

MCKAT Care Homes Ltd

Charnwood House Nursing Home

Inspection report

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Gloucestershire
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19 July 2023

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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

Charnwood House Nursing Home is a residential care home providing personal and nursing care to up to 35 people. The service provides support to older people, people with a learning disability, mental health, physical disability and people living with dementia. At the time of our inspection there were 21 people using the service.

Charnwood House Nursing Home accommodates people in 1 adapted building. There are communal areas available for people to access on the ground floor.

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

Nursing and care staff understood people's needs and preferences. However, people's care records were not always reflective of people's needs and did not always contain a clear record of the support people received.

Since our last inspection, the provider and registered manager had implemented a number of audits and systems to monitor, assess and improve the quality of care people received. However, these systems were not always effective in identifying shortfalls or in documenting actions required to improve the service.

People and their relatives spoke positively about Charnwood House and told us about the improvements they had noticed at Charnwood House in relation to the environment and people's care.

People's risks were known by staff and clear processes were in place to protect people from the risk of avoidable harm. The service had taken action following concerns identified at our last inspection in January 2023.

People and relatives spoke positively about care staff and felt there was a clear caring culture within the home. People had access to a range of activities which were tailored to their needs and interests. The registered manager and provider had plans to continue to improve and develop activities, including for people who were cared for in bed.

Relatives and staff spoke positively about the leadership of the home and felt the service was moving in the right direction. Staff had received additional training and support from the management and external professionals since our last inspection.

The registered manager and provider had worked with local authority commissioners and external professionals to improve the service people received. Professionals spoke positively about the service people living at Charnwood House Nursing Home received.

The provider carried out their own audits of the service and had recruited a quality assurance lead to assist the home. They were carrying out a range of audits to support the registered manager, this included audits

in relation to improving the quality and accuracy of people's care plans.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 18 March 2023) and there were 6 breaches of the regulations. The provider and registered manager completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made, however the provider was still in breach of 1 regulation.

This service has been in Special Measures since 18 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Inadequate to Requires Improvement based on the findings of this inspection.

We have identified a breach in relation to good governance 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 from the provider to understand what they will do to improve the standards of quality and safety. We will work with the 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.

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 ●

Charnwood House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors and an Expert by Experience carried out 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.

Service and service type

Charnwood House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Charnwood House Nursing Home is a care home providing nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in February 2023 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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 spoke with 8 people who lived at Charnwood House Nursing Home. We spoke with 6 people's relatives and a professional about their experience of the care and support provided by the service.

We spoke with 10 staff including the registered manager, clinical lead, 1 nurse, chef, 5 care staff and the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last inspection the provider had not always protected people from the risk of avoidable harm. Staff did not always use PPE effectively. People did not always receive safe care and treatment and were placed at risk of not receiving their medicines as prescribed. The service had not always notified safeguarding of concerns nor taken action to protect people from avoidable harm. These were breaches of regulation 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and regulation 13.

Assessing risk, safety monitoring and management

- Records relating to people's care and risk assessments were not always current or accurate. One person was at risk of choking. Staff understood the support they required to eat and drink safely but their care plan and other care documents did not contain accurate information around their choking risk for staff to refer to.
- Two people's care records had not been updated to reflect a change in the support they required to meet their needs. While staff understood their needs and the support they required, there was not a current record for staff to refer to.
- People's care notes did not always clearly provide guidance to care staff around people's needs. For example, 1 person's information in relation to Deprivation of Liberty Safeguards (DoLS) had been recorded, however not in the care plan or easily accessible to care staff.
- Staff did not always maintain an accurate record of the support they provided people. For example, repositioning records did not always document when staff had supported people to reposition prior to eating.

The provider did not always ensure current and contemporaneous records of people's care and medical needs had been maintained. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recruited a quality assurance lead who had completed an audit shortly before our inspection. Following our inspection, the provider and registered manager had reviewed this audit and our feedback and were implementing a plan to ensure people's care and risk assessments were reflective of their needs.
- People's needs and risks had been assessed since our last inspection. Clear guidance had been provided to staff on how to assist people. Additionally, the provider had sought support from external healthcare

professionals. Since the last inspection, these changes had led to a decrease in incidents and accidents at Charnwood House.

- Staff understood people's needs and risks and the support they needed to meet their individual needs. For example, staff confidently discussed the support they provided 1 person who was cared for in bed. A healthcare professional provided positive feedback on how care staff met this person's needs and protected them from the risk of skin damage.
- People were protected from the risks of their environment. The registered manager and provider ensured appropriate checks were carried out in relation fire safety, people's equipment and legionella.

Learning lessons when things go wrong

- Since our last inspection the registered manager and provider have implemented effective systems to protect people from avoidable harm. People's risks had been assessed and care plans were in place to assist people when they may become anxious.
- When incidents have occurred, actions have been taken, including informing safeguarding of any concerns, and implementing management plans following incidents.
- The provider and registered manager had made improvements to Charnwood House based on actions and recommendations made following our last inspection.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was safe. Comments included: "I have peace of mind that [relative] is cared for" and "I don't think [relative] would be safer anywhere else. I have no concerns."
- The registered manager was visible and regularly worked alongside staff which made it easier for any concerns to be identified or reported. The management team had started relative meetings to enable people to share any concerns.
- Since the last inspection, the registered manager and provider were ensuring all safeguarding concerns were raised with local authority safeguarding appropriately. This enabled them to ensure safeguarding concerns were managed effectively.
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour. One member of staff told us, "I would raise any concerns to the manager, or safeguarding if required."

Using medicines safely

- People's medicines were stored safely, and they had received their medicines as prescribed.
- Systems had been implemented to reduce risks associated with people's medicines management. Where required people were supported with their medicines with food. Where this occurred, authorisation had been sought from the person's GP.
- Some people were prescribed medicines that were to be administered 'as required' when they could be anxious or distressed or were in pain. Since our last inspection the management team had reviewed and updated people's 'as required' protocols. These contained clear guidance for staff to follow, including when to administer these medicines and how to review the effectiveness of their prescribed medicines.
- The registered manager and clinical lead completed regular medicine checks. These audits had supported improvements in how people's medicines were managed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff followed guidance on the use

of PPE and removed PPE appropriately to reduce the risk of infection spreading.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection. People's relatives were free to visit Charnwood House as they wished.

Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the service. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. Staffing levels were based on people's contracted hours to ensure people had the support they required. The service used consistent agency staff to ensure these staffing levels were maintained. Comments included, "The staff are lovely and helpful" and "There is always someone around."
- Staff spoke positively about staffing at Charnwood House. Comments included, "It can be busy, however we have enough staff" and "There are enough staff. We have time to spend with the residents."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had not always ensured that they were following good practice when working with the principals of MCA. Additionally, people's individual needs had not always been assessed and planned for. This was a breach of regulation 9 and regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 and regulation 11.

At our last inspection we recommended that the provider review the environment with the needs of people living at Charnwood House in mind. We also recommended the provider review the training and support provided to staff. The provider had made improvements following these recommendations, please see details below.

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

- People's needs and choices were assessed and documented. Since the last inspection the service had implemented an electronic care planning system. This system reflected nationally recognised tools and guidance used to assess people's needs and risks.
- Where appropriate, people, their relatives and professionals were involved in assessing and planning people's care. One relative told us how they had been consistently involved in managing their loved one's care.

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

- The registered manager and staff worked with healthcare professionals to ensure people received effective care and support. Staff made referrals to appropriate professionals, including people's GP, community nurses and speech and language therapists. One professional gave positive feedback on how staff at Charnwood House worked with them.
- When guidance had been received from professionals this was used to inform people's care and support. For example, guidance on the equipment people required to support them with their mobility had been acted upon.
- Where people were living with diabetes there was a clear care plan to support people to maintain their health and wellbeing. These care plans had been carried out in accordance with professional guidance.

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

- People had access to a varied and nutritious diet. Comments from people and relatives included, "The food is lovely. [Relative] eats really well" and "I really enjoy it. It's good food".
- Where people had specific dietary needs, these were known and followed by care staff. People were supported with textured diets, including pureed food and thickened fluids in accordance with Speech and language therapy guidelines. We observed staff assisting people in accordance with their assessed needs.
- The registered manager ensured fluids and foods were available to people throughout the day. They had recently set up a hydration station, including fresh fruit for people to enjoy in the lounge. One person told us, "It's really good. I can help myself."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and provider were now ensuring people's conditions were acted upon. For example, 1 person was now being supported with activities in the community in accordance with their DoLS authorisation. Another person's health had changed since their DoLS had been authorised. This had been recorded and changes made to their assessed care to reflect their changes and the conditions.
- People were supported to make day to day choices in relation to their care. We observed staff supporting people to spend their days as they wished. We observed people choosing the activities they would like to enjoy as well as the food and drink they had.
- Since our last inspection the registered manager and provider had reviewed and updated people's consent documentation. Where people did not have the ability to consent to their care, appropriate documentation was now in place around people's capacity and when best interest decisions were required.

Staff support: induction, training, skills and experience

- Since our last inspection the registered manager and provider had supported staff to access appropriate training and support in relation to dementia, anxious behaviour and learning disabilities. Training had been planned and carried out in accordance with the needs of people living at Charnwood House.
- Staff told us they had the training and support they needed to meet people's needs. People and their relatives told us staff had the skills they needed to meet their or their loved ones needs. Comments included, "The staff are really very good. They know what to do and keep me informed" and "The staff are amazing. I ring up every night between 7 and 7.30 and they are so helpful."
- Staff were supported by the registered manager with support including 1 to 1 meetings. Staff spoke positively about the support they received. One member of staff told us, "I have all the training and support I

need. If I needed more than I know I can ask for it."

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

- Since our last inspection the provider and registered manager had arranged for the home to be refurbished. Areas of the home had been redecorated to provide a homely atmosphere. One person's room had been changed to include a countryside picture wall which reflected the persons history and choice. The person spoke positively about their room, they told us, "I really like it."
- People and their relatives spoke positively about the changes made to the home. Comments included, "It's improved massively, the murals and artwork make it a lot nicer. It definitely feels more homely" and "There has been a definite change over the last 6 months."

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 question was rated as requires improvement. At this inspection the rating has changed to 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; Supporting people to express their views and be involved in making decisions about their care

- People's independence was promoted. Where possible, people were supported to maintain their independence. One person was supported to mobilise independently with equipment. When required, staff observed the person and worked at their pace.
- People received care and support in the privacy and comfort of their own rooms. Where people required personal care staff supported people with dignity. One person was anxious during the inspection, staff took time to talk to them. They supported the person to go to their bedroom and ensured they were settled.
- People were treated with dignity by staff. Staff spent time with people, playing games and supporting them with discussions and their choices. One person told us, "I ask to go in the garden and they are always happy to do that for me."
- Staff understood people's needs and preferences. They were able to discuss what was important to each person. For example, 1 member of staff discussed the support 1 person needed and how they liked to be involved in their care.

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

- People and their relatives spoke positively about the caring nature of care staff. Comments included, "[Relative] is care for. I can't fault the care" and "The staff are lovely and helpful. [Relative] have all the support they need."
- Staff responded to people's calls for assistance. We observed staff assisting people in communal areas and when they used call bells. People told us, "I like living here" and "You couldn't ask for more."
- Since the last inspection the registered manager had implemented personalised 'this is me' documents which were kept in people's rooms. People and their relatives had been involved in making these documents to ensure they reflected people's preferences.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had not always ensured people received care which was person centred and planned to their needs and wishes. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- Since our last inspection, the registered manager and provider had made improvements to ensure people and their relatives were supported to be involved in managing their care. This included involving people and their relatives in reviewing people's care and support.
- Care and nursing staff understood people's personal choices. One person had belongings in their room which were important to them. Staff knew to use these items to help reassure the person and maintain their comfort.
- People were supported with day to day choices and decisions. This included where they wanted to spend their time, what food and drink they wished to enjoy. One person told us, "I'm really happy here."
- Where people were living with dementia and could be anxious or resistive to care, staff had clear information on how to support them, keep them safe and maintain their wellbeing. One relative told us, "We don't worry about [relative]. [Staff] know everybody and they know what they like."
- People's relatives told us they were involved and kept informed about their loved one's care and treatment. Relatives were given access to their loved one's electronic care records. They spoke positively about having current information. Comments included, "I can log on and see what [relative] is up to. It's reassuring" and "I have access, it has been really helpful. I know [relative] is getting the support they need."

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

- People were supported with a range of activities provided by activity and care staff. We observed staff providing people with activities and engagement tailored to their needs, including arts and craft, ball games, reading and reminiscence.
- People were being supported to access the local community. One person discussed how they had enjoyed going out to the cinema and enjoyed their life at Charnwood House. They told us, "We've potted plants and flowers too. A lady comes here on a Friday and does some music, pub songs and dancing. We have a good time here."
- People were supported to build new relationships as well as maintain them. Two people living at

Charnwood House had built a good friendship which they both enjoyed. One person's relative spoke positively about this friendship and how it had supported their relative to settle.

- The registered manager and provider had plans to promote and develop meaningful activities within Charnwood House. While people and relatives spoke positively about improvement in activities, the registered manager had further plans to improve people's access to activities and access to the community. The registered manager had engaged with local support groups around the provision of meaningful activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's communication needs had been recorded as part of their care plan. This included the support the person needed to communicate and make choices. Staff spoke positively about how they engaged with people and supported them to communicate.
- Where people were not able to communicate verbally, staff had clear guidance on how to assist people to communicate their needs. This included observing people's body language and facial expressions to support them express their wishes.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint to the service and felt their complaints would be listened to. One relative told us, "I would go to [registered manager] if I had any concerns."
- The management acted on complaints and concerns in a timely manner. We reviewed the providers response to recent concerns. The registered manager engaged with people's relatives and professionals where required to communicate actions they had taken.

End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals. Where relevant, anticipatory medicines had been prescribed by health professionals.
- Staff spoke positively about end of life care and how they ensured people received the care and support that was important to them, including being visited by their loved ones.
- Where people had recorded their wishes for their end of life care, these were known to the staff. The registered manager had plans to improve the level of information they held on people's choices about their end of life care.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had not operated effective systems to identify concerns and drive improvements. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Additionally, the provider had not always notified us of incidents and events in accordance with Regulation 16 of the Care Quality Commission (Registration) regulations.

The provider had made improvements at this inspection, however was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection the registered manager and provider had implemented a number of good governance systems. These included audits in relation to medicines, care plans and health and safety. A number of these systems were not always fully effective or implemented at the time of this inspection. Care plan audits had been carried out by the registered manager on a monthly basis. These audits had not always identified where people's records were not always current or reflective of people's needs.
- The registered manager had implemented audits in relation to activities and health and safety. These audits identified shortfalls and areas for improvement. However, there was not a clear documented record of the action required or who should complete this action to ensure improvements had been made.

The provider and registered manager did not always operate effective systems to monitor, assess and improve the quality of care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some of the audits implemented by the registered manager had been effective in driving improvements since our last inspection. For example, systems around incident and accidents, the environment had identified improvements had been made.
- The provider carried out their own audits of the service and had also employed a quality assurance lead. The quality assurance lead had carried out recent audits which identified where improvements were required in relation to care plans and governance systems in the service.
- The registered manager and provider were notifying CQC of incidents and accidents which occurred at Charnwood House Nursing Home. The registered manager understood their responsibility to notify CQC appropriately.
- People and their relatives spoke positively about improvements the registered manager and provider had made. Comments included, "We talk to [registered manager] and he is brilliant." and "Things have improved

quite a bit. [registered manager] and [representative of provider] have worked really hard."

- Staff spoke positively about the support they received and that they had clear guidance on their roles. Comments included, "I feel supported. It is very good here, they are supporting me to become a nurse" and "I have everything I need. Things have really improved."

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 and provider understood requirements in relation to duty of candour and had an open and honest approach. They demonstrated this by engaging with people's relatives and partnership agencies including the local authority and safeguarding following incidents or concerns. The registered manager and provider had been actively engaged with safeguarding processes since our last inspection.
- The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.

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

- People benefited from a positive culture in the home. Staff demonstrated a strong desire to achieve good outcomes for people. People's relatives spoke positively about the service. Comments included: "The staff know the residents so well. There is always a homely feeling" and "The staff are amazing. I ring up every night between 7 and 7.30 and they are so helpful. They tell you the truth. If she's had a bad day or a good day I know about it. They told me when they needed the doctor about her foot."
- The registered manager and representatives of the provider were open and transparent throughout our inspection and were clearly committed to providing good quality care. They were keen to show the improvements they had made as well as discuss further improvements for the home.
- Staff told us they felt supported by the management and provider. Comments included: "I think the care we provide here is fab" and "I have everything I need."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives views were sought. People were encouraged to voice their opinions about the service and how they were supported. One relative told us, "It's improved. There is more communication. I feel listened to."
- Staff felt supported to express their views and felt the provider and registered manager listened. They spoke positively about teamwork at the home. One member of staff told us, "We work well as a team. We can raise ideas. I feel we're listened to."
- Staff liaised with specialist health and social care professionals for guidance and took on board any advice given. Where professionals had been involved in people's care there was a clear record of their guidance and support recorded. One professional spoke positively about the responsiveness of the service and how they followed their guidance to provide people with effective care.

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
Treatment of disease, disorder or injury	The provider did not always ensure current and contemporaneous records of people's care and medical needs had been maintained. The provider and registered manager did not always operate effective systems to monitor, assess and improve the quality of care.