

Priory Supporting Care Limited

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Inspection report

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Date of inspection visit:
04 September 2019
05 September 2019

Date of publication:
11 December 2019

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

Priory Supporting Care Limited is a residential care home providing personal care to 25 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

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

People did not always have access to their medicines due to stock balances not being available. Systems in place to monitor the quality of the service were not always effective and had not identified shortcomings we found during the inspection.

People told us they felt safe. Systems were in place to protect people from abuse. However, we found on two occasions the service had not notified local safeguarding teams in a timely manner. We have made a recommendation about this.

People told us they were happy with the care and support provided. When asked about the service one person said, "I am very lucky, a very nice home. The surroundings and staff are nice."

Risk assessments were completed to identify and manage risks to keep people safe. Staff were trained to support people to take their medicines and measures were in place to protect people from the spread of infection.

There were enough staff to meet people's needs and people did not have to wait long when they requested care or support. Pre-employment checks were carried out to ensure staff were suitable to support people. There were procedures for responding to accidents and incidents.

The service carried out assessments of people's needs prior to admission to the service to ensure they could meet their needs. 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 were supported to eat and drink enough to meet their needs. Staff had completed required training to perform their roles effectively and felt supported in their role. The service worked with other agencies to promote people's health, safety and well-being.

People were included in decisions about their care, including their wishes and preferences at the end of their life. People received care and support from staff who were caring and compassionate. One person told us, "The staff are caring and I feel comfortable and well cared for."

Staff treated people in a respectful manner maintaining their dignity and encouraging independence. One staff member told us, "People [using the service] are not children. You respect the way they need their care

delivered." Systems were in place to protect people's right to confidentiality. The service was respectful of people's equality diversity.

Care plans were person centred and included the individual needs of people. Care plans were reviewed monthly to reflect people's changing needs. Complaints procedures were in place and people told us they knew how to make a complaint. One person said, "If there were concerns, I would feel safe raising them, if there was anything to complain about."

People and staff told us they found the registered manager approachable and supportive. Staff were positive about the culture of the service.

Rating at last inspection

The last rating for this service was good (published 31 May 2017).

Why we inspected

This was a planned inspection based on the previous rating. The inspection was prompted in part due to concerns received about medicines administration records. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider has taken action to mitigate the risks.

Enforcement

We have identified breaches in relation to medicines management and leadership of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan 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 ●

Priory Supporting Care Limited

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 one inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service was in the process of a management change. A new manager had been appointed and planned to apply to the Care Quality Commission to become the registered manager of the service.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

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. This information helps support our inspections. We used all of this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with 11 members of staff including, the registered manager, deputy manager, home manager, quality and compliance manager, laundry staff, maintenance staff, senior care worker, care workers and chefs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training 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 good. At this inspection this key question has now deteriorated to 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.

Using medicines safely

- Peoples medicines were not always available in the necessary quantities. This meant people may be at risk of their medicines not receiving their medicines as prescribed. Protocols for administering PRN (as and when required) medicines were not always up to date.
- Staff kept electronic records when they administered medicines. These records showed there had been seven medicines out of stock for at least two days in the previous 28 days. This meant seven people may be at risk of harm because they did not receive their prescribed medicine when it was needed due to the lack of supply. There were clear records staff had requested repeat prescriptions. However, staff were not identifying stock shortfalls in a timely manner prior to medicines running out despite there being a weekly stock check.
- Where people were prescribed PRN medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective. However, these were stored in the care files, not with the medicines and there were no review dates on the sample we saw. This meant up to date guidance was not readily available to staff to ensure people received these medicines when required and were administered by staff who understood when to administer.
- We spoke with the registered manager about these findings. They told us they would continue to make attempts to resolve the delay with future repeat prescriptions and would be reviewing the PRN protocols.

We found no evidence that people had been harmed. However, systems were not effective to demonstrate effective medicines management. These findings demonstrate a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Records confirmed staff had received medicines training and their competency to administer medicines was checked. When administering medicines, staff supported people patiently to take their medicines.
- There was a system of reporting and recording medicines errors and action was taken to resolve individual errors, through staff training and supervision.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to minimise the risk of incidents of abuse. However, on occasion concerns were not always raised in a timely manner with the local safeguarding authority. For example, incidents relating to the shortage of people's medicines and a medicines error. We spoke with the management who explained the oversight was due to miscommunication between the staff team regarding which staff member would complete the report. Immediate action was taken by the registered manager during the inspection to report this to the local safeguarding authority.

We recommend the service review communication procedures to minimise the risk of such incidents reoccurring.

- People using the service did not have any concerns about safety and told us they felt safe. One person said, "I am safe and well looked after. If I had concerns, I would talk to one of the staff."
- The registered manager and staff we spoke with demonstrated knowledge of the safeguarding process to keep people safe. One staff member told us, "I've had the training and if I saw anything that shouldn't be, I would whistle-blow. I'm not here for covering the staff, I'm here for the safety of the residents." Records showed safeguarding training had been completed by all staff. The service had policies and procedures in place to guide staff about safeguarding vulnerable adults and whistleblowing.

Assessing risk, safety monitoring and management

- Risk assessments for people using the service were comprehensive and detailed.
- People's risk assessments highlighted their individual risks and included guidance for staff on how to manage and mitigate such risks. For example, one person's risk assessment related to their risk of falls and included guidance for staff on how to support the person to mobilise in a way that managed this risk. These risk assessments were reviewed monthly or sooner if new risks to the person emerged.
- Steps had been taken to ensure the premise's were safe. There were systems in place to promote fire safety. Checks were carried out to ensure gas and electrics at the service were safe and in good working order.

Staffing and recruitment

- People using the service told us there were generally enough staff during the weekdays but felt there could be more during the weekend. One person told us, "Sometimes there is not enough staff [during the weekend]. They are too busy to talk." However, another person told us there were enough staff but noticed staff were busy when, "One carer was going to the hospital with someone."
- Staff told us they did not have concerns about staffing levels. We looked at staff rotas and noted staff allocation covered unplanned staff absence and when staff accompanied people to healthcare appointments. We saw staff were available to support people when requested.
- The service used a dependency tool to calculate the number of staff hours required to meet people's needs depending on their level of dependency. We found the service consistently provided additional hours above what was indicated to meet people's needs.
- Safe and effective practices were followed by the service. This meant the service could be assured that staff employed were suitable to provide safe care and support. Checks such as criminal records checks, employment history, references, proof of person's identity and eligibility to work in the UK had been carried out during the recruitment process.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff were aware of their role and responsibilities in this area.
- Staff had received training and told us how they minimised the risk of infection by using correct hand washing techniques and disposal of contaminated waste.
- The service provided personal protective equipment (PPE) for staff to wear including gloves and aprons.
- Cleaning schedules were in place to ensure and monitor the cleanliness of the service.
- Food hygiene certificates for the service were up to date and daily checks ensured food safety standards were maintained.

Learning lessons when things go wrong

- There were systems in place to learn lessons following incidents and accidents.
- Staff were aware of the reporting procedure and told us they would record the information in the handover and communication records and discuss.

The registered manager had systems in place to track trends relating to accidents and incidents. People's care files and risk assessments were updated following any accidents or incidents to mitigate the risk of reoccurrence.

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

- People's needs and choices were comprehensively assessed to achieve effective outcomes for their care and support.
- People felt staff knew them well and understood their needs. One person said, "All of the staff are lovely. I have help with washing and dressing. I get clothes ready the night before and they ask my likes and dislikes."
- Pre-admission assessments were carried out before people were admitted to the service. This included their social history, health conditions and physical and mental needs. This assessment was completed to determine if the service could provide the support they required.
- People had a key member of staff who liaised with them and their relatives to ensure their care and support preferences were met.

Staff support: induction, training, skills and experience

- ● People told us they felt the staff were well trained to carry out their roles. One person said, "Staff know their jobs, my family say how good staff are."
- Staff were supported to carry out their role effectively. Staff had opportunities to obtain further qualifications in health and social care. One staff member said, "I get so much training and can develop to pass other qualifications."
- Staff were positive about the induction process. Staff completed an induction course when they began working at the service. One staff member said, "People think caring is only about personal care but the induction meant I know my job in detail."
- Staff had development plans which detailed courses and training they would like to undertake to achieve their career goals. Records showed staff completed a programme of mandatory training and refresher courses to effectively perform their role. Staff told us they found the training informative. One staff member said, "We have training in groups or by e-learning. Our training gets updated but any training I want I get put on it and that's nice."
- One-to-one supervisions and appraisals were carried out to enable staff to discuss any issues they may have and to set goals for their development. Staff told us they felt supported in their role. One staff member said, "It's [supervision] a time to discuss anything and everything to do with the job, and to know if you are doing well. I know I'm doing well in my role and that makes me want to keep on doing better."

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

- People were supported to eat a balanced diet that met their individual preferences. One person told us, "I eat vegetarian meals and fish. I enjoy fish and chips on Fridays." Another person said, "The food is very good. I always have a choice. Plenty of fruit drinks, especially when it is hot." We observed meals were well

presented and most people cleared their plates. People who required a softer diet had their menu choice prepared in a way that was appetising.

- People who required support with their meals were supported with patience and their dignity maintained.
- Menus were rotated every four weeks. People were able to change their meal selection if they wanted to. For example, we saw one person decided they didn't want the dessert on offer and opted for a slice of cake instead. During the afternoon we observed the chef speaking with people about what they would like for supper. Some people opted for a cheese flan and the menu was altered in accordance with their wishes. People told us the chef regularly asked what they would like for supper and made the suggested changes.
- Snacks and refreshments including fresh fruit and fortified drinks were offered regularly throughout the day to maintain people's nutritional needs. Fluid, food and weight charts were maintained and updated to ensure people received enough to eat and drink. Referrals were made to dieticians where necessary.

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

- The service worked closely with health professionals to ensure people had access to healthcare services. Records showed health care appointments were attended and referrals made for people using the service.
- People told us they had access to healthcare. One person said, "I can put my name down to see the doctor or dentist." However, some people were less positive. Three people told us they did not always receive the required level of service from some healthcare professionals.
- We spoke with the registered manager about this. They told us the service found it challenging at times to ensure people received visits from health professionals in a timely manner. We saw records of requests made by the service to health professionals and follow up calls and correspondence. The registered manager told us of plans in place to manage this. Following the inspection, we received updates from the management team regarding actions taken. We were satisfied the service had begun taking action to resolve this.

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

- The service was designed and decorated in a way that met people's needs.
- The décor and adaptations to the premises were appropriate for people living with dementia. There was clear signage to assist people to find their way around the service independently.
- Bedrooms were personalised, and people chose the colour scheme for their bedding and soft furnishings. There were many items around the service to promote sensory stimulation and reminiscence. For example, aquatic displays and vintage items. Staff ensured murals in the service were personalised to people's memories and background.

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.

- The service was working within the principles of the MCA. Conditions on authorisations to deprive people of their liberty were being met.
- Staff had attended relevant training, were able to explain the principles of the MCA and were aware of current DoLS in place for people using the service.
- People told us staff sought consent before supporting people. When asked if staff sought consent one person said, "Yes. They ask my permission."
- We observed staff sought consent before carrying out care and support. When asked about consent one staff member said, "You have to tell them (people using the service) what you would like to help them with and wait for their consent before you do anything." Another staff member said, "We always have to get consent first, then you can support them."

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 told us staff were caring. One person said, "The staff are caring, they are all lovely." Another person told us, "There is a nice feeling here, relaxing. You can have a laugh with the staff."
- Staff supported people in a caring, compassionate manner and had a positive relationship with people using the service.
- Staff knew and respected the people they were caring for and supporting, including their preferences, personal histories, backgrounds and potential. Staff told us how they built and maintained positive relationships with people and their relatives. One staff member told us, "It starts with the care planning and that tells us what they are about. Then you just keep talking and building on that to really get to know them." Another staff member said, "You have to build a relationship with them [people using the service]. Talk to them and spend time. It's about communication and reassurance."
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff understood discrimination were forms of abuse. Staff told us people were not discriminated against because of their religious beliefs, race, gender, age or sexual status. One staff member said, "No one is supposed to be treated differently. We respect each person for who they are."
- The service sought ways to remove and reduce barriers relating to equality. Events were arranged to celebrate equality and diversity. For example, a 'Pride' cocktail afternoon was arranged in celebration of the LGBT community.

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

- People were supported to be involved in their care and to express their views. One person told us, "They do ask [about care decisions]."
- People were supported to make changes to their care and support. Individual care plans showed changes to people's care specified by the person. For example, one person's care plan detailed changes they had made regarding preferences to their morning routine.
- Staff supported people to make decisions about their care. One staff member said, "We make sure we keep checking with them [people using the service] and the relatives how they want things done and update the care plan."

Respecting and promoting people's privacy, dignity and independence

- People were respected and their dignity and privacy maintained. One person said, "I do feel that the staff respect my privacy and dignity."
- Staff gave examples of how they maintained people's privacy and dignity. One member of staff said, "Not

telling the whole room if we are going to support someone to the toilet." Staff also described their approach when carrying out personal care. They told us they ensure people were not unnecessarily exposed and closed doors, windows and curtains. We observed staff knocking doors before entering and seeking consent to enter people's rooms.

- Staff promoted people's independence. We observed staff encouraging people to do tasks for themselves and to be involved with small tasks in the home at meal times. One person who was being supported by staff with small tasks in the dining room told us, "I like helping, a [person's] work is never done. I've always been a busy one." Another person told us, "The staff do listen to me and encourage me to do as much as I can."

- To encourage independence, breakfast was self-service. With the support of staff, people were able to select their choices and serve themselves.

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 ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and contained information about people's needs, their likes and dislikes. There was guidance for staff on how to meet people needs. For example, one person's care plan had detailed guidance for staff regarding the persons difficulty with sleeping at night.
- People were involved in the planning of their care and support. Care plans were reviewed monthly with the person using the service. People were positive their involvement in care planning. When asked about their care plan one person told us, "They [staff] know exactly what to do. I have seen my care plan. It was filled in front of me. I made alterations and corrections to it."
- People had choice and control to meet their needs and preferences. One person told us, "I like to get up at 8am and I like a bath and I get a bath." Another person told us, "I usually go up [to my bedroom] at 11pm. I have a friend here to chat to."
- Staff were involved in reviewing care plans and understood the importance of planning and delivering personalised care. One staff member told us, "Care plans a very important it has to be by the person and about the person and what they want and need."

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.

- The service sought people's communication preferences and put processes in place to meet their needs.
- Pre-assessments and care plans included people's communication needs. One person's care plan stated, "[Person] likes to be spoken with. Speak in a quiet tone and a slow pace." We observed staff speaking with other people in a clear and gentle way if they had difficulty hearing.
- Information was in a large print format with appropriate use of colour and fonts to make reading easier for those who required this.

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 using the service and their families were supported to maintain relationships and participate in social activities. The service did not have restrictions on visiting hours and people told us their relatives visited often. People's care plans included information about the hobbies they enjoyed and places they liked to visit.
- We observed people had formed friendships and there were friendly exchanges between people as they

moved around the service.

- People told us there had recently been less activities due to a staff vacancy for an activity coordinator. Care staff told us they facilitated activities during the day when possible. We saw equipment available for art and craft sessions and observed staff interacting with people as they watched an afternoon film. Some people we spoke with told us it was their choice not to take part in planned activities. One person said, "There are no activities, not the home's fault. People don't really want to do it. Singers do come in."
- We looked at records of activities at the service. This included various performances and pet therapy visits. We spoke with the management team about activities and the staff vacancy. They told us the service had been without an activity coordinator for two weeks. Recruitment of a new staff member was in progress and they were awaiting references.

Improving care quality in response to complaints or concerns

- People told us when they raised concerns staff addressed issues compassionately. One person said, "I would speak to anyone [staff] if I had concerns. The staff do listen to me."
- People were supported to raise complaints and concerns and the service responded in a timely manner. One person told us their relative had made a complaint to the manager on their behalf and it was resolved promptly.
- We looked at the complaints received by the service since the last inspection. The service had taken appropriate action in line with their complaints policy and procedure.

End of life care and support

- Care plans included end of life care and detailed peoples wishes at the end of their life. Records included preferences relating to protected equality characteristics, culture and spiritual needs.
- At the time of the inspection the service was supporting people at the end of their life. We observed staff carried out care and support sensitively and with compassion. The deputy manager told us they ensured designated staff involved in the persons care were always available for continuity for the person and their family.
- Staff told us and records showed care and support for people was done in partnership with professionals such as palliative care team.

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 outstanding. 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.

Continuous learning and improving care

- Quality assurance systems were not always effective.
- The service had quality assurance systems in place to monitor the quality of the service and to improve delivery of care and support. Audits were completed monthly and included medicines, care files and record keeping, risk assessments, staff training and health and safety audits to monitor the safety of the premises. However, the systems in place did not always identify the shortfall we found in medicine management.
- Audits carried out had not identified shortfalls relating to staff handover systems. Handover forms were not always fully completed with information to inform staff of events which had taken place such as hospital appointments or when people had become unwell. The service used daily handover forms as well as a communication book to provide staff with information. We checked the communication book which included more information. However, this meant staff may not always have the most up to date information at the beginning of their shift. These findings were discussed with the management team during the inspection. The management team responded immediately during and after the inspection.

These findings demonstrate a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The new home manager took action to ensure staff had one source of receiving and giving handover and provided an update on the second day of the inspection. Following the inspection, the home manager submitted evidence of the changes made to the handover system.

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 registered manager was aware of their regulatory responsibility and of their duty to notify the Care Quality Commission (CQC) of significant events and had notified CQC when events occurred. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
- The service had a registered manager in post who was leaving the service. A new home manager was at the service for a week-long handover.
- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns.
- The management team were supported by members of the senior leadership team and told us they felt

supported in their role.

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

- People were positive about the culture of the service and told us they felt included. One person told us they didn't always go to meetings in the home but felt they were involved because staff spoke with them about changes. People knew the management team was changing and were sad to see the registered manager leave but were positive about the new home manager.
- Staff spoke positively about the culture and the registered manager. Staff described the registered manager as, "Supportive, "Fair," and "Kind." Staff told us the registered manager listened to their concerns, kept them updated with changes to the service and supported them to pursue additional responsibilities such as becoming dementia champions.
- Staff were positive about the management changes and had met the new home manager.
- The management team spoke positively about the staff team and described the staff culture as, "Really good." They told us the culture was, "A no criticism, open culture of learning and development."

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

- Systems were in place to gather feedback from staff and people using the service.
- We saw records of meetings for relatives and people using the service and their relatives. There was evidence of changes made following feedback. For example, the conservatory had been reorganised and updated as a result. Meetings had been planned to ensure people and their families could meet with the new home manager.
- The management team corresponded with people's relatives to ensure they were updated promptly regarding any changes to people's needs or health.
- Monthly staff team meetings took place at the service and were carried out more often when there were updates regarding changes to the service. Team meetings included updates for staff, training and policy updates, and discussion about the needs of people using the service. Staff awards were also given in recognition of achievements such as dignity in care, leadership, team work and putting people first.
- People's equality characteristics were covered in their pre-assessments and care plans. Staff were trained in equality and diversity. The service sought to meet the equality and diversity needs of people using the service and staff.

Working in partnership with others

- The service worked in partnership with other agencies such as health and social care professionals.
- The registered manager told us they worked with other agencies to develop practice around specific health conditions such as dementia. The service had received accreditation from various organisations for their achievements in care and support. This showed the service worked in partnership with organisations to follow current practice.
- Following the inspection we received information from the service regarding agreements put in place with health professionals to ensure people received access to care in a timely manner.

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>Care and treatment had not always been provided in safe way for service users as the provider had not always ensured the proper and safe management of medicines. 12 (2) (g). Safe care and treatment</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems and processes for assessing, monitoring and improving the quality of the service provided had not been operated effectively. Complete and contemporaneous records were not always available to inform staff.</p> <p>17 (1) (2) (a) (b) (c) Good governance</p>