

The Windmill Care Home

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Windmill Care Home is a residential care home providing personal care and support for up to 29 people aged 65 and over. Some of the people were living with dementia. At the time of the inspection there were 25 people living at the service.

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

We identified some risks to the management of long term conditions such as for people with diabetes and for people requiring changes in their position to manage risks to the condition of the skin. Staff were not always sourcing medical advice and guidance to maintain people's health and wellbeing, and not always following the guidance in place in people's care records. However, these concerns were acted on after our inspection visit to maximise people's safety.

Information about people's care and support needs and risks was recorded in multiple places, this did not ensure staff always had access to accurate and consistent guidance to maintain people's safety. However, these concerns were acted on after our inspection visit.

People were supported to participate in a range of group and one to one activities to maintain social contact with others, and reduce isolation, particularly during the pandemic. Arrangements were in place for relatives and friends to complete face to face visits with people, with testing procedures and use of personal protective equipment in place to maintain safety.

The care environment was clean and comfortable, and the service had an ongoing refurbishment plan in place. People were involved in creating the weekly menus and were able to choose what they wished to eat. People received their medicines as prescribed, given to them by staff with the required levels of training and competency.

There were sufficient numbers of staff on each shift, who had completed training relevant to their roles. People and relatives gave positive feedback about the standards of care provided, and overall level of improvements being made at the service.

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.

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

Rating at last inspection (and update) The last rating for this service was Inadequate, (published on 09 October 2019). The service had breaches of regulations, and the provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the overall number of breaches of regulation had reduced. There remained a breach of regulation relating to good governance, safe care and treatment.

This service has been in Special Measures since 20 November 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will work with 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?

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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

The Windmill 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.

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

Inspection team

Two inspectors and one medicines inspector.

Service and service type

The Windmill Care 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 who was registered with the Care Quality Commission. This means that the provider and the registered manager 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 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.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, deputy manager, care workers, housekeeping and maintenance staff, the activity co-ordinator and the chef. We observed the provision of care and support in communal areas.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives by 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 Inadequate. At this inspection this key question has now improved 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

We found the provider had not taken steps to ensure people were kept safe when assessing their needs and any associated risks as they had not taken action to appropriately reduce those risks. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, while some improvements had been made, the provider remained in breach of regulation 12.

- People diagnosed with diabetes were receiving regular checks of their blood glucose levels, however, where these readings were found to be high, records did not demonstrate appropriate action was taken to seek medical advice and specialist guidance to maintain those people's safety.
- Staff were not always following the guidance in people's care records regarding the frequency of changing their position to protect the condition of their skin.
- Safety checks were in place for the temperature and safety of water in the building. However, there was no escalation process in place where water temperatures were high and therefore potentially unsafe.
- Staff were completing safety checks of the condition and working order of people's wheelchairs, beds and pressure care mattresses. However, we identified that checks were not in place where people had bed rails and equipment in place to assist them to get in and out of bed.

Risks relating to the health and welfare of people, and the safety of the care environment were not fully assessed and managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The above concerns were raised with the registered manager who took prompt action in response.
- People had individual personal emergency evacuation plans in place, with support needs and risks clearly identified for staff to access in the event of an emergency such as a fire.
- Staff had taken immediate action to source medical input for a person newly admitted to the service, due to the condition of their skin. This resulted in the person having treatment provided by the community nursing team.

Staffing and recruitment

At the last inspection we found people's basic needs were not always being met and they were not receiving support as it had been assessed due to a shortage of staff. This left people at risk of harm and is a continued

breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was also a recommendation made in relation to recruitment, we recommended that all applications for accepted staff roles are available on site to be viewed as part of the inspection.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18 and had met the recommendation.

- Staff were recruited safely. Staff told us they received a thorough induction when they started working at the service, and support from other members of the team to ensure they were familiar with their role and people's care needs prior to working alone.
- Checks and safety measures were in place to ensure newly appointed staff were suitable to work within care settings.
- The service used two main care agencies to cover any staffing shortfalls. From reviewing the agency staff profiles for one of the agencies, we were concerned that they did not offer sufficient information to be assured that those staff had the relevant skills, abilities and experience to be suitable to meet people's needs. We received confirmation from the registered manager that these concerns had been addressed following our feedback.

Using medicines safely

- People living with diabetes, did not always have their care plans updated when changes were made to their medicines.
- Staff did not always have access to written guidance for medicines prescribed on a when required basis (PRN). Some of the guidance available lacked sufficient person-centred detail to enable medicines to be given consistently by staff.
- People's known allergy and medicine sensitivities information was inconsistently recorded, increasing the risk of error.
- People who had their medicines mixed in food or drink did not always have the guidance in place for staff to be aware of the rationale for use or details of how the medicine was to be prepared to be given safely.
- People received their medicines as prescribed. Regular checks of medicines and their records were carried out to ensure this. Staff authorised to give people their medicines had received training and were assessed as competent.
- People's medicines were stored safely and at correct temperatures. People had their medicines regularly reviewed by prescribers.

Preventing and controlling infection

- 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.

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Inspectors were not asked to provide proof of testing on arrival to the service, and this was not asked for until approximately three hours into the inspection site visit. However, we were assured about the processes in place for relatives visiting the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "I like living at the home, things are very good, and the staff are excellent."
- Staff were trained and able to recognise types of abuse, understood the service's policies and procedures and when to report concerns.
- People were reassured and made to feel safe by staff, from care we observed during the inspection.

Learning lessons when things go wrong

- The management team had reflected and acted upon the outcomes of the last inspection report to make changes and address shortfalls to improve the standards of care and support being provided. They demonstrated changes had been made and embedded as an outcome of learning lessons from feedback and information received.
- Staff told us they were kept up to date with the outcomes of any incidents, accidents or complaints. The registered manager used supervision sessions and staff meetings as an opportunity to keep staff updated and reflect on areas of improvement or any changes being made to practice.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At the last inspection, we were told staff had received training in the MCA in the weeks prior to the inspection but it had not been effective or led to any changes in practice. Conversations we had with members of staff and records we reviewed did not show an understanding of the principles of the MCA. This is a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 11

- People were supported by staff in the least restrictive ways, to ensure people maintained independence, choice and control of their lives.
- Staff were following the MCA and DoLS principles when assessing people's capacity and their abilities to make independent decisions. People and their families were fully consulted and encouraged to be part of the decision-making process.
- The service had a list of all DoLS applications made to the local authority, and those that had been authorised.

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

At the last inspection, there was a recommendation made, we recommended that the provider developed a

clear programme of works including appropriate risk assessments for the development of the older part of the building to meet the needs of the people living in the home.

At this inspection, enough improvement had been made and the provider had met the recommendation.

- There was an ongoing refurbishment plan at the service. To enable a room to be safely renovated, people were moved to newly refurbished rooms to maintain safety and prevent any impact on daily life by the works being completed.
- People had access to pictorial signs and information to aid orientation and familiarity within the care environment. For example, people's names and photographs on their bedroom doors, and clear labelling of communal bathroom facilities.
- Staff were able to liaise with health care professionals to seek specialist equipment and assessments where people's needs, and abilities were changing.
- People had designated, named items of equipment to ensure the correct equipment was used to meet their needs, and to prevent the risk of the spread of infection.

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

At the last inspection, there was a recommendation made, we recommended the provider ensured the chef and staff had knowledge of each individuals' requirements, so food was prepared in line with their needs.

At this inspection, enough improvement had been made and the provider had met the recommendation.

- People were supported to have choice and control over the weekly menu, and daily meal choices. People made requests directly to the chef for certain meals or food items they would like, and the chef ensured these were provided. For example, recently people had requested, and been given kippers. One person told us, "The food is excellent here, I can have second helpings, and often do. I can have tea and coffee at any time of the day, not just at tea rounds."
- The chef worked collaboratively with the staff to monitor people's nutritional needs, and any changes in weight, and ensured that individual meals were tailored for example to assist with maintaining required calorie intake.
- People had access to pieces of equipment and adapted cutlery to maximise their independence with eating and drinking. Staff supported people with eating and drinking where required. One person told us, "The food is good and there is good choice."

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

- People's own values, beliefs and preferences were respected by staff, and incorporated into people's care and support plans.
- Relatives were consulted as well as people prior to and during the admission process, to ensure staff were familiar with their needs, social histories, and individual wishes. Relatives gave examples of the support and preadmission conversations initiated by the registered manager to support the admission process.
- Staff followed government guidelines to ensure care was delivered consistently and in line with expected standards; particularly in relation to the management of COVID-19.

Staff support: induction, training, skills and experience

- People were supported by consistent numbers of trained, competent and skilled staff. Staff had access to regular, role specific training and supervision to keep up to date with recognised best practice.
- The service held a training matrix, monitoring staff completion rates, and ensuring staff attended refresher courses where required.
- Staff were trained in providing people with oral hygiene care and support and received training to ensure they understood the risks needing to be monitored.

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

- Staff worked collaboratively with the GP, community health and social care teams as well as people's families to support people to maintain their access to medical appointments and treatments.
- Relative's views and involvement in people's care was valued by the service. Staff kept relatives updated if people were unwell or had recently had an accident such as a fall.
- People were encouraged to maintain their health and wellbeing, including through access to healthy meal choices, or provision of additional snacks and calories where people needed support to gain weight for the benefit of their health.

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 Requires Improvement. At this inspection this key question has now improved to 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

- Staff were observed to be kind and gentle when speaking with people, ensuring people had enough time to respond to questions. People's care records included information around personal preferences that supported them to feel reassured and safe, for example through holding their hand, and we observed staff to follow this guidance to support people.
- Staff understood and respected people's individuality. People were encouraged to be as independent as possible, including in relation to their dress and personal appearance. For example, one person's care records specified how the person liked to style their own hair and was supported to maintain this which was very important to them.
- People's spiritual and religious needs were reflected in their care records, and staff supported people for example to listen to church services in the absence of being able to attend a place of worship during the pandemic.

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

- People and their relatives were encouraged to provide feedback to the staff and management team. One relative told us, "I am confident if I ever need to ask for anything to be sorted out, this will be acted on immediately." One person told us, "All the staff are very kind, and they make me laugh." Another relative told us, "I would feel confident to raise a complaint if I needed to, but I have no reason to do so."
- Staff and relatives told us the management team had an open-door policy, and that they felt comfortable to raise any concerns or make suggestions of how things could be improved or changed, and this feedback would be valued and listened to. Relatives told us the registered manager made time to ensure they caught up with relatives and sourced feedback when they visited the service.
- People were asked for their feedback and ideas in relation to the weekly activity programme, future activity planning, as well as in relation to the menu and individual food choices.
- Staff were familiar with people's wishes and preferences and were observed to regularly source feedback during the inspection, for example on whether the person had enjoyed their meal, and if they wished to have a second helping of food. If people raised any concerns, we observed staff to act on these immediately.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they supported people to maximise their independence and quality of life. For example, one person was due to have piano lessons as they wished to pursue a hobby. One person told us, "The staff are kind, and nothing is too much trouble."
- Staff knocked before entering bedrooms and bathroom, to maintain people's privacy and dignity. People

appeared relaxed and comfortable to speak about personal matters with staff, and this information was responded to with care and kindness.

- We observed some lovely, meaningful interactions between people and staff, including while staff were supporting people to eat their meals. Staff were afforded the time to ensure they sat and spoke with people and took opportunities to interact.

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 Inadequate. At this inspection this key question has now improved to 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

At the last inspection, people were not in receipt of activities that were meaningful to them and people were not receiving person centred care that met their specific needs. This is a continued breach of regulation 9 (Person centered care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 9.

- People' care was personalised in line with their own wishes and preferences. People's relatives were consulted to provide additional background information. One relative told us since moving into the service, they were now, "Leading their best life, and were no longer lonely living on their own. Staff were familiar with [Name] needs and preferences."
- People were able to personalise their bedrooms with items of personal importance such as family photographs and ornaments.
- People received personalised care and were supported to have choice and control over their lives and daily routines. Staff were familiar with people's care wishes and preferences and provided personalised care in line with people's care records.

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 were given information in accessible formats, including discussing information with people face to face, and in large print formats.
- Staff were familiar with people's individual communication needs and had techniques and strategies in place to aid people's involvement in decision making. For example, staff told us about a person who was hard of hearing, but able to communication with the staff if they provided information for them to read and respond to.

Improving care quality in response to complaints or concerns

At the last inspection, Procedures for managing complaints were not developed or implemented to ensure complaints were managed equitably and fairly. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 16.

- People and relatives had access to complaints information which was displayed throughout the service. One person told us, "I do not think that anything could be improved." A second person told us they knew who the manager was and stated that "I would complain, to any of the staff, if I needed to, but there isn't any reason to."
- The service had a complaints folder, where all concerns and information was logged, as well as the responses and any actions taken. Complaints were handled in line with the provider's policies and procedures.
- The service kept a record of compliments. This information and feedback was shared with staff. We saw examples of thank you cards sent to the service by relatives, giving positive feedback on the care and support provided.

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

- The service had dedicated activity co-ordinators in post, providing seven-day coverage.
- People were encouraged to participate in group and one to one activities, but it was also accepted that some people benefited from observing others participating, and this was equally encouraged as a way to prevent social isolation. One person told us, "I listen to my radio and the music I like so I don't get bored."
- There was a weekly activity programme in place, with photographs and information kept which could be shared with relatives. This was particularly important for those relatives who have not been able to visit the service during the pandemic.
- People were encouraged to contribute to the weekly activity programme and make suggestions for future activities.

End of life care and support

- People's care records set out their wishes and preferences in relation to care at that stage of their life. We saw evidence of discussions with people to determine where they wished to die, and arrangements in place. This included use of advance decision making for people living with dementia.
- Staff worked collaboratively with the GP, relatives and the person to ensure medicines were in place to aid pain management when required. Staff completed end of life care training to aid their understanding and confidence in this area of their role.
- The service had risk management plans in place to facilitate end of life care visits during the pandemic.

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-centered care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centered care.

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

At the last inspection, we had concerns around the reliability of records kept and the response to concerns based on the weakness of systems to monitor the service delivered. This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, while some improvements had been made, the provider remained in breach of regulation 17.

- The provider's own audits and quality checks had not identified concerns in relation to people's care records, or in relation to maintenance checks being completed, which we identified during the inspection visit.
- People's care records and key information was being recorded in multiple locations. This did not ensure staff had access to all relevant information to safely meet people's needs.
- People's care records contained information and guidance for staff to follow, but there were areas in the records where the guidance varied or wasn't included for ease of access by staff.
- People's care records detailed how frequently staff needed to complete certain checks, such as of a person's blood glucose levels. Staff were not always recording where people had declined such tasks to be completed. Staff were not always sourcing medical advice to safeguard people's wellbeing where risks were identified.

There continued to be concerns and risks relating to the governance arrangements in place to drive improvement at the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The above concerns were raised with the registered manager who took prompt action in response.
- The registered manager had arranged for specialist diabetes training to be completed by staff the same week as the inspection visit, recognising this as a training need for the staff team.
- The registered manager was clear of their regulatory responsibilities, and we saw evidence of training

within the management team to ensure the team were familiar with the different types of notification they need to submit to the commission.

- People, relatives and staff were encouraged to provide feedback on the care provided and complaints were handled in line with the provider's policies and procedures.
- People and relatives gave positive feedback about the standards of care provided, and overall level of improvements being made at the service. This feedback was supported by our observations, and findings from the provider's quality auditing and checking systems in place.

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

At the last inspection, there was a recommendation made, we recommended the provider ensured the relevant safety checks were completed and monitored in line with best practice guidance.

At this inspection, enough improvement had been made and the provider had met the recommendation.

- Staff were supporting people's relatives to safely visit the service on a regular basis. Government guidelines were being followed in relation to testing arrangements and the number of visitors a person could have at each visit.
- People had cakes and hand decorated cards made by other people to celebrate birthdays and special occasions. The activity co-ordinator gave an example of ensuring each person had some flowers on Mother's Day, to ensure they were still able to celebrate this event during the national lockdown.
- Staff worked externally with health and social care professionals to achieve consistent care outcomes for people. We saw examples of referrals made for example to the falls team, and dietician.

Promoting a positive culture that is person-centered, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff were encouraged to speak openly with the registered manager and provider. Staff told us they felt comfortable raising any concerns and speaking with them whenever they needed support or guidance.
- Staff received regular supervision. They were able to access development opportunities and encouraged to gain new skills to support their job roles.
- The registered manager took pride in their service and staff team, and was open to feedback, and keen to continue to drive improvement at the service. Staff told us they felt they worked as one supportive team, and described working at the service, "Like being part of a family."

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The care provided was not ensuring risks to people and the care environment were consistently being managed, including with people's diabetes care. Regulation 12 (1) (2) (a) (b) (c) (g) |

The enforcement action we took:

Condition imposed on the provider's registration at this location.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The care provided needed to make further improvements to the governance arrangements in place. Regulation 17 (1) (2) (a) (b) (c) |

The enforcement action we took:

Condition imposed on the provider's registration at this location.