

Woodhouse Care Homes Limited

# Pranam Care Centre

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Pranam Care Centre is a residential care home, which at the time of the inspection was providing personal care to 39 older people and younger adults with a disability. The care home accommodates up to 50 people in two joined buildings over two floors. It is owned by the provider Woodhouse Care Homes Limited.

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

Some of the provider's practices were a risk to the people living in the home. The environment was not always maintained safely and medicines were not always managed safely. Incidents and accidents were not investigated consistently and did not always demonstrate learning outcomes to prevent future incidents.

Supervisions and appraisals were not carried out regularly, which meant staff may not have been getting the support they required to undertake their job effectively and safely.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Activity provision was not person centred, therefore people's individual interests were not always met.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people but these were not always effective and did not identify issues raised at the inspection.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were in place.

People's needs were assessed prior to moving to the home. People were supported to maintain healthier lives and access healthcare services appropriately.

Staff were kind and provided support in a respectful manner.

There was a complaints procedure in place and the provider knew how to respond to complaints appropriately. People and staff reported the registered manager was approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 24 April 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this

inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations. This service has been rated requires improvement or inadequate for the last eight consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about a significant number safeguarding concerns raised at the provider concerns meeting with the local authority. A decision was made for us to inspect and examine those risks.

#### Enforcement

We have identified breaches in relation to people being cared for safely, consenting to their care, receiving person centred care, staff being appropriately supported to undertake their roles effectively and leadership 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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

# Pranam Care Centre

## 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 conducted by two inspectors 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

Pranam Care Centre 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager, regional manager, care workers and the activities co-ordinator. We also spoke with two visiting healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and medicines records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the emergency call bell system that people used to attract staffs' attention should they require help or support had been switched off. Additionally, some of the risk assessments undertaken were basic and lacked guidelines for staff to minimise the risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to address the call bell system and risk assessments provided guidelines to minimise risk. However, we identified other aspects of the service that were not safe and the provider remained in breach of regulation 12.

- The environment was not always safe for people using the service.
- The smoking area was beside a cupboard with the home's electrics in it. During the inspection we saw the cupboard door propped open, people smoking in the area and no staff present. This presented a fire risk.
- There was a trip hazard by the edge of the grass at the front of the building and some flagstones were uneven.
- The activity room was open and unsupervised with access to sharp objects such as scissors and alcohol.
- There were unsecured sharps bins by the front entrance waiting for collection, which could have been accessed by anybody passing them.

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

- The provider had systems in place to identify and manage risks to people and guidelines for staff to follow to reduce the risk of avoidable harm. Assessed risks included moving and handling, Falls, skin integrity, bed rails, call bells and nutritional needs.
- The home had environmental checks in place. These included equipment checks, fire risk assessments and a personal emergency evacuation plan (PEEP) for each person. However, we identified one plan which required updating as the person's mobility had recently deteriorated and the person now required two carers to mobilise rather than one as stated in their PEEP.

### Preventing and controlling infection

- Infection control and cleanliness was not always managed effectively.
- The dining area cabinets had old food spills and stains on the inside of drawers and doors. In addition, the

dining room door had numerous old food spills and this had not been cleaned. This was not hygienic in an area used for serving and eating meals.

- In different bathrooms we saw several hazards. One had a bin lid that was broken and beside the bin instead of closing it. The second bathroom had a stool with a seat that was not attached to the frame and would be unsafe should a person attempt to sit on it. In a third bathroom there was a broken panel tear at the rear back of a toilet that was unhygienic.
- In the outdoor area for bins, the floor was dirty and not disinfected, packaging had accumulated on the floor almost to ceiling height. There were pest control devices and the dirty floor and packaging could have attracted vermin. This was of particular concern as the home was addressing the issues of unwanted pests and blocked drains. After it was pointed out to them, the provider cleaned this area. □
- Some of the furniture was stained and had a malodour and there was a general malodour in some areas of the home.

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

- The provider had an infection control policy in place to help protect people from the risk of infection. Staff had attended training on infection control and wore protective personal equipment such as gloves and aprons to help prevent cross infection.

#### Using medicines safely

- Medicines were not always managed safely.
- We found the key left in the unattended medicines trolley in a communal hallway. The inspectors were able to open the trolley and access the medicines with no staff present.
- Medicines for two people did not reconcile between records and stock.
- One person was receiving covert medicine but there was no metal capacity assessment and the guidelines for giving the medicines were not detailed enough.
- We did not see guidelines for as required medicines (PRN) for individual medicines to ensure staff knew how to administer them safely.

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

- The provider used an electronic system to manage medicines. This produced a daily audit for the regional manager to monitor and support any issues arising.
- The system flagged when medicines were due, if someone was absent and if administration of medicines had been missed.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency to ensure they had the skills required to administer medicines safely.

#### Learning lessons when things go wrong

- Incidents and accidents were not investigated consistently and did not always demonstrate learning outcomes to prevent future incidents.
- Incidents and accidents were recorded as part of the audits. They were a summary and lacked an overview. For example, one person had falls on 10 and 20 June 2019 but there was no indication of what preventative measures had been put in or that any kind of pattern was observed. This was not in line with the home's audit records which indicated monthly meetings and agreed actions relating to incidents were to be held and recorded with a clear focus on reducing risks, and all incidents were to be investigated, findings recorded, and measures put in place to reduce risk.



- When a safeguarding concern was raised, the provider took appropriate action to investigate, document and respond to the concern. However, there was no 'lessons learnt' to mitigate future incidents. In a safeguarding investigation carried out in June 2019, the record of personal care showed whenever staff checked the person at the suggested time intervals they were always wet, indicating the person required more regular personal care. However, this was not actioned as part of the investigation outcomes.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People we spoke with and a relative said they did not think there were enough staff as people had to wait for staff support. Two people also said they quite often had to wait to start lunch due to staffing issues. People also reported having to wait for call bells to be answered.
- We observed staffing levels throughout the day and could see staff were busy with little time for interaction that was not task based. For example, when people were encouraged to play a game it was not facilitated by the staff member who left to undertake other duties.
- The provider used a dependency tool to manage staffing levels with people's needs.
- Recruitment procedures were in place and implemented to help ensure only suitable staff were employed to care for people using the service

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

- The provider had systems and processes to safeguard people from the risk of abuse. Most people told us they felt safe.
- The provider had safeguarding adult policies and procedures in place. Staff received safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe.

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

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.

- The provider was not always working in line with the principles of the MCA
- One person received covert medicines as indicated in a letter from the doctor but did not have a mental capacity assessment around administering covert medicines to determine if they had the capacity to make decisions around their medicines.
- Not all people signed forms consenting to their care. The regional manager advised this was due to the system moving from paper to electronic.
- We established through reviewing care records and discussions with the management team that two people were thought not to have capacity with regard to their care and treatment. However, a mental capacity assessment had not been undertaken and DoLS had not been applied for in a timely manner.

This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had the opportunity for choice and control in their day to day lives. They told us they could come and go as they pleased.
- The registered manager had applied for DoLS for other people in an appropriate manner so people's freedom was not restricted.

Staff support: induction, training, skills and experience

- Staff were not always supported to develop their skills and competencies.
- Staff had inductions, but supervisions and appraisals were not regular or in line with the home's policy which stated supervision 'should be a minimum of six times per year for care staff'. However, there were only two supervisions out of 20 staff completed in the last six months and only two appraisals from 2018.
- Training was generally up to date with the exception of practical manual handling which nine staff out of 20 on the training matrix completed in January 2019.

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

- The provider had recently begun using workbooks to develop staff competencies when delivering care.
- Areas of training included, moving and handling, diversity and equality, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), infection control, and nutrition and diet. Staff who administered medicines had received medicines training.

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

- The home was over two floors with a number of different sized lounges that gave the opportunity for people to have their own space or join in with others. However, we did see stained furniture and there was a malodour in some areas of the lounges.
- Bedrooms had people's names and a sign on the door but most were not personalised to make them distinctive from other rooms if people could not read the name on the door. There was a lack of indicators for people to orientate themselves by. The menus and activity plans were also written without pictorial aids which might have made them difficult to read or understand for some people. Therefore, the home did not always reflect best practice guidance for dementia friendly environments.
- Bedrooms were personalised to people's individual tastes so they had familiar things around them, if their family had supported them to do this. However, some people who did not have support from their family had very spartan bedrooms.
- The bathroom by the ground floor entrance was not signed so people knew it was there.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider and formed the basis of the care plan.
- People's protected characteristics under the Equalities Act 2010 were identified and recorded in people's care plans. This included people's cultural and religious needs.
- People were provided with information about the service in the service user guide which included how to make a complaint.

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

- People were weighed monthly and this was clearly recorded. The provider also used a risk assessment tool to determine if people were at risk of malnutrition.
- A number of people looked like they had lost weight and the risk to them was flagged in red as a high risk on the electronic monitoring system but no further action had been taken. The registered manager told us this was because the scales were not correctly calibrated and therefore incorrect weights were recorded. The scales had since been repaired. This meant we could not tell who had actually lost weight and who had weight recorded incorrectly due to the scales. There was no explanation on people's records about the

faulty scales to account for the recorded weight loss.

- Where concerns were identified referrals made to other agencies such as the GP or dietician if required.
- People told us the food was satisfactory, but also said it was difficult to get a hot drink outside of the allocated tea times.
- We saw there was a choice of both English and Indian foods that catered to people's cultural and religious needs.

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

- We saw evidence in people's records of staff working together through input from other professionals including the district nurses, dietician, speech and language team (SALT) and the GP. A healthcare professional confirmed that referrals for their service were, "Generally within a good time."

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

- People using the service were supported to have appropriate access to health care services. People had care plans for supporting them with their individual health needs. These plans were reviewed and updated as required.
- People also had hospital plans containing relevant information in preparation for an emergency hospital admission, and whilst these were not always fully completed they did all contain relevant information.
- During our visit we observed health care professionals working with people supported by staff. These included, a community nurse, chiropodist and a physiotherapist. One health professional told us the staff were organised and followed up requests appropriately. They said, "Yes, it is [organised] they make sure there is someone to help me ...I usually find they follow my recommendations."
- People were registered with a GP and records showed people were accessing other professionals and appropriate referrals were being made as required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were encouraged to make day-to-day choices, such as what they wanted to eat and how they wanted to dress. However, we saw examples where people were not always given a choice. For example, at lunch time when people were offered puddings, the tray with desserts was not brought down low enough for them to see their options and choose.

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

- Care plans recorded people's cultural and religious needs and we observed staff speaking with people in several different languages.
- A catholic priest visited once a week. However, the relative of another person said their family member had never been supported to attend their place of worship although it was close by.
- People were supported by staff who could speak with them in their language of choice and where staff were not fluent in a person's language they had learned key words to communicate.

Respecting and promoting people's privacy, dignity and independence

- Staff were not always discreet as we observed staff talking to each other about people's care, for example, personal care, in front of others.
- People's independence was promoted and encouraged according to their abilities. People's care plans stated what they could manage to do for themselves and when they required staff support. For example, one person showered themselves but required support with aspects of their skin care.
- People were free to move around the building and we saw people coming in and out of their rooms and going to and from the lounges.
- Staff had completed training around dignity and respect and felt positive about their job. One staff member said, "We need to talk to them. They get that feeling and love. That's what we do for our families."
- Language in people's care plans was respectful in tone and wording and was non-judgemental. Care plans referenced when people required privacy in their bedrooms and promoted people's dignity. For example, supporting people to continue to dress according to their known cultural requirements.

# 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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection care planning was not always person centred and there were some inconsistencies in the recording of information across documents. In addition, language used in the care plans and daily notes was not always appropriate or clear in terms of meaning. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made in the identified areas from the previous inspection but we found other areas requiring improvement that meant the provider was still in breach of regulation 9.

- Care plans recorded people's needs and preferences.
- People had individual care plans which recorded their needs and provided staff with guidelines regarding support for people, for example, with personal care.
- Monthly reviews were undertaken but it was not clear people were involved in the reviews.

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

- There was an improvement in activities from the last inspection but meaningful activities required further exploration.
- The provider had an activity co-ordinator who organised daily activities in the home and arranged for some people to go out shopping or for a coffee. However, the activity provision we observed for people in the home was poor and was not inclusive. For example, the activity on the afternoon of the first day was people in the lounge having their wrists sprayed with a perfume and smelling it. We observed another activity where people discussed travel with staff support but it was unstructured and short lived.
- Music activities were just listening to music and not always interactive. For example, one person was singing along to a song being played and we observed staff decide to stop the song to change the music, without first asking if the person minded.
- Opportunities to include people who looked interested in what was taking place were not recognised by staff. As such group activities were limited to a few people at one time leaving others uninvolved. One person said, "There are no activities here for me whatsoever. They have darts and table tennis in the activity room but they don't use them" and a relative said, "[Person] sits here like a zombie. [Person] is waiting to

die. I put it down to lack of stimulation. There is no one to one activities."

- Therefore, people were not supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including activities in the wider community.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Families told us they were made welcome at the service and could visit whenever they wanted to.

#### End of life care and support

- At the time of the inspection, no one required end of life care.
- Not everyone had completed end of life wishes recorded, and where there was a record, this was not always detailed enough or accurate. For example, one person had comments on their end of life plan stating it would be translated into Gujarati when they were not Gujarati speaking. This meant people's wishes and particular preferences for care at the end of their lives were not known in the event they required this support.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Improving care quality in response to complaints or concerns

- The provider had procedures in place to respond to complaints.
- Complaints were appropriately addressed. However, one issue that was raised as a complaint indicated potential theft and therefore should have initially been raised as a safeguarding.
- People and their relatives knew who to speak with if they wanted to raise a concern.
- Complaint forms and procedures were displayed in communal areas so anyone could access them.

#### 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.

- Care plans included information about people's communication needs, for example if they required assistive aids such as glasses or a hearing aid.
- We saw multiple examples of people talking with staff in their preferred language and of staff having key words, if they did not speak the language, to facilitate communication.
- Safeguarding procedures and complaint forms were translated into different languages so people could access them independently.

# 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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

### Continuous learning and improving care

At our last inspection the provider had failed to maintain systems to effectively monitor and improve service delivery. The provider failed to identify the call bell system was switched off and that robust risk management plans were not in place to manage risks people faced. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- During our inspection, we identified shortfalls that the provider's audits had not. This included several risks in the environment including an open electrical cupboard and open activity room which provided access to sharp objects and alcohol. Several areas of the home were unhygienic. Medicines audits had not identified the discrepancy in stock.
- Audits indicated incidents and accidents were investigated and measures put in place to minimise future risk but this was not evidenced to show lessons had been learned.
- Not all people had consented to their care, mental capacity assessments had not always been undertaken as required and end of life wishes were not always recorded.
- Inconsistent supervisions and appraisals meant staff were not always supported to ensure they had the required skills to meet people's identified needs.
- This was the eighth inspection since January 2016. Six of the inspections were rated requires improvement and one in March 2017 was inadequate. This sustained history of less than good ratings indicates a lack of leadership in the home.

We found no evidence that people had been harmed. However, systems were not used effectively to monitor service delivery. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager undertook a number of checks and audits that included health and safety and infection control. The regional manager undertook medicines audits and safeguarding investigations.

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



- We found the provider did not always provide meaningful activities to meet the needs of the people using the service. This meant the culture of the service was not always person-centred and inclusive.
- The registered manager was available to staff and people using 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 provider had policies and procedures in place and responded to incidents, safeguarding alerts and complaints.
- People and their relatives knew who the registered manager was and felt comfortable speaking with them.

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

- The registered manager and staff team understood their roles and had a clear management structure. The registered manager was taking a leave of absence and arrangements were in place for the regional manager to manage the service in the registered manager's absence.
- Staff told us they were confident raising concerns with the registered manager and that there was good communication within the staff team through handovers and meetings for any issues arising.
- The registered manager notified us of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

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

- The provider asked people to complete yearly surveys about their experience of the service. The last resident survey was completed in February 2019 but did not have an analysis to indicate how issues were addressed.
- The provider held team meetings to share information and give staff the opportunity to raise any issues.

Working in partnership with others

- We saw evidence the provider worked with other professionals including, the community nurse, dietician, the GP and the local authority.