

Bethesda Healthcare Ltd

Otterbourne Grange Residential Care Home

Inspection report

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Tel: 02380253519

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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

Otterbourne Grange Residential Care Home is a residential care home providing personal care to up to 25 people who may be living with dementia. There were 18 people living in the home at the time of the inspection.

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

People received a service which was not always safe, effective or well-led.

The registered manager and provider had not fully considered all the risks to ensure people were safeguarded from the risk of abuse or harm.

People were not always protected against risks associated with their care and support because risks had not been effectively assessed and plans implemented to reduce these. The provider did not have a robust procedure in place to ensure all new staff were safe to work in the home. Medicines were mostly stored safely, but we found two bottles of medicated topical cream in an unlocked cupboard. Staff had medicines training regarding the medicines they administered on a daily basis but may benefit from broader training as suggested by national guidance. People were not always supported by staff who were trained to meet their needs. There was a quality assurance system in place, but this had not identified the concerns we found during the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent was sought for the provision of their care but there was some confusion around signing consent forms and there were not always best interests decisions in place regarding sensor mats.

People's needs were assessed before moving into the home, so the registered manager could be assured their needs could be met. People's needs were met by suitable numbers of staff. People were supported to eat and drink enough and were offered choices. People were supported to see healthcare professionals such as dentists and doctors. People were supported by staff who respected their diversity and cared about them. People made decisions about their everyday care and support and staff respected people's privacy and dignity.

Staff received training regarding infection control and used personal protective equipment such as gloves and aprons when supporting people with personal care. The provider had invested in the building's maintenance and the registered manager had considered people's needs when decorating rooms.

People and their relatives, when appropriate, were involved in planning their care. People enjoyed a range of activities.

Staff liaised with other agencies to ensure consistency of care. Incidents and accidents were analysed to see

what could be learnt from them. The provider had a complaints policy in place and the registered manager investigated any complaints.

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

Rating at last inspection

The last rating for this service was Good (published 10 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement:

We have identified breaches in relation to risk assessments, people's safety, staff recruitment and management of the home at this inspection. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor information we receive about the service and seek action plans until we 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Otterbourne Grange Residential Care 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.

Inspection team

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

Service and service type

Otterbourne Grange Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 inspection

We reviewed information we had received about the service since the last inspection, such as the previous inspection report.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

During the inspection

We spoke with fourteen people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff, the registered manager and the provider.

We reviewed a range of records. This included three people's care records and four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including risk assessments and audits were reviewed.

After the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Due to the timing of the inspection, the provider information return was sent to us after the inspection.

We spoke with a social care professional over the telephone.

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.

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.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and provider had not fully considered all the risks to ensure people were safeguarded from the risk of abuse or harm. One person was at risk of isolation, did not communicate verbally and was unable to use the call bell for assistance. The registered manager told us staff regularly went to the person's bedroom, to ensure their safety and their needs were met. However, on the day of the inspection there had been fewer staff in that area of the home due to maintenance work. The person was therefore left alone in their room with maintenance work being completed by an external contractor in the hallway. The registered manager and provider had not considered whether this was safe as they had known the contractor for several years and they had completed lots of work for them. Therefore, there was not a risk assessment in place to identify potential risks regarding unsupervised contractors.

The failure to ensure systems were in place to ensure people were safe was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received safeguarding training and were clear about what they would do if they suspected abuse and who they would report to.
- The registered manager had made referrals to the local authority safeguarding team when necessary.
- People confirmed they felt safe. One person told us, "I like it here, I feel safe as there is always someone around."

Assessing risk, safety monitoring and management

- People were not always protected against risks associated with their care and support because risks had not been effectively assessed and plans implemented to reduce these.
- One person's file noted they were at, "high risk of suicide" but there was no risk assessment or other documentation to manage this risk. The registered manager told us the person had threatened to commit suicide and had tried to end their life but had got, "their health back on track." However, there was not a risk assessment or a care plan in place to address these risks to the person's mental health. The registered manager said the local mental health team were involved.
- Staff supported people with diabetes, which included finger prick blood testing, but there was not a risk assessment in place regarding the safe management of blood-borne viruses. This assessment is required by national good practice guidance.
- Legionnaires' disease is a potentially fatal form of pneumonia. Although records showed some actions

had been taken to reduce the risk of Legionella bacteria being present in the water, the registered manager, was not able to assure us national good practice guidance had been followed, that the risks were fully understood and therefore, mitigated.

- The provider had not undertaken an adequate risk assessment or written scheme and there was not a named competent person. This placed people at potential risk of contracting Legionella.
- Windows had chain restrictors on them to reduce the risk of people falling from a height. However, there was a small window on the first floor which was open and not restricted. The registered manager was not aware of there being a risk assessment in place for the window, to ensure people's safety.
- A jacket had been hung over an automatic fire door. If the fire alarm was to sound, the door would not have been able to close sufficiently to reduce the risk of fire accessing that area. This had a potential impact on people's safety in the event of a fire. We brought this to the attention of the registered manager and the jacket was removed immediately.
- One person had been discharged from hospital and their discharge documents said they were at a high risk of developing a blood clot which can, if left untreated, cause serious health complications in the lung, called a pulmonary embolism, or a heart attack or stroke. This had not been identified by staff and a risk assessment or a care plan put into place to minimise the risk. The registered manager said that they had not been at the home when the person came home and had not been made aware. They also said that a lot of people were prescribed aspirin to reduce the risk and staff "keep an eye on them. [Person's name] will inform us, there are no signs of illness." This placed this person at potential risk of developing a blood clot.

The failure to ensure risks for people were appropriately assessed, plans developed to mitigate the risks and professional guidance was followed, was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had sought external, professional advice regarding the fire risk assessment for the building. Where concerns had been identified, the provider and registered manager had taken appropriate action to address the issues to make the building safer.
- Equipment such as hoists used to support people transferring between furniture items, had been serviced and repaired as necessary.

Staffing and recruitment

- The provider did not have a robust procedure in place to ensure all new staff were safe to work in the home.
- One staff member did not have any documents on file to prove their identity or an up to date Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The staff member brought a DBS check with them from a previous employer and was signed up to the 'update' service which allows the DBS to be used with a different employer. However, the registered manager had not checked with the DBS to ensure the check was still up to date. We discussed this with the registered manager who subsequently completed the necessary check.
- Some written employment history was missing for one staff member and dates of employment history were not specific for another. This had not been followed up with staff to ensure gaps were explained and their suitability for their role verified.
- Checks had not always been completed to evidence the reasons why staff had left previous care jobs, where necessary and as far as reasonably possible.
- The lack of suitable checks may have put people at risk of harm.

The lack of a safe and effective recruitment procedure was a breach of Regulation 19 of the Health and

- People's needs were met by suitable numbers of staff. Staffing levels were adjusted depending on how many people were living at the home. Staffing rotas were adjusted to ensure the right skill mix was in place, particularly when people moved into the home.
- Staff said that they felt that there were enough staff to meet people's needs.
- We saw staff responded to people's needs in a timely manner.
- People told us call bells were answered in a reasonable timeframe.

Using medicines safely

- Medicines were mostly stored safely, but we found two bottles of medicated topical cream in an unlocked cupboard in the hallway. We told the registered manager who removed them.
- Records were kept showing people received their medicines as prescribed.
- People were supported with their medicines by senior staff. Staff received training from the pharmacy which provided the medicines. The registered manager said staff trained specifically for the medicines they administered and did not complete any externally moderated or broader training to ensure a deeper knowledge around medicines. Staff medicines training did not meet national good practice guidance requirements to ensure people's safety.
- The registered manager assessed staff's competency to administer medicines each year.
- Medicines were delivered to the home a week before they were needed, so there was enough time to sort any issues, for example, if there was not enough medicine sent.
- Where people were prescribed medicines 'when required' there were care plans in place for these medicines which supported staff to ensure people received their medicines in the correct way.

Preventing and controlling infection

- Staff received training regarding infection control and used personal protective equipment such as gloves and aprons when supporting people with personal care.
- The Food Standards Agency had awarded the service a grade five for food hygiene in the kitchen, which is the highest possible rating.

Learning lessons when things go wrong

- Incidents and accidents were analysed to see what could be learnt from them. For example, one person fell several times so the registered manager met with the relevant professionals, undertook falls prevention training, and changed the care plan and risk assessment. The outcome had been positive in that the person had not fallen since.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not always supported by staff who were trained to meet their needs.
- There was a programme of staff training which included, for example, fire safety, food hygiene, falls prevention, end of life care and dementia. However, not all staff had received training to meet the specific health care needs of people.
- Some people were diagnosed with epilepsy. One staff member told us they had received training about epilepsy, but other staff had not received training.
- One person's care plan stated seizures should be timed and medical assistance sought after ten minutes. However, this contravenes national guidance which stipulates medical advice should be sought after five minutes to ensure people's safety. The registered manager was unable to explain why the protocol stated ten minutes. The registered manager and staff did not all agree the person had epilepsy, although this was diagnosed by a healthcare professional. Staff's lack of understanding of the person's diagnosis, or understanding of national best practice guidance left the person at risk of not having their seizures safely managed.
- Three staff spoken to did not demonstrate a sound knowledge of how to manage people's seizures safely and in accordance with national guidance.
- One person had a specific healthcare need which required twice daily monitoring and injections. The registered manager told us the person completed the process themselves, with staff monitoring and recording the result. However, staff told us they undertook the testing stage.
- Some staff who supported the person had not received the required training about how to support the person with this healthcare need. This person was not supported by staff who were all adequately trained in how to meet this need safely.

The failure to ensure that staff providing care to people have the competence, skills and experience to do so safely was as a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff completed an induction which included training and shadow shifts where they worked with experienced staff and spent time getting to know people.
- Staff confirmed they were supported in their work through regular supervision and annual appraisal. One staff member said they found supervision useful as they got "to learn bits to work at and to improve."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff received training in the Mental Capacity Act 2005 and staff were aware of their responsibility to deliver care only with the person's consent. Staff told us they always spoke with people and asked their consent before providing care and support.
- Where people were assessed as not having capacity to make a decision about their care, best interests decisions were made.
- There was confusion about who could sign paperwork on issues of consent. For example, there was a form in place for people with capacity to give consent to use people's photographs in a variety of ways. We saw some had been signed by staff. The registered manager told us photographs would not have been used even though the consent section was signed by staff.

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

- People's needs were assessed before moving into the home, so the registered manager could be assured their needs could be met.
- The registered manager encouraged people and relatives to visit the home before they completed the assessment to ensure they would like to move in.

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

- People were supported to eat and drink enough and were offered choices.
- One person told us, "The food is good here, although today's lunch was not for me. We get a choice and they will do something else if we don't fancy the choices" and another said, "The food is okay, today it's fishcake or shepherd's pie."
- A relative told us, "The food seems very good here and [my relative] eats well. In fact, her overall health and wellbeing has improved since she's been in here."
- During our observations at lunchtime we saw one person did not like the food they had chosen. Staff ensured they were offered an alternative and the registered manager sat with them whilst they waited.
- Staff knew people's food preferences well. For example, a staff member said, "[Person's name], you don't like cream or custard and it is trifle today. What would you like?" The staff member offered a range of different desserts.
- One person had a special plate which enabled them to continue to eat independently.
- Drinks were available and people were actively encouraged to drink throughout the day.
- There was a snack section in the dining room where people could help themselves to drinks, biscuits,

crisps and fruit. People had ready access to snacks as required.

- Breakfast time was flexible, people could choose when they got up and still have breakfast. Staff offered people a choice of foods.

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

- Staff liaised with other agencies to ensure consistency of care. This included working with other health and social care professionals such as district nurses and the local authority social work teams.

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

- The building has bedrooms over three floors, with stair lifts in place to access the ground and first floor. People on the second floor were either mobile to go upstairs or stayed in their room.
- One person told us, "I do have a nice room."
- The ground floor was light and airy with big communal rooms to enable people to move around freely.
- There was some signage around the home, for example, to indicate where toilets were. The registered manager said they were considering how signage might be improved.
- There were box frames outside bedroom doors which people could use to display meaningful items if they wished, by way of a 'memory box'. Some people had been supported to create their boxes.
- The communal areas were all on the ground floor. The sitting and dining rooms were next to each other opposite the stairs and people living with dementia could easily find their way into these rooms. There was a toilet directly opposite.
- The sitting room had modern chairs in bright colours, arranged in small circular groups. People sat and chatted with each other and allowed staff to sit down and be with people in a natural way.
- The provider had invested in the building's maintenance. For example, rooms had been redecorated in bright colours and new carpets had been laid.

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

- People were supported to see healthcare professionals such as dentists and doctors.

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 remained the same.

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

- We saw staff had a caring approach to people.
- Comments from people included, "Yes, they do look after me well here", "Oh yes, the carers here are lovely and we've got chocolate biscuits too!" and "I'm going out to [a local shop] to do shopping tomorrow, the carer comes with me, I can go out a lot."
- One visitor said, "The staff are lovely and they seem to care, which is good" and another said, "We are quite happy that [relative] is getting good care and is happy. We know we can come whenever we want."
- Another visitor said, "[Staff name] is lovely, my favourite, [they will] do anything for you."
- A staff member said, "I do love my job and I like the residents."
- We saw one staff member was getting to know people and spent time talking to them. For example, they said to one person, "You look pretty - I love your dress. How are you today?"
- One staff member said, "I would come here even if I wasn't paid! This place has a lot of heart."
- Another staff member said, "I love looking after older people."
- There were framed photographs of people living in the home on display in the communal areas. The photographs were displayed in a homely way, for example, on the mantelpiece.
- The registered manager told us, "This is their [people's] home and we do what we can to make them feel at home".
- The registered manager ensured that individual equality and diversity was respected. The registered manager provided us with a good example of how this was achieved, in practice.

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

- People made decisions about their everyday care and support. People chose when to get up, what they wanted to wear and what they spent the day doing.
- Couples were supported to share a bedroom when this was their wish.
- One person told us they liked to watch television in their bedroom. They said, "The home gets me the TV Times magazine each week so I can choose what I watch."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity.
- There were privacy screens in double rooms which were used when there were two people sharing a

room.

- We heard staff discretely asking people if they would like to use the toilet.
- Staff described how they ensured people's privacy and dignity when supporting them with personal care. This included closing doors and curtains and covering people with a towel.
- Staff also told us about how they did not discuss people in front of other people.
- We observed a staff member watching one person, from a discrete distance, to ensure they got to the toilet safely. The staff member told us, "I just keep an eye and a hand if needed, but she likes to do things herself and I just want to make sure she is safe."
- One aspect of people's privacy had not been ensured. There was a room downstairs, without a lock, which contained a shower, without a door or curtain and two toilets, without locks. This meant people's privacy was compromised when using the toilet. The registered manager told us the shower was rarely used. However, people were using the toilets independently and with staff support. The provider purchased door locks and was in the process of getting these fixed to the doors when we finished the inspection.

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 now remained the same.

Good: 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 and their relatives, when appropriate, were involved in planning their care.
- Individual care plans were in place for each person which covered a range of care and support needs, communication needs and information about their social history.
- Ideas for activities were discussed at 'service user meetings' where people could make suggestions.
- An outside entertainer visited the home. They undertook group activities but also spent time with people on a one to one basis if they did not choose or were not able to join the group downstairs.
- One person told us, "The 'church' come in to do a service" and a staff member confirmed that, "The local community 'church' come in regularly and a vicar comes in to do communion once a month."
- The home had a large garden seating area. One person told us, "I can go outside if I like as long as a carer comes with me" and another said, "Oh yes, I often go outside when the weather allows."
- The registered manager said, "We put board games out in the dining room, but no-body was playing so we took them into the lounge and more people played. People like the quizzes and singing. I introduced line dancing, if people are unable to get up, they toe tap! We ask the residents what they would like to do. This year 25 children came from a nursery and we did an egg hunt in the house and an egg and spoon race."
- A summer garden party was being planned and people and staff were looking forward to it.
- People could maintain relationships with friends and relatives. A visitor told us, "We like this place, they welcome us when we come to visit. Look, we've been given a tray of tea and biscuits and we've been put somewhere quiet where we can chat."

Meeting people's communication needs

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

- The registered manager told us about the different ways people communicated and said this was detailed in care plans. Staff understood what people were communicating by looking at their body language.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was displayed on the noticeboard in the lounge.
- The registered manager investigated complaints and responded to complainants. The registered manager

aimed to rectify the situation where possible. For example, one person had made a complaint about the music being played so staff were in the process of finding a personal CD player and earphones for them to use.

- The registered manager said they did not give a copy of the complaints procedure to family members but there was a suggestion box in the hall and they had an 'open door policy'
- One person told us, "I know I can complain."

End of life care and support

- The home did not specifically offer end of life care, but people's wishes were sought and details recorded in care plans.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

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

Continuous learning and improving care

- The registered manager had a system of audits in place to monitor quality and safety at the service. These audits included looking at, the 'lived experience' and people's involvement, care plans, medicines records, infections, hand washing, call bells and medicines storage.
- However, the auditing process did not identify the issues we identified during the inspection. For example, the weekly mattress audit did not identify an ongoing error with one person's pressure relieving mattress setting which meant the setting was incorrect for the person's weight.
- There were also inconsistencies within people's care files, which were not identified through auditing records. We found different information was recorded in the 'at a glance' section of the care plan and the care plan itself, because they had not been updated at the same time. Staff may have followed the wrong guidance when they provided the person's care. This issue was reported on at our last inspection.
- The registered manager had a staff training matrix in place which was meant to show when training was due or had gone out of date. However, this system had not worked effectively as a tool to ensure training was up to date. For example, one staff member had three training courses showing green to indicate they were in date but had not been completed.

The failure to establish effective systems and processes to ensure compliance with the requirements of the regulations was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was unclear about what they did to ensure they kept up to date with current good practice in social care. They said they received invitations to attend local social care forums but that they had not had time to go. They went on to say they had been looking at inspection reports for outstanding homes.

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

- People spoke well of the registered manager, who spent time with them and knew them.
- Comments included, "The manager is a very nice lady, she chats with us and will do anything to help", "The manager is a lovely person, we get on well" and "[The registered manager] is lovely and does a lot to

look after me."

- Staff said that they enjoy working at Otterbourne Grange and that they felt well supported by the manager.
- Comments from staff included, "I like my job and the manager is very good to us" and "I enjoy [working here] and I have settled in quite well. [The registered manager] will explain how to do something", [Manager's name] is a supportive manager, she will help out, stay on [after the end of the shift], and she chats with the residents."
- Other comments included, "I enjoy it here, you're part of the family, we're all quite close, I'm attached to the people" and "I get on well with staff, it is a good team, [registered manager's name] is fantastic, she helps out when she can, she supports us, organising the garden party: vintage cars and the stalls."
- A visitor told us their relative had been in hospital, but when they were ready to be discharged, "The manager was very helpful and found her a room suited to her condition. The manager was very helpful and considerate".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities around duty of candour. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

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

- The management structure included a general manager and the provider, who visited the service around twice a week. The registered manager told us, "The company are very supportive."
- The registered manager notified the Commission of any specific incidents or accidents.

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

- People were involved in the running of the service and their views were sought. The registered manager held 'resident's meetings' and created feedback in the form of, "You said, we did." This feedback was displayed in a prominent place, so people could see.

Working in partnership with others

- A social care professional told us the registered manager approached them for support appropriately. They said, "[The registered manager] is open to listening and will take action."
- The registered manager told us they had "a good rapport with social workers, because it is important that they know the home."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not in place to ensure people's safety was always considered.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established effective systems and processes to ensure compliance with the requirements of the regulations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have a safe and effective recruitment procedure in place.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 not ensured that risks for people were appropriately assessed, plans developed to mitigate the risks and professional guidance was followed. The provider had not ensured that staff providing care to people had the competence, skills and experience to do so safely.</p>

The enforcement action we took:

We issued the provider with a warning notice.