had been given additional training in falls management.
- Senior staff completed risk assessments for every person and they had detailed guidance for staff to reduce risks. These included risks around manual handling, eating and drinking, and skin integrity.
- The provider had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff received first aid and fire awareness training so that they could support people safely in an emergency.
- Staff and external agencies, where necessary, carried out safety checks on the environment and mobility equipment such as hoists and the safety of gas appliances.

Systems and processes to safeguard people from the risk of abuse

- People were being protected from the risk of abuse.
- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "I feel safe. I'm in good hands." Another person said, "I feel safe. Everything is done nicely, and we can do what we want." One relative commented, "My [loved one] is safe, much more than at home." Yes, I feel safe, they [staff] look after my [loved one]."
- The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse.
- Staff we spoke with told us they completed safeguarding training, and were also aware of the provider's whistle-blowing procedure.

- The provider-maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known and they notified the CQC of these as they were required to do.

Staffing and recruitment

- There were enough staff on duty to support people safely and in a timely manner. One person told us, "Yes, there is enough staff. There always seem to be the ones I want. At night too." One relative said, "I've been really impressed, there is always a good number of staff all the time when I'm here, enough of them. They have the time to treat you as an individual."
- The registered manager and the assistant manager carried out regular reviews of people's needs to determine staffing levels.
- Records showed that staffing levels were consistently maintained to meet the assessed needs of people.
- The service had a call bell system for people to use when they required support and we saw staff responded to requests in timely manner to ensure that people's needs were met. One person told us, "I used it once, when I fell, and I couldn't get up. They [staff] came quickly." Another person said, "At night, I ring the bell or call if ever I want medicine or something. They are here."
- The provider carried out comprehensive background checks on staff before they started work. These included checks on their qualifications and experience, as well as reviews of their employment history, references, DBS checks, proof of identification and the right to work in the United Kingdom.

Preventing and controlling infection

- Staff kept the premises clean and safe. They were aware of the provider's infection control procedures and followed these to ensure that people were protected from the spread of infection. Bedrooms and communal areas were kept clean and tidy. One person told us, "The place is extremely clean. The people who do the cleaning are extremely good. I wash my hands before a meal. There are sinks in the toilets and in the rooms."
- We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff told us they washed their hands before and after any procedure. They used protective equipment like gloves and aprons when necessary and appropriately changed these to prevent transferring infection.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents and to reduce the likelihood of them happening again.
- Staff completed accident and incident records which were reviewed by the deputy manager and the registered manager to improve safety and prevent reoccurrences. For example, weight checks and food charts had been introduced for people who reported weight loss, and timely support was sought from healthcare professionals.

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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff carried out a pre-admission assessment of each person's needs to see if the service was suitable and to determine the level of support they required. This assessment included people's medical, physical and mental health needs; mobility, nutrition and social activities.
- Where appropriate, staff involved relatives in these assessments. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider supported staff through training to ensure they had the appropriate knowledge and skills to meet people's needs. Staff told us they completed a comprehensive induction training based on care certificate standards when they first started work.
- People told us that staff provided care and support that met their needs. One person told us, "They [staff] are very well trained."
- Training records showed staff had completed mandatory training in areas including basic life support, food safety, health and safety, infection control, moving and handling, falls management, administration of medicines and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us they found the training programmes useful.
- Records showed the provider supported staff through regular supervision and yearly appraisals. Supervision included discussions about staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. One member of staff told us, "These are helpful, and additional training would be given if requested."
- Staff told us they felt supported and could approach their line manager, and the registered manager, at any time for support.

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

- Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. One person told us, "They [staff] do foods of the world." Another person said, "The food is excellent, meat, non-meat, two options on every level." One relative commented, "There is a private dining room. We have had a couple of meals, excellent." Another relative stated, "My [loved one] is eating more food and is stronger."
- Staff recorded people's dietary needs in their care plan and shared this information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. For example, we saw information available to kitchen staff about who needed soft or fortified diets.
- The service protected people from the risk of malnutrition and dehydration. We saw action had been taken

where risks associated with nutrition had been identified. For example, where people were at risk of malnutrition, records showed that staff sought advice from a dietician and completed food and fluid charts to monitor people's intake. We saw during the inspection that staff ensured people were kept hydrated and juices and snacks were available and offered to people throughout the day.

- People received appropriate support to eat and drink. Interactions between people and staff during a lunchtime meal were positive and the atmosphere was relaxed and not rushed.
- We observed staff providing support to people who needed help to eat and drink and encouraging them to finish their meal and were addressed by their first name.

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

- The provider had strong links and worked with local healthcare professionals including a GP surgery, district nurses, occupational therapist, speech and language therapist and dietician.

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

- The provider met people's needs by suitable adaptation and design of the premises. People's bedrooms were personalised and were individual to each person. Some people had brought personalised items from home which had been used to make their rooms familiar and comfortable.
- Access to the building was controlled to help ensure people's safety.

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

- Staff supported people to access healthcare services. One person told us, "I have had the GP twice. They [staff] keep an eye on me." Another person said, "A chiropodist comes every day, one for the hands and for the feet. At 3o'clock at night I had a medical emergency. They [staff] got me to a hospital, very good service."
- A GP visited the home regularly to review people's health needs and as and when necessary. We saw the contact details for external healthcare professionals, specialist departments in the hospital and their GP in every person's care record.
- Staff completed health action plans for people and monitored their health and supported them to attend appointments.

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

The Mental Capacity Act 2005 (MCA) provides 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The deputy manager and the registered manager were aware of MCA and DoLS and worked with the local authority to ensure the appropriate assessments were undertaken. Where applications under DoLS had been authorised, we found that the provider was complying with the conditions applied on the authorisations.
- Staff we spoke with understood the importance of gaining people's consent before they supported them.
- Records showed that people's mental capacity had been assessed relating to specific decisions about the

support they received where staff suspected they may not have capacity to make the decision for themselves.

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 the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were happy with the service and staff were kind and treated them with respect. For example, one person told us, "The staff are lovely, very friendly. We are delighted to have this place." Another person said, "It's to my taste. The staff are very friendly. I can always get in touch with someone here." A relative commented, "I've been really pleased, they [staff] show respect."
- People's care plans included details about their ethnicity, preferred faith and culture to ensure that staff could provide personalised care.
- Staff showed an understanding of equality and diversity.
- Staff we spoke with confirmed that people were supported with their spiritual needs where requested. For example, the provider arranged for people to attend a Church service to practice their faith.

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

- Staff involved people or their relatives in the assessment, planning and review of their care. For example, one relative told us, "We get letters to review my [loved one's] care plan every six months, very detailed and we sign it in the end, to say that I was comfortable with the level of care."
- Staff respected people's choices and preferences. For example, staff ensured people's choices were respected, such as the clothes they wanted to wear, food and drink preferences, and what activity they wanted to do during the day.
- We saw staff addressed people by their preferred names or titles in line with the information in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity, and that their privacy was respected. One person told us, "They [staff] can see first-hand what we need. The personal care couldn't be any better. They ask me, you want to have a shower or a strip wash? They are definitely respectful and considerate."
- People were supported to maintain their independence. We saw people with various mobility aids mobilising independently in the home. One person told us, "I could wash myself, but I do get help with bathing. I was myself generally. I have been able to get in and out of the bath." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to.
- People were supported to maintain and develop relationships with those close to them. The provider also organised social events and relatives were invited to promote relationships.
- We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.

- We noticed people's bedroom doors were closed when staff delivered personal care.
- People were well presented, and we saw staff helping people who needed support with hoisting and accompanying them to the dining tables. The staff used foldable screens for privacy when hoisting. Records showed staff received training in maintaining people's privacy and dignity.

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 the same. This meant 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

- 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.
- Staff completed care plans for every person, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends and communication needs. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service.
- Care plans were reviewed on a regular basis and reflective of people's current needs.
- Staff completed daily care records to show what support and care they provided to each person in line with the care and support planned for. Staff continued to monitor people's needs to ensure they were being met.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities.
- The service employed an activities coordinator who arranged various activities daily. These included an interactive screen on the table, bus trips, external musicians, gardening, arts and crafts and chair exercises.
- People responded positively to these activities, for example, we observed people engaging in a music activity, interactive screen on the table, singing along whilst smiling and laughing. One relative told us, "It's very good. It's like a hotel with care, activities, entertainment, and bus trips."
- Relatives told us there were no restrictions on visiting and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary. None of the people we spoke with had needed to complain. One person told us, "I have no complaints." Another person said, "If I have anything to say, I speak with whoever is in charge at the time." One relative commented, "My [loved one] raised two issues. We are happy with the outcome. If a Zimmer frame needs new rubber, we e-mail them. It is going to be sorted. Anything my [loved one] needs with the continence they [staff] deal with it."
- The provider had a policy and procedure for managing complaints and we saw this information was displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint.
- The provider had maintained a complaints log, which showed when concerns had been raised. Senior staff had investigated and responded in a timely manner and where necessary staff held meetings with the complainant to resolve the concerns. The registered manager told us that there had been no reoccurrence of these issues following their timely resolution. Records we saw confirmed this view.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager and the deputy manager were aware what to do if someone required end-of life care. Staff received training to support people if they required end -of life support. When people's needs changed and required nursing care they went into a nursing home. However, no-one using the service required end-of-life support at the time of our 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

At our comprehensive inspection of 22 and 23 March 2018, we found some improvements were needed to have an effective quality assurance system and processes. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found some improvements were needed, in relation to some aspects where medicines were not managed safely, and the falls management was ineffective. For example, staff training and competency assessment to handle specific medicines were not in place. Medicines administration records (MARs) did not contain the information necessary to ensure medicines were administered as prescribed, Staff were not following safe systems with regards to the administration of as and when required medicines. Numbers of medicines in stock and on medicines records did not reconcile. The arrangements for falls management was not effective. There was no action plan to suggest how the risks would be mitigated and their effectiveness was monitored after the quarterly audit was completed. The risk assessments of falls were inconsistent.
- The provider had not always identified issues that we found at this inspection and acted upon in a timely manner.

The provider and registered manager had failed to assess, monitor and improve the safety of the service provided. This was a continuous breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did see some areas of good practice with quality assurance systems and processes. The provider had systems and processes to assess and monitor the quality of the care people received. This included checks and audits covering areas such as health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, staff training, information and home governance, and night spot checks. As a result of these checks and audits the service made improvements.
- People and their relatives commented positively about staff and the registered manager. One person told us, "The management is good. The [registered manager - name] is very helpful. He's here virtually every day. He talks with people, asks if they want anything. If I want to talk to him, I leave my name at the desk. He'll

ring or come to my room or meet in the office." Another person said, "The management is excellent. The [registered manager - name], once he went behind the counter, washing glasses. We have been best friends." One relative commented, "The atmosphere is absolutely delightful."

- The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions.

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

- There was a clear management structure at the home. Staff were aware of the roles of the management team and they told us that the managers were approachable and were regularly present in the home.
- The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager had knowledge about people living at the home and made sure they kept staff updated about any changes to people's needs.
- We saw the registered manager interact with staff in a positive and supportive manner.
- Staff described the leadership at the service positively. One member of staff told us, the registered manager is doing a good job, had a visible presence and regularly supported staff during shifts, staff meetings and is approachable. Another member of staff said, the registered manager and the deputy manager are very helpful, they encouraged staff and supported in their career advancement. Staff morale had improved since the new registered manager in place.

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

- The provider sought people's views through the use of satisfaction surveys. We found most of the responses were good.
- The registered manager held regular meetings with staff where staff shared learning and good practice, so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, any changes or developments within the service.
- Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

Continuous learning and improving care

- The registered manager encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings.
- We observed that people, relatives and staff were comfortable approaching the registered manager and their conversations were friendly and open.

Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals. For example, they worked with dietitians, GPs, district nursing, SALTs and hospital staff. Records we saw confirmed this.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not making always sure there was proper and safe management of medicines and making sure risks from all falls were assessed and action taken to mitigate assessed risks. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality assurance system and process were always not effective, as they did not identify all the issues we found. |