London Residential Healthcare Limited

Albany Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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
Albany Lodge Nursing Home is a residential care home providing personal and nursing care to 92 people at the time of the inspection, some of whom were living with dementia. The service can support up to 100 people.

People's experience of using this service and what we found
We received positive feedback from people and relatives about their experiences of using the service. One relative summed up the service as "a good care home, no issues. Staff are really supportive. Four and a half stars out of five."

The service had experienced inconsistency in clinical leadership since our last inspection in February 2019, which meant some standards had deteriorated. We found risks relating to pressure ulcer prevention, the home environment and the use of equipment were not always managed appropriately and people were at risk of harm. We also found instances where the provider had not demonstrated they learned lessons when things went wrong. When we fed this back to the registered manager, they promptly took action to address the issues we raised. However, at the time of our inspection the provider's systems were not sufficiently robust to identify and resolve such issues or follow them up within a suitable timescale.

We have made a recommendation about improving the home's quality assurance systems to ensure actions are followed up promptly.

The home had systems to ensure there were enough staff to care for people safely and safe recruitment processes were followed. However, staff were not always deployed effectively around the service to ensure people in all parts of the home always had enough support. Staff understood how to protect people from the risk of abuse and ill treatment. Medicines were managed safely and there were systems in place to protect people from the risk of infection.

Although we found some shortfalls in safety and quality, the provider had begun taking steps to ensure that in future these issues would be identified and addressed more effectively. This included recruiting new staff to clinical leadership roles. A comprehensive range of checks and audits was used to continually improve other aspects of the service and people's experience of their care. People, staff and relatives were involved in the process and their feedback was used as part of this. Staff were aware of their responsibilities and communicated well. They shared a clear vision and values that put people at the centre of what they did. The provider worked well in partnership with other agencies.

Staff supported people in ways that respected and promoted privacy, dignity and independence and were kind, respectful and empathetic. They treated people with compassion and dignity, provided emotional support when needed, supported people to feel included and valued, and supported people to make choices about how they lived their lives.

People experienced care that was personalised and considered their needs, preferences, backgrounds and interests. The provider made an effort to strike the right balance between meeting people's needs and respecting their preferences, and involved people and relatives in decisions. Care plans included individual needs and preferences around end of life care. People's communication needs were met and there were enough suitable activities to keep people meaningfully engaged and protected from the risk of social isolation. People knew how to complain and told us the provider was responsive to any concerns they raised.

Rating at last inspection
The last rating for this service was good (published 29 March 2019).

Why we inspected
We received concerns in relation to pressure ulcer risk management, communication with relatives, standards of personal care and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe, caring, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect the key question of effective. Ratings from previous comprehensive inspections for that key question were used in calculating the overall rating at this 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 good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. The provider took action to mitigate the risks to people that we found, and we will check the effectiveness of this at our next inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Albany Lodge Nursing Home on our website at www.cqc.org.uk.

Enforcement
We have identified a breach of regulation in relation to safe care and treatment. 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Albany Lodge 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 Care Act 2014.

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
This inspection was carried out by two inspectors, a Specialist Advisor with expertise in pressure area care and wound management, 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
Albany Lodge Nursing Home 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service, including feedback received from relatives and other agencies, notifications the provider is required to send us about significant events at the home such as deaths and serious injuries, and other information such as staffing levels and infection control data. We spoke with representatives from the local authority commissioning and safeguarding teams to discuss the information we held and any concerns about the service.

The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service, the registered manager, area manager and seven members of staff including care staff, nurses, maintenance and activities workers. 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 looked at four people's care records, three staff files and a range of other records including medicines records and health and safety checks.

After the inspection
We conducted telephone interviews with seven relatives of people who used the service and spoke in more detail with the registered manager and senior managers. We reviewed evidence we asked the registered manager to send us, which included staff rotas, training records and management checks.

Requires Improvement

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.

Assessing risk, safety monitoring and management

- At our last inspection in March 2021 we found some health and safety risks in the home such as equipment not being stored safely and some shortfalls in fire safety procedures and documentation. At this inspection we found the provider had addressed most of these issues.
- However, we found some safety issues within the home environment were still outstanding or otherwise not being addressed in a timely way. For instance, monthly checks in one person's bedroom showed their window handle had been broken and their call bell not set up correctly for at least four months. A maintenance worker confirmed they were aware of a problem with door latches slipping and locking people in their rooms. While we were on site, one person became locked in their room and the maintenance worker had to remove part of the door mechanism to open the door. We were concerned about the risk of people becoming trapped in their bedrooms in an emergency or at times when no maintenance staff were available. We fed this back to the registered manager, who arranged for maintenance staff to check all bedroom doors and remove any unsafe locks while they waited for new doors to be delivered.
- Some information in risk assessments was inconsistent or unclear, including information about whether people should have call bells within reach as for some people who were unable to understand the purpose of the call bell this had been identified as a risk. Information used to assess what equipment people needed to prevent pressure ulcers was not always correct. This meant people may not always have been using the right equipment to protect them from the risk of developing pressure ulcers.
- We also found some other information relating to pressure ulcer risk management was incorrect or missing. This included errors in people's weight records, incorrectly calculated pressure ulcer and malnutrition risk assessment scores and a lack of photographs of people's wounds and pressure ulcers, which national guidance states should be used to track the progress of wound healing. One person's pressure ulcer risk assessment score had been incorrectly calculated for several months as being significantly lower than it should have been. This meant there was a very high risk of them developing a pressure ulcer but this had been missed and the risk was not being appropriately managed. We discussed this with the registered manager, who immediately arranged for staff to have additional training on completing the assessments. After the inspection we were sent the providers continuous improvement plan showing additional training for staff in this area, had been identified earlier in July 2021. We received assurance the service was working towards rectifying the discrepancies identified at our inspection.

The provider had recognised and begun to address most of the issues we identified around the environment and pressure ulcer risk management. However, at the time of our inspection systems to identify and manage these risks were not sufficiently effective. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Other individual risks, including those relating to falls, behaviour that may challenge the service and medicines, were managed appropriately and in a personalised way. One person told us they used an air mattress that helped reduce their risk of developing pressure ulcers. They said staff regularly checked to ensure the settings were correct and an alarm went off if it deflated. The interim deputy manager had initiated a system to track and monitor risks identified by clinical assessments and there were regular meetings with senior staff to identify any health and safety issues.

Learning lessons when things go wrong

● The provider did not ensure adequate action was taken to learn from incidents and safeguarding investigations and to ensure the same problems did not arise again.

● Despite an incident where a person had been injured after trapping a limb in a bed rail in June 2021, we found the provider was not following national guidance about bed rail safety. Several bed rails had gaps large enough for people to sustain injury in the same way. The home had the necessary equipment to address this issue but had not put it in place. We fed this back to the registered manager, who sent evidence shortly after the inspection that they had audited all bed rails and ensured any potentially dangerous gaps were addressed.

● We were also concerned that despite serious safeguarding concerns being raised recently about the management of pressure ulcer risks, the home still did not have robust systems in place to ensure these risks were properly managed.

This issue was part of the breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● Although there were enough staff to care for people safely, we were concerned the organisation and deployment of staff did not always allow for staff to be available to support people in all parts of the home. The provider used a dependency tool which enabled the registered manager to make an accurate judgement about the staffing levels they needed to keep people safe, including for one person who had benefited from one-to-one staffing. However, we noted a number of occasions during our inspection when people needed support but no staff were available. On one occasion care staff in one part of the home were not aware the nurses were in a meeting and would not have known where to locate them in an emergency. After the inspection the provider assured us that staff knew how to activate the emergency call bell in the event of the emergency and nurses would attend as a priority.

● People and relatives felt there were enough staff to care for people safely, but told us, "They are very busy" and, "Staff are tired … they really do their best." Some people felt although there were enough staff to keep them safe, staffing numbers did not always allow for staff to spend quality time with them.

● People and relatives told us staff came when they used their call bells, but sometimes they had to wait. One person said, "They usually take about 10 minutes" although another said they did not have to wait long. A relative said "he can wait around a bit [for staff]" but added they responded very quickly in emergencies. Another relative said staff could "take a while to get to someone." We raised these issues with the registered manager, who told us they would review how staffing was organised throughout the home.

● There were safe recruitment systems in place to help the provider make sure they recruited suitable staff to care for people.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe with the staff who cared for them and relatives felt the service was safe for their loved ones. They knew how to report any safeguarding concerns.

● The registered manager reported, investigated and followed up safeguarding concerns appropriately.

There was a safeguarding tracking system in place to ensure these things were done.
● Staff received training in safeguarding people from abuse. They were knowledgeable about how to recognise different types of abuse and how to report suspected or alleged abuse.

Using medicines safely
● Medicines were stored appropriately in a secure location at a suitable temperature, with opened dates clearly marked on packages and medicines stock well organised.
● Systems were in place to ensure medicines did not run out or exceed their use-by dates.
● Medicines were recorded appropriately, showing people received their medicines as prescribed, and there were protocols in place to ensure people received "as required" (PRN) medicines at appropriate times.

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.
● We were assured that the provider was accessing testing for people using the service and staff.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

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 relatives told us staff were kind and friendly, including staff who did not directly provide care. Two people told us the maintenance person on duty was "lovely." We observed staff interacting with people in a caring way, appearing to show genuine affection for people and demonstrating an interest in their opinions. A relative told us, "All the staff seem to love [relative]" and other relatives spoke of staff coming across as affectionate and genuinely caring about people.
- Staff made an effort to get to know people well, which helped them support people in ways that respected their individuality. People and relatives confirmed staff knew them well. Care plans contained information about people's life history, achievements, interests and other information to help staff get to know them and support them in a way that made them feel valued as individuals. The service respected people's wishes if they preferred to have certain members of staff support them with personal care.
- People were treated with compassion and empathy. We observed staff supporting a person who was showing signs of mild distress by talking to them in a calm and gentle manner and offering them an activity they liked as a diversion.
- People whose behaviour challenged the service had personalised behaviour management care plans that explored the reasons behind their behaviour and how they were likely to be feeling. The focus was on how to interpret non-verbal communication, how to promote self-esteem and how to engage people in meaningful conversation even if they did not communicate verbally. This was to help people feel understood and well supported, and to help reduce episodes of behaviour that challenged which can undermine people's dignity and comfort.
- The registered manager ensured staff understood the need to treat people and their relatives with empathy while visiting was restricted due to COVID-19. Staff were aware that people and their families found the restrictions difficult and might sometimes be upset or angry as a result.
- Staff understood the importance of equality and diversity. They received regular training in this area.

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

- People told us staff respected their wishes and kept them informed about what they were about to do. One person told us, "Staff are good. They go over what they are going to do or ask me what I need. I feel they listen to me and know how I like things to be done."
- We observed staff supporting people to decide how they wanted to spend their time, for example by showing a person what TV programmes were on and helping them decide which they wanted to watch, or by asking them about their plans for the day and what they would like staff to do for them. We also heard the registered manager ask people if the music playing at lunchtime was what they wanted to listen to.

● Staff offered people choices of what to eat and where to sit at mealtimes. There was a pictorial menu to help people make choices.
● People had opportunities to express their views and to be involved in decisions about their daily lives. The service had a new activities lead who was in the process of speaking with each person to ask them about their choices around food, home décor, activities and other day-to-day things.

Respecting and promoting people's privacy, dignity and independence
● Staff supported people in ways that promoted dignity, for instance by checking they were comfortable while carrying out care tasks. One person confirmed, "They talk to me while I'm getting help." Staff received training in dignity and respect to help them understand how best to do this.
● We observed staff respecting people's dignity in the ways they offered support. For instance, when people needed to use the toilet staff supported them in a discreet way and when one person's trousers appeared too loose a member of staff tactfully offered to get a belt from their room.
● People received support that promoted their independence as staff allowed them to do as much as possible for themselves, only offering additional support when needed. For instance, one person appeared confused and left the table in the middle of a meal and staff spoke to them, gently guided them back to the table and sat with them for the rest of the meal to ensure they had all the support they needed.
● The service was set up to enable people to live as independently as they could. An example we saw was a person who was unable to get out of bed, but their bedroom setup allowed them to use their TV and gaming system, make telephone calls to family and do other activities independently. This meant they had control over how their social needs were met.

Good

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

● People's care plans included their preferences and people told us staff provided care in line with these. Where people's preferences conflicted with what was in their best interests, care plans sought to find the best compromise between the two, with people's agreement. Relatives told us staff made an effort to respond to people's preferences, with examples such as the home seeking out a chef who was able to cook food relevant to the person's cultural background.

● People told us staff understood how to respond to their needs and relatives felt people's needs were met. One person said, "I have confidence in them" and gave some examples of how staff provided them with the right care at the right times. A relative told us, "She's peaceful and she's being well-looked after" and another relative said, "They take a great deal of care. The nursing staff in particular are meticulous." Several relatives singled out specific staff as being particularly good, with comments such as, "[Staff member] is excellent and looks after [relative] very well," "[Staff member] is very good" and "[Staff member] is lovely."

● Care plans contained detailed information about how to support each person with care tasks such as washing, eating and mobilising. There was enough information for staff to provide personalised care in line with people's preferences as well as their basic care needs.

● Care plans covered people's physical health needs, emotional and mental wellbeing, personal care, preferred daily routines and other information. There was strong attention to detail, designed to help staff provide care that was truly personalised. Although there could have been more information about meeting people's cultural and religious needs, the registered manager had already identified this as an area for improvement and was working on it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's care plans contained information to help staff understand their communication needs. This included how staff should approach people, the language to use and how to interpret what people were communicating to them. One person's relative told us, "One of the nurses printed out the alphabet for [person] to help her communicate because of speech problems".

● Staff received training to help them understand and meet the needs of people living with dementia, who may have a range of specific communication needs.

● Information such as menus was available in different formats including pictorial and large print to help people understand what their choices were.

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

● Staff spent time with people who preferred or needed to remain in their bedrooms to help them remain engaged in meaningful activity and prevent them from becoming isolated. A relative told us, "They do try to get him to join in." We observed one member of staff chatting and laughing with a person as they listened to music in their bedroom, both clearly enjoying the interaction. A relative told us their family member was "timid" and did not like to call for staff, so staff ensured the person sat where they would be easily seen "so she won't get forgotten about." We observed staff going out of their way to include people who were quiet or did not communicate verbally in conversation and activities so they did not feel left out.

● Staff gathered information about people's interests and how they liked to spend their time, which helped them plan personalised activities that were relevant to people. A relative told us their family member always seemed happy when engaged in activities.

● The provider had identified they could do more to support people to engage in physical activities and exercise and had begun working on this. They also researched evidence-based approaches to engaging people living with dementia in meaningful activity and where necessary acquired resources to facilitate these types of activity. Examples included "rummage boxes" containing objects of reference designed to facilitate reminiscence conversations and provide comfort and stimulation for people living with dementia.

● The home contained several quiet areas with religious texts where people could choose to spend their time if this was relevant to them.

Improving care quality in response to complaints or concerns

● People and relatives knew how to complain and told us the provider was responsive to any concerns they raised. One person said, "The nurses are pretty good and take care of most issues" but went on to say they would report issues directly to the registered manager if the nurses were unable to deal with them. A relative told us they had raised a concern "about the state of [relative's] room, and a few days later it was redecorated and [relative] was happy. It looks lovely."

● We saw evidence the registered manager acted in response to informal complaints and concerns, such as speaking to staff about how their tone of voice could unintentionally come across as disrespectful.

End of life care and support

● Records showed staff had advance discussions with people and their families about their preferences for end of life care. This meant they were able to plan for an unexpected deterioration in people's health and would know how best to support people at the end of their lives before it was too late to gather this information. Relatives confirmed they had been able to express their views about this.

● End of life care plans covered who people wanted to be involved and to visit them, any religious needs and people's wishes around where they would like to be at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

● We had some concerns about the consistency and quality of clinical leadership at the service since the last inspection, which had led to standards deteriorating in some aspects of clinical care. However, the provider had already taken steps to address this. The service had a clinical lead and a new deputy manager who were providing additional clinical oversight for a temporary period. They were in the process of recruiting permanent staff to these positions.

● Nursing staff told us things had been difficult without consistent clinical leadership, but they felt well supported by the provider and registered manager and were confident they were able to perform their jobs well.

● There was a daily meeting for senior staff, including nurses, catering staff and other key staff members, to discuss what was happening in the home including important events, any risks or other problems and what they needed to do. The registered manager also held regular meetings specifically to discuss health and safety issues, organisational values and other matters staff needed to be aware of to understand their roles and responsibilities. Meetings were recorded with good quality notes so anyone who was not present would be able to understand what was discussed.

Continuous learning and improving care

● There were thorough health and safety checks of the environment, which staff carried out regularly. These were effective in identifying issues that needed to be addressed. However, the systems in place did not ensure actions were followed up in a timely way when needed. We found a number of issues the provider's checks had identified but several months later they had still not been addressed.

● The registered manager regularly checked people's care plans to ensure all the required information was present. However, these checks did not always pick up mistakes in clinical assessment information, which in some cases meant people's risks were not adequately managed.

● There were some issues around record keeping. The home was moving toward use of an electronic care documentation system and staff had started to transfer information onto the system. However, we found some incorrect information was being copied across without being checked so the new assessments and care plans would contain inaccuracies. After the inspection the provider told us this system was not used by staff at the time of our inspection. They assured us all data would be audited to make sure the information was correct before staff used the system.

● The interim clinical lead and deputy manager demonstrated they were knowledgeable about the improvements that were needed, had identified many of the same issues we found and the provider had

started to take action to address the problems. The clinical lead told us they were confident the necessary improvements would be made within a suitable timescale and showed us the systems they had put in place to achieve this.

● The registered manager also told us about some improvements they were making to record keeping, such as encouraging staff to capture enough detail in daily notes for others to understand what was important to people and pick up any trends that might indicate a change in their needs.

● A range of quality checks and audits covered other areas effectively within the service. These included whether staff were caring and respectful, effective communication with people, personalised care, food and drinks and activities. The provider had a continuous improvement plan they used to track completion of any actions, and audits contained evidence of continuous improvement even when standards were met. We discussed with the provider how they would use this more effectively in future to enable them to learn lessons when needed.

We recommend the provider seek advice from a reputable source about how to reinforce governance systems to ensure actions are followed up and lessons learned in a timely way.

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

● The people we spoke with felt the service had an open culture and they could talk to staff about any concerns they had. The registered manager made an effort to explain why things needed to be done in certain ways, such as protected mealtimes, so people and their relatives understood these decisions were made in people's best interests or in response to their feedback. After the inspection the provider sent us further evidence to show how they encouraged and responded to feedback from people and staff.

● There was a clear vision and values shared by staff. Leaders demonstrated an understanding of the importance of safe and appropriate care that improved the lives of people who used the service. The registered manager carried out observations and had regular conversations with staff to ensure they understood and promoted these values.

● People and relatives fed back positively about the registered manager. A relative said, "She seems very nice" and staff described her as open, trustworthy and responsive. We observed the registered manager interacting with people. They appeared to know people well and people looked comfortable speaking with the registered manager.

● People were empowered to lead their own residents' meetings to give them a sense of ownership and enable them to decide how they wanted to run the meetings.

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 understood the duty of candour and sent letters to people and their relatives if things went wrong, telling them what happened and how they would ensure it did not happen again.

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

● People and staff told us they felt involved and were able to give feedback. One person said, "I only have to ask if I need anything and they will do it or ask someone who can. They aim to please." A member of staff said, "We are constantly trying to improve things in response to people's feedback and always aim higher. The residents are what we are here for." Relatives felt the home was well run and they had opportunities to feed back.

● The provider's continuous improvement plan contained evidence they were engaging people, their families and staff, using their feedback to improve the service.

● The provider kept people and their families well informed about events and changes within the service. They did this via a regular newsletter, meetings and individual communications. During the pandemic relatives were invited to attend online meetings where they could discuss any issues they wished to and give feedback about the service.

Working in partnership with others

● The provider worked well in partnership with other agencies to share information and work together where people used more than one service. This included working with specialists such as tissue viability nurses and dieticians.

● The service worked with others where expert input and guidance was needed. For example, the home had a good working partnership with a local hospice for support with end of life 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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure care and treatment was provided in a safe way for service users. This included assessing and doing all that was reasonably practicable to mitigate risks to the health and safety of service users and ensuring the premises and equipment used by service users were safe to use for their intended purpose and used in a safe way. Regulation 12 (1) (2)(a)(b)(d)(e).