

Aleksha Care Limited

Dalling House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Dalling House is a residential home providing personal care for older people, some of whom were living with an early diagnosis of dementia. The service can accommodate up to 20 people, some of whom were in receipt of respite care. At the time of the inspection there were 18 people using the service.

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

Not everyone had a care plan that was up to date and accessible to staff. The service was in the process of transferring records from paper onto a computerised system. Those not yet transferred were not easily accessible. Risk assessments for people were incomplete with some risks not being assessed and mitigated. For example, falls, diabetes and medicines. Up to date as and when required (PRN) medicine protocols were not in place. Accidents and incidents had been reported but there was no system in place for capturing learning from repeat incidents.

Auditing process were in place but were not robust. For example, people who had experienced several falls each month an audit recommended reminding people to use their call bells. No analysis of cause had taken place and few were in place to minimise or prevent further falls. Auditing had failed to pick up on non-prescribed PRN medicines being administered for several weeks to two people. There were some quality assurance measures in place but no regular process for capturing feedback from people, relatives or professionals. The processes needed developing so that feedback could be captured and trends then identified and acted upon to ensure the continuous improvement of the service.

Some care plans lacked detail about people's personal history. People told us they were not involved in reviews of their care plans. Although an activities co-ordinator was employed for two days each week, this was not enough to occupy people and there were times when people had nothing to do. Staff did what they could but there was a need for more activities for people. Staff were able to tell us the important things about supporting people towards the end of their lives but it was agreed with the registered manager that staff would benefit from end of life training.

Safeguarding policies were in place and staff knew what steps to take if they felt someone needed protecting from harm. Fire and safety checks had been completed. Medicines were stored and disposed of safely. People and their relatives told us they felt safe. There were enough trained staff on duty each shift to support people. Infection prevention and control measures were in place and government guidelines had been followed during the recent pandemic.

Most people, relatives and staff spoke well of the registered manager who was clearly a visible presence at the service and was approachable and accessible to everyone. Staff feedback was captured through supervision meetings and monthly team meetings. The registered manager was aware of and had complied with, the duty of candour. The service had a keyworker system of care which meant staff got to know people well.

A pre-assessment process was in place which ensured that the service had the correctly trained staff to meet people's needs. Staff were recruited safely and were supported with regular supervision meetings and ongoing training. People told us they enjoyed the food and that a good choice was offered daily. People were supported to attend health and social care appointments. The service had undergone some redecoration and more had been planned. The laundry room was next to the kitchen and some redesigning was required to make this area a safer environment. The registered manager acknowledged this. 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.

Staff were caring and treated people with respect and dignity. People's privacy was respected and their independence promoted whilst not compromising safety.

People's communication needs had been considered. A complaints policy was in place and people and relatives told us they were confident in raising issues and complaints if needed.

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

Rating at last inspection

This service was registered with us on 17 December 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 27 April 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive 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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to people's safety which included missing care plans and risk assessments, no PRN protocols and no lessons learned from accidents and incidents. Also, a lack of meaningful auditing processes and limited quality assurance work 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 alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dalling House

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

The inspection was carried out by two inspectors.

Service and service type

Dalling House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Dalling House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

Inspection activity started on 12 April 2022 and ended on 22 April 2022. We visited the service on 13 April 2022.

What we did before the inspection

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

During the inspection

We spoke with seven people who lived at the service, four relatives, two professionals and seven members of staff. This included the provider, the registered manager, the cook and four care assistants. We looked at all areas of the home meeting people and staff. We reviewed a range of records including five care plans, accident and incident reports and documents that related to auditing. We looked at three staff files and medicine records. The registered manager sent us a range of policy documents after the inspection, via e-mail.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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. Using medicines safely. Learning lessons when things go wrong

- The registered manager was in the process of moving care plans from folders to a computerised system. Original care plans were kept in folders and were difficult to navigate and were not easily accessible to staff. This had resulted in staff not having access to some of the care plans. For people who had arrived at the home on respite care, there was a dependence on pre-assessment paperwork and information provided by the local authority. In these cases no care plan was in place.
- Within care plans there was a lack of detail relating to individual risks to people. For example, some people were at high risk of falls but the provider had not identified, assessed and mitigated this risk. Risks relating to people living with diabetes were recorded however, a person told us they were concerned about how their diabetes was managed.
- We found weight charts for people within care notes and five charts showed people as having recently lost weight. The chef was aware that some people had lost weight and had introduced some high calorie foods to compensate. However, this was not person specific and as a result, people living with diabetes were also receiving high calorie foods. This may trigger health changes for example, raising blood pressure. This was not reflected in care plans and no risk assessment had taken place.
- There were no protocols or guidance for staff relating to 'as and when required', PRN medicines. These medicines included occasional pain relief when people required them. We found that these medicines had been recorded on medication administration records (MAR). In two cases we found a person had been in receipt of paracetamol (pain relief), daily, in one case for over a month and in another for over two months. In neither case had paracetamol been prescribed by the GP. There had been no referral to the GP and no assessment as to the effectiveness of the paracetamol.
- Accidents and incidents had been reported but there was no indication of learning being taken forward following repeated incidents. For example, a person had experienced several falls during a recent, three-month period. In each case the actions were marked to remind the person to use their call bell in future. There had been no work done to identify the causes of the falls, repeat locations or changes in health that may have triggered these incidents.

The provider had failed to identify, assess and mitigate risks for people. Medicines were not managed safely. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. Some risk assessments were produced but they still lacked the necessary detail and information to help staff support people. A document relating to PRN administration for one person was sent after the inspection.

- Personal emergency evacuation plans (PEEPs), were in place and were accessible in the event of an emergency. We were shown service documents for gas, electric, and calls bells which were in date. A fire inspection report had highlighted some areas for improvement and the provider had completed all urgent issues.
- Medicines were ordered, stored and disposed of safely. Some documentation was not immediately available but was later found by the registered manager, for example a MAR sheet where antibiotics had been recorded. Staff responsible for administering medicines had been appropriately trained.
- Accidents and incidents had been recorded but lacked detail in triggers, staff action and steps taken to prevent further occurrences.

Systems and processes to safeguard people from the risk of abuse.

- Systems and processes were in place to protect people from risk of abuse. A safeguarding policy was in place and staff were confident in raising issues and concerns if needed. A staff member told us, "Make safe and record. I'd report to the manager or head of care. I also know I can go to (provider) and CQC if I need to."
- People told us they felt safe. A person said, "I feel safe, they look after us." Relatives had confidence in people's safety at the home one told us, "I have been very impressed with Dalling House policy in keeping the people as safe as possible."
- Staff had received safeguarding training and refreshers. We saw training records that confirmed this.

Staffing and recruitment

- Staff had been recruited safely. Before staff began work background checks had been completed including, references, past employment history and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) 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 trained staff on duty each shift to meet people's needs. The registered manager and head of care sometimes worked shifts in support of the staffing team. However, there were times during the inspection where we observed periods of time where people were left with little to occupy them. One person said, "It would be nice to have someone sit with me sometimes." (See our responsive domain for more information about activities for people.)
- , Relatives told us they were happy with the numbers of staff on duty. One relative told us, "There is always a member of staff on hand to meet my mother's needs."

Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy was up to date. Policies and contingency plans were in place but there were no bespoke risk assessments for people relating to risks associated with COVID-19. We spoke with the registered manager who acknowledged this and agreed that steps would be taken to put assessments in place.
- 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.

The provider had followed government guidelines relating to visiting arrangements at the service. All visitors had to show proof of a negative Covid-19 test and were required to wear face masks inside the home.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- Pre-assessments were carried out by the registered manager. Forms had been developed to ensure all aspects of a person's care and support needs were considered and that the home had staff with the relevant training and skills to support people.
- At the pre-assessment stage the registered manager met the person and where applicable their relatives or loved ones. All were given an opportunity to contribute to the assessment to help the registered manager fully understand the person's needs. People assessed in hospital had professionals responsible for their care involved in the pre-assessment too.
- Care was provided in line with current legislation and guidance and was subject to regular reviews.

Staff support: induction, training, skills and experience

- New staff had an induction that lasted for two weeks and included basic training and familiarisation with the home and people living there. New staff were given opportunities to shadow more experienced staff.
- Ongoing support was provided to staff through regular supervision meetings. Records were kept on staff personal files and logged as part of their ongoing training and development. The registered manager carried out spot checks on staff, unannounced observations of their work, and kept records of these checks.
- We were shown a training matrix which showed that enough staff were up to date with essential training modules for example, safeguarding, dementia awareness and moving and handling. The matrix was colour coded to highlight some training that was due and, in a few cases, overdue.
- Staff told us that the training provided was to a good standard and covered all of their needs. A staff member said, "It's sufficient for me to look after people." Another said, "The handbooks they provide are really helpful too."

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

- People were presented with choices of food and drink at each mealtime and were supported to maintain a healthy diet. We observed people enjoying their lunch and people told us the food was good. Comments included, "Food is pretty good," "Nice choices" and "We get to choose every time."
- People could choose where they had their meals with some preferring to use the dining area and socialise with others and some choosing to eat alone. There was a relaxed feeling at mealtimes with all staff available to support people.
- The chef was knowledgeable about people, their likes and dislikes and was aware of people's weight loss and had taken some steps to address this issue. The chef had received training in special diets, diabetes and in preparing food for people requiring soft diets.

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

- People were supported to keep appointments with health and social care professionals and records were kept of past and upcoming meetings. A relative told us, "They (staff) address issues and make appointments for (relative)." Relatives and loved ones were informed and consulted with any appointments that were made.
- The service was supported by a single GP surgery and monthly ward rounds were carried out. This was further supported by telephone calls twice a week and the registered manager told us they could call the GP at any time and always got the support they needed.
- Another relative told us, "We have been very happy with the medical treatment at Dalling. When (relative) has needed to see a doctor, they have acted promptly."

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

- The home was split over three floors with linking staircases and stair lifts. There was a lift which provided further access to all floors. The home needed some redecoration and the registered manager was aware of this and there were plans in place to achieve this.
- The laundry room and kitchen were next to each other. The laundry room was overcrowded with some cupboards containing first aid equipment in a hard to reach location above the washing machine. The freezer, containing food, could only be accessed by entering the laundry room. These issues were discussed with the registered manager and steps will be taken to re-design this area.
- An 'L shaped' communal area contained an area where people could sit together and socialise, watch television or listen to music. The dining room was in the other part of this area. There was a garden area that people were able to access in the warmer weather which had also been used to facilitate some visits during the recent pandemic.
- People's bedrooms were mainly en-suite and we saw they contained people's own furnishings and personal affects.

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.

- Several people living at the service lived with dementia. People were, however, able to make decisions about their day to day care and support including which clothes to wear each day, what meals they wanted and whether they preferred to shower or bathe.
- People's ability to make decisions was considered and discussed at the pre-assessment stage and

reviewed throughout their stay at the service. A template for understanding people's mental capacity was in place but at the time of the inspection everyone was considered able to make their own decisions.

- Staff understood the importance of gaining consent from people. A staff member said, "I'll always ask before doing something, the way I word things is important." Another told us, "Occasionally people ask for either a male or female care. It's happened to me, it's their choice."
- Staff had been trained to understand mental capacity and DoLs. Staff we spoke to however did not have a clear understanding of DoLs and the registered manager was arranging refresher training for all staff. Some restrictions were in place at the service for example some people had sensor mats in their bedrooms to alert staff when they got out of bed. We were shown written consent from people, agreeing to these restrictions for their safety.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 that people were treated kindly and with respect and compassion. A person said, "I like it here, the staff are kind." Another told us, "They are really nice, obliging, very good staff." A relative added, "In my dealings with staff they have always been kind and attentive."
- We saw staff, including the registered manager, being attentive to people and responding to their needs and requests throughout our visit. During lunch people were asked if they had everything they needed and if they were comfortable.
- Equality and diversity values were considered at people's pre-assessment and staff understood the importance of respecting difference. A staff member said, "We always respect their views and wishes."

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

- Care plans had short background paragraphs describing people's history and their likes and dislikes. This was an area of development and the registered manager told us that they were updating this section of the care plans as they moved across to the electronic version. (See our well-led section for information.)
- People were able to make decisions about day to day activities and tasks and staff supported people with these decisions. Staff told us they gave people choices but also knew people well and knew their daily rituals and routines. A staff member said, "We are matched to people as key workers for key tasks."
- A relative told us, "My (relative) is very capable of expressing their opinion and they have nothing but praise for the staff that look after them, which I second unreservedly."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected at all times. Written care plans were locked in the registered managers office and electronic versions were accessible from password protected devices. Handover meetings were held in areas away from people. When being shown around the service we saw staff knock on bedroom doors and wait for an invitation to enter.
- Staff understood and practiced supporting people with dignity. A member of staff told us, "I always cover up when giving personal care." Another said, "I treat them as I'd like to be treated. At the end of the day, I'm a guest in their home."
- Relatives told us they were confident their loved ones were treated with dignity. A relative told us, "They respect my (relative's) dignity as far as I can tell."
- People were encouraged and supported to be as independent as possible. Staff were aware of the importance of people's independence one told us, "I always encourage (person) to walk but I'm there if they

need help." Most people were able to move independently around the service and enough staff were available to ensure safety.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. 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. End of life care and support

- Within care plans there were sections headed, 'about me.' These provided a very brief overview of the person's day to day needs but did not all contain detail about their personal history or life story. Next of kin details were found but no additional information about people's family, background, work history, interests or hobbies.
- Some care plans had been signed and dated by the registered manager or head of care to say they had been reviewed. People told us they had not been involved in their care plan reviews and were unaware that reviews had taken place.
- An activities co-ordinator was employed two days each week. People spoke highly of the activities co-ordinator. Staff had very little time to provide any additional support to people with activities or one to one time. We saw that staff were busy with daily tasks but at no point had time to sit and talk with people or engage them in other activities.
- Everyone we spoke with said that there was not enough for people to do and we saw people sat in the communal area receiving very little mental stimulation. A person told us, "Not a lot happens here. I would like to go out occasionally." A relative said, "I'm not sure how much interaction residents have with each other or what stimulation regarding activities they get in the lounge." Staff told us, "I do sometimes sit with people in their rooms." Another added, "Sometimes I have time to do their nails but not always. They could do with more."
- Staff had not received training in end of life care. The service often supported people who were in the later stages of their lives and although staff were able to tell us about the importance of maintaining comfort for people, they had not had specific training. This had been offered by the local authority but at the time of our inspection had not been taken up by the provider.

These were all areas that required improvement.

- Care plans that had been transferred to an electronic system were person-centred relating to people health and support needs. The service used a key-worker system involving staff being allocated to a small group of people. This meant that staff got to know people well.

- Staff were able to tell us some of the important aspects of looking after people towards the end of their lives. A staff member told us, "Make sure people are comfortable and have the support they need. Respect

and dignity are important."

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.

- Most people living at the home were able to communicate verbally and understood when staff spoke with them. Care plans had a communication section which highlighted if there were any specific needs.
- Some people were hard of hearing and the registered manager told us that sometimes a board was used to write things down. A staff member told us that they sometimes, ensuring they were at a safe distance, lowered their mask so people could see their face to help those who relied on facial expressions to understand.
- We saw staff communicating with people and sometimes reassuring them by placing a hand on their arm or shoulder. This was used to help people focus when staff were speaking with them. Staff spoke clearly and slowly to people.

Improving care quality in response to complaints or concerns

- The service had a complaints policy that was available to people and relatives. Few complaints had been recorded but processes and timeframes had been followed. Due to the small number, no themes or trends had been picked up by auditing.
- People and relatives told us that they were confident to raise issues and concerns and that they would be listened to and complaints dealt with. A person told us, "I have raised an issue that is being dealt with at the moment." A relative told us, "I have never had to complain but I do feel any complaint or suggestion made by either of us would be acted upon without delay."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We were shown documentation relating to auditing processes. Auditing had been completed by the registered manager but some of the paperwork was just signed and dated with no commentary about findings.
- No actions had resulted from any auditing process. For example, some people were experiencing several falls each month but no analysis of the reasons for the falls had taken place and no actions had been created from successive audits to try and minimise recurrence of falls.
- Similarly, auditing of MAR charts had not identified any actions relating to people who had been in receipt of non-prescribed PRN medicines for over a month. Auditing had not identified if the PRN medicines were having an effect and no GP referrals had been made.
- A bed rail audit was not accurate, the audit had been marked as correct in one column and in another column, relating to the same equipment audit, the registered manager had written 'no bed rails.'
- Some quality assurance measures had been completed but only in direct response to requests for information from CQC. There was no regular system in place for capturing feedback from people, relatives or professionals. We were shown three responses from relatives to a direct request from the provider but it was unclear what had been done with the information.
- A relative told us, "I don't have any experience of having been asked for feedback." A professional said, "They do not ask for our feedback."
- Similarly, we were shown a feedback request from staff which consisted of a few lines where staff were asked to respond to three questions. Only five staff responded and there was no indication of any action being taken as a result.
- Some care plans lacked detail about people's personal history, family, employment history, hobbies and interests.

The provider failed to monitor and improve the quality and safety of the service. The provider failed to maintain accurate and complete records. The provider failed to seek and act on feedback to evaluate and improve the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some auditing processes had been completed to a satisfactory level for example, health and safety, the call bell system and testing of some electrical equipment.
- The registered manager and provider acknowledged that auditing and quality assurance processes needed developing and time to fully embed.
- Most people, relatives and professionals spoke highly of the registered manager. A relative said, "I have always found staff, including the manager, very approachable." A professional told us, "The registered manager and head of care are both very good."
- Staff told us that monthly staff meetings took place. A member of staff said, "We can discuss people's changing needs as well as staff issues. People do speak up."
- Equality characteristics had been explored as part of the pre-assessment process. Some people were supported to practice their religious beliefs and faith leaders visited the service.

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 open and honest with us during the inspection. The registered manager understood the duty of candour. Registered managers are legally required to inform CQC of significant events that happen at their service. This requirement had been complied with.
- The most recent CQC inspection report was on display in a communal area of the service and a copy was attached to the service website.

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

- The service had a key worker system in place which involved staff having extra responsibilities for some people during their shift. A staff member said, "I look after three people, deal with concerns and speak to family."
- Key information was recorded in people's daily notes and information including any changes to people's health and wellbeing were handed over at shift changes.
- The registered manager engaged with the local authority and CQC to ensure they were up to date with the latest guidance and changes to professional practice. Key information from bulletins and web pages were highlighted and shared with all staff.

Continuous learning and improving care

- The registered manager ensured, in most cases, that the training staff received was appropriate to people's needs and that staff had the skills and knowledge needed to support people. For example, diabetes, dementia and moving and handling training had been completed by all staff.
- Business continuity and contingency plans were in place to support the service. The registered manager had clear plans relating to the ongoing improvement of the service.

Working in partnership with others

- The registered manager had developed working relationships with the local GP surgery, pharmacy and district nursing team. If people's care and support needs change the registered manager called in professionals to assist with assessments. This had recently resulted in a more suitable home being found for a person.
- Positive links had been established with statutory partners and professionals. A professional told us, "There are no problems, there are policies in place and the service is well led."

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>The provider had failed to identify, assess and mitigate risks for people. Medicines were not managed safely. This placed people at risk of harm.</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 provider failed to monitor and improve the quality and safety of the service. The provider failed to maintain accurate and complete records. The provider failed to seek and act on feedback to evaluate and improve the service.</p>