

Bondcare (London) Limited

Derwent Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service:

Derwent Lodge Care Centre is a care home with nursing for up to 62 older people. At the time of the inspection 40 older people were receiving personal and nursing care. Some people were living with the experience of dementia.

The service is managed by Bondcare (London) Ltd, part of the Bondcare Group, a private organisation providing adult social care in the United Kingdom.

People's experience of using this service:

The provider did not always make sure medicines were managed in a safe way. There was no evidence that people had been harmed by staff practices, although there was a risk that people may not receive their medicines safely if improvements were not made.

Records designed to describe people's care needs, how these would be met and interventions to minimise risks were not always accurate or up to date. This meant that the staff did not always have clear information about how they should care for people and this placed them at risk of receiving care which was not appropriate and did not meet their needs. There was a reliance on the knowledge of staff who were familiar with people and this was not always the case as the provider did source temporary staff to deliver some of the care.

People's leisure and social needs were not always being met. There were some planned activities, and these included visiting entertainers and religious services, but people did not always receive support and as a result some people were bored and needed more stimulation.

The staff did not always focus on people's sensory needs. A number of people living at the service had limited communication or were confused. Whilst the staff had received training about dementia, they did not always implement strategies which met people's holistic needs or considered non-verbal communication.

The environment was clean and well maintained, but further improvements to create better signage and interactive features may benefit people who lived at the service and help them to orientate themselves.

The provider catered for people from different cultural backgrounds, this included providing different food, staff who spoke the same language and staff who knew about what was important culturally for them. However, there had not been any work to promote an LGBT+ (Lesbian, Gay, Bisexual and Transgender) friendly environment. The staff had not had specific training to understand the needs of the LGBT+ community and the care planning and assessment processes did not provide opportunities for people to feel safe about discussing their LGBT+ identity. We discussed this with the manager and provider's representatives and they agreed to look at training and information available for staff to make sure this

aspect of people's lives would be given equal status to other aspects of their identity.

The provider had systems for monitor and improving the quality of the service and mitigating risks. Whilst we noted improvements at the service, these systems had not always been operated effectively and further action to make sure the service was always safe, responsive and well-led were needed.

People living at the service and their representatives were happy there. They said that their needs were met, and they liked the staff. We observed the staff were kind, gentle and caring. They knew people's needs and personalities and showed genuine affection for the people who they were caring for. People told us they were able to make choices about their care and that the staff always asked them what they wanted. People were supported to access healthcare services and the staff made referrals to other services when people's needs changed.

The staff were happy and felt well supported. They had information about their roles and responsibilities and regular training. They met with their manager to discuss their work, individual needs and any concerns they had. There was good communication between the staff to make sure they were aware of any changes in the service and with the people living there.

The manager and provider had introduced some positive changes at the service. They had a clear action plan which outlined the further improvements which were needed and how they planned to implement these changes. People using the service, staff and visitors spoke positively about the manager and said that they were accessible and friendly. Complaints, concerns, incidents and accidents were investigated, and improvements were made as a result of these. The provider planned to introduce an electronic care planning system, which they had trialled at some of their other services. This would improve the way care was planned and recorded and provide a system where the registered manager and others could monitor whether care had been delivered remotely.

Improvement action we have told the provider to take:

We have rated the key questions, 'is the service safe?', 'is the service responsive?' and 'is the service well-led?' as requires improvement. The overall rating of the service is also requires improvement. We have rated the key questions of, 'is the service effective?' and 'is the service caring?' as good.

We identified breaches of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, person-centred care and good governance. You can see what action we have asked the provider to take within our table of actions.

Rating at last inspection:

The service was rated requires improvement at the last inspection which took place on 12 June 2018. It has been rated requires improvement at the last two inspections.

Why we inspected:

We inspected the service as part of our schedule of planned inspections based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Derwent Lodge 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by two inspectors, a member of the CQC medicines team, a nurse specialist advisor 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:

Derwent Lodge 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.

There was not a registered manager at the service. The provider had recruited a manager who started work three months before our inspection. They had started the process of applying to be registered with CQC. Registering a manager with CQC 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:

The inspection took place on 18 February 2019 and was unannounced.

What we did:

Before the inspection visit we looked at all the information we held about the service. This included complaints, safeguarding alerts, the provider's action plan following the last inspection and notifications. 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.

We also looked at the provider's website and other information available on the internet about the service, such as care home review websites.

During the inspection we spoke with nine people who used the service, two visiting relatives and friends and staff on duty, who included nurses, nursing assistants, care workers, catering staff, domestic staff and the manager. We also spoke with the provider's regional director and regional support manager.

We observed how people were being cared for and supported. Our observations included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

We looked at the environment and equipment being used, we inspected how medicines were being stored, administered and recorded, we looked at six care plans and associated records, the recruitment files for four members of staff, information on staff training and support, records of complaints, safeguarding alerts and quality monitoring by the provider.

At the end of the inspection we gave feedback about our findings to the registered manager, regional support manager and regional director.

Is the service safe?

Our findings

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

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.

Using medicines safely

- Medicines were not always being managed safely. During the inspection the morning medicines round took over three hours to complete. This meant that some people who were prescribed medicines for early morning did not receive these until the late morning. Some people told us this was often the case, with one person telling us that they never received their evening medicines at the right time. There was a risk that the gap between two doses of the same medicine would not be sufficient because of these delays. The staff did not record the actual time of the administration and therefore it was not recorded whether people had medicines later than planned or not. The manager told us that medicines were usually given on time but recognised that there was a risk associated with medicines being administered late, they said that they would look at ways to address this.
- Medicines were not always stored correctly. We identified that some medicines which required refrigeration had not been stored in this way. Likewise, one medicine which was supposed to be stored at room temperature had been refrigerated. This meant the properties of the medicines might have been adversely affected. The staff recorded temperatures of medicines storage. However, these records had not always been completed correctly. This meant that if the temperatures had gone outside of the recommended range for any medicines, the staff may not have identified this.
- Controlled drugs are medicines which providers are legally required to provide specialist storage, recording and destruction for. The way in which controlled drugs were managed at the service did not always meet these requirements. We identified that records for some medicines had not been completed in line with the legal requirements. We also identified that the kits used for destroying these medicines had been overfilled by the staff which meant they had not worked properly and some medicines had not been safely destroyed.
- There were a number of other minor concerns regarding medicines management which we discussed with the manager and provider's representatives so that they could address these.

The above evidence was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager demonstrated a clear understanding of the issues and why these were concerning. They explained some of the action they would be taking to make improvements and ensure people received their

medicines safely and as prescribed.

Assessing risk, safety monitoring and management

- The provider had assessed the individual risks to people's safety and wellbeing. However, the care documents did not always include strategies for mitigating risks and keeping people safe. For example, one person was identified as experiencing seizures. The information around this was minimal and there was no record to state how the staff should support the person during a seizure or what might trigger or proceed this. In another example, a person was identified as at risk of self-harm. The information around this was also minimal and there were no strategies to support the person with this aspect of their mental wellbeing.
- Information about the correct setting for pressure relieving mattresses had not always been recorded. Whilst the staff undertook checks to make sure the mattresses were working they did not have the information about the individual pressure settings people needed to reduce the risks of their skin becoming damaged. Pressure mattresses and cushions are normally set according to the weight and individual needs of the people using these. This was not the case on the day of our inspection. We discussed this with the manager and provider's representatives. They agreed to make sure each person's requirements were recorded and that the staff checked the settings daily.

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

- The staff had received training so that they could assist people to move in a safe way. They had been assessed in respect of this. Where staff had not followed procedures, the provider had made sure they undertook further training. People's needs with regards to slings and hoists had been assessed and were recorded as part of their care plans to make sure the staff used the right equipment.
- The staff and provider assessed the risks within the environment and equipment being used. They undertook regular checks on safety and these were recorded. Fire risk assessments had been completed and the staff had undertaken training about how to respond in an emergency. Individual evacuation plans had been created for each person to tell the staff how they could be evacuated safely. External contractors made checks on electricity, electrical appliances, gas and water safety as well as the lifts, hoists and other equipment. Where faults were identified the provider acted to repair these.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they thought that the service was safe and they trusted the staff and managers.
- The provider had suitable systems for safeguarding people from abuse. These included a procedure which staff were made aware of and which was displayed around the service. The staff had received training in respect of safeguarding adults and recognising abuse. They were able to tell us about this and how they would report any concerns they had.
- The provider had worked with the local authority and other agencies to protect people and investigate allegations of abuse when these had happened. They kept records which showed they had taken appropriate action.

Staffing and recruitment

- There were enough staff deployed to keep people safe and meet their needs. The provider had successfully recruited to most of the vacant staff positions at the service. They maintained the required numbers of staff by sourcing staff from a recruitment agency to fill vacancies and cover staff leave. The manager told us they tried to use the same familiar agency staff.
- People told us they did not have to wait for care and that staff were attentive and did not rush them. People who were able to use call bells told us these were answered promptly. We observed the staff caring for people in a way which was relaxed and allowed people time. The staff also told us they felt there was enough of them.
- The provider had effective procedures to make sure the staff were suitable. They carried out a range of recruitment checks which included a formal interview, checks on staff members' identity, eligibility to work in the United Kingdom, employment history, references from previous employers and checks on any criminal records from the Disclosure and Barring Service. Following successful recruitment, the staff undertook an induction to make sure they understood their roles and responsibilities and for the provider to assess their competency.

Preventing and controlling infection

- People were protected by the prevention and control of infection. There were procedures relating to this and the staff received training to make sure they understood their responsibilities. The service was clean and appropriately maintained. People commented that they found the service was always clean. The staff were provided with protective gloves and aprons. We saw they wore these and disposed of them appropriately. There were appropriate arrangements for the disposal of clinical waste, and for auditing and making improvements to the cleanliness of the environment and equipment.
- The provider monitored infections and records of these showed they had taken appropriate action to make sure people received the treatment they needed and to make sure infections did not spread.

Learning lessons when things go wrong

- The provider had systems for learning from incidents, accidents and complaints. The staff reported and recorded these and the registered manager analysed them to make sure correct procedures had been followed and to see if further preventative action could be taken. The registered manager and senior managers discussed these to identify trends and look at ways to improve the service. In addition, there were daily meetings for all heads of departments in the service, where they discussed any adverse events and improvements needed.

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

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People using the service and their relatives told us that the staff asked for their consent before providing care and treatment. They also said that the staff explained what they were going to do so people could make informed choices.
- The staff had assessed people's mental capacity. However, information about this varied in detail and quality. The provider had followed best interests processes when making decisions about people's care when they lacked the mental capacity to do so themselves. Again, the records relating to this were not always clear about who had been involved in the decisions. We discussed this with the manager, who was already aware that these records needed updating. They showed us evidence of audits they had started to look at where information needed to be improved and the work they had started to undertake in this respect. The concerns related to the detail in records rather than unlawful restrictions.
- The provider had worked within the principles of the MCA. They had information about legal representatives for people and there was evidence they had been consulted. The provider had applied for DoLS authorisations when people's liberty was being restricted. There was clear information about this and regarding the authorisations which had been received. The manager had a record to show when applications needed to be made because authorisations were due to expire.

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

- The design of the building was suitable, with people having individual rooms with en-suite facilities, large accessible bathrooms and shower rooms, wide corridors with hand rails and well-lit rooms. However, the signage included only words and not symbols or pictures. This meant that people who could not read would not necessarily identify bathrooms and toilets. Signs on bedroom doors included people's name and a current photograph of them. This would not necessarily help orientate people and people may not want this, although there was no evidence they had been consulted or consented to this. We discussed this with the registered manager and provider's representatives. They recognised that the décor and signage did not reflect best practice guidance for dementia friendly environments. They said that they would be reviewing this and looking at ways they could improve this.

- Some of the information on display designed to help people was not up to date. For example, the activities notice board and menu showed information about the previous week. We discussed this with the manager who agreed to make sure the staff checked this.

- There was enough equipment to keep people safe and meet their needs. The provider had a supply of different hoists, specialist baths, showers and adjustable beds. People had their own slings and there was information for the staff about how to use these safely.

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

- The manager and/or nurses had assessed people's needs before they moved to the service. They met with the person and their representatives and completed assessment documents which outlined their needs and preferences.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received an induction and training to help them understand their roles. The staff told us they felt supported and had the opportunity to meet with their manager to discuss their work. They also felt the training they had undertaken had been helpful in preparing them for the work they carried out.

- The manager kept a record to show when staff training had been completed and when this needed to be updated. Nurses were supported to maintain their registration with the Nursing and Midwifery Council by accessing a range of clinical training relevant to their work. Care staff were supported to undertake vocational qualifications in care.

- There were regular meetings for the staff to discuss the service. The staff told us that they were listened to and felt able to contribute their ideas. The staff took part in a handover of information each day to make sure they were updated with any changes at the service or in people's needs. Senior staff took part in an additional daily meeting to discuss the service and the manager carried out daily audits of the service, speaking with the staff and people using the service.

- These systems ensured that the staff had the information they needed to provide effective care and support.

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

- People had enough to eat and drink. Their dietary needs had been assessed and they were regularly

weighed to make sure any changes in weight were assessed. The staff had made referrals to other healthcare professionals for unexpected or concerning changes in weight. There was evidence that these professionals had offered guidance and support for people.

- The provider employed catering staff who were familiar with people's individual needs and preferences. There was a menu offering choices and a variety of different dishes. The chefs also catered for different cultural diets offering alternative menus for people who wanted these.
- Some of the comments people made about the food included, "They will always cook something different if I don't like the choice and there is always enough", "The food is brilliant, always a choice. I can't fault the food" and "[Person] now loves the food as they cook [them] Caribbean food every day."
- People were able to have snacks, fruits and drinks throughout the day and evening. During the mid-morning on the day of our inspection, biscuits, fruit and hot drinks were offered and we saw people enjoyed this. We heard people asking for snacks at other times and the staff provided these. Jugs of fresh drinks were available, although we noted the staff did not regularly offer these in some parts of the home. In other areas the staff proactively encouraged people to drink. There were leaflets about the importance of hydration displayed on notice boards in communal areas.
- Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People told us that they regularly saw healthcare professionals, such as the doctors, specialists, opticians, chiropodists and dentists. The doctor carried out rounds at the service three times a week. The staff communicated well with the doctor to discuss changes in people's health. We saw advice from other professionals within people's care plans.
- The manager was involved in regular multidisciplinary meetings with the local GP surgery and community nursing. These meetings included discussions about specific needs, communication and medical advice.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People using the service and their relatives told us that the staff treated them with kindness, respect and compassion. Some of their comments included, "The staff are wonderful, they are amazing", "Brilliant care here, the carers all seem very nice", "The staff are kind", "The staff are very kind and always put my CDs on for me", "The staff are really good with [person]" and "I have only seen kindness here."
- We observed the staff being caring and polite towards people. They approached people in a calm and gentle way and people were not rushed. The staff appeared happy and smiled when caring for people. We overheard a number of very caring interactions and staff trying to make people laugh or smile.
- There was a diverse cultural mix at the service and people from different cultural backgrounds were supported to enjoy food they were familiar with, be cared for by staff who spoke the same languages and knew their cultural backgrounds. However, there had not been any work to promote an LGBT+ (Lesbian, Gay, Bisexual and Transgender) friendly environment. The staff had not had specific training to understand the needs of the LGBT+ community and the care planning and assessment processes did not provide opportunities for people to feel safe about discussing their LGBT+ identity. We discussed this with the manager and provider's representatives and they agreed to look at training and information available for staff to make sure this aspect of people's lives would be given equal status to other aspects of their identity.

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

- People told us that they were involved in making decisions about their care and they were offered choices, for example when they wanted to get up and go to bed, if they wanted showers or baths, what they ate and where they spent their time. They told us the staff respected their choices.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were supported to maintain their independence. We saw that equipment was used to help people do things for themselves if they were able and wanted this.
- People told us their privacy was respected. They said that staff provided care behind closed doors, knocked on their doors before entering and called them by their preferred names. Some of their comments included, "They definitely respect my privacy and I get treated with respect", "They do their best to treat you with dignity and respect" and "They allow me privacy, I can eat in my room if I want."

- The staff we spoke with demonstrated affection for the people who they were caring for and were able to describe the importance of respecting people. Some of their comments included, "It's important to treat people as individuals, they have all done things in their lives and we should respect that", "The most important thing is to maintain privacy. We close the door and curtains and make sure we have enough towels. People can choose if they have male or female carers", "We try and treat people the way we would want our own relatives treated", "Everyone can do something for themselves and we have to need to encourage that. It doesn't matter if it takes a bit longer, we want people to be independent if they can be", "When I help someone with personal care I always make sure the bathroom or bedroom door is closed. If the bedroom door is closed I always knock before I go in", "We know if people want a male or female carer and we always try and respect that but sometimes people have to wait a while" and "Some people have capacity and can make decisions and choices. If people don't have capacity, we explain everything as we go along."

Is the service responsive?

Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were not always sufficiently detailed, sometimes included contradictory information and did not always include strategies about how people needed to be supported. This meant that people were at risk of receiving care and treatment which was not appropriate and did not meet their needs.
- One person's care plan stated they had a number of medical conditions. Whilst these were referred to in the care plan, there was no guidance about interventions from the staff to make sure this person received the right care and support. Another person was identified as having specific mental health needs. These had not been planned for so there was no guidance about how to support the person to stay well. In other care plans we viewed there was a similar lack of detail and guidance and in some information was contradictory which was confusing as the person's needs were not always clear. The provider employed some temporary staff who did not know people well and there was a risk that they could not provide the care people needed.
- People's social and leisure needs were not being met. There was an activities coordinator who arranged for some activities and visiting entertainers. However, they were on leave for two weeks at the time of our inspection and no social activities took place. People told us that even when the activities coordinator was working there was only a limited amount of events and people said they were sometimes bored and wanted more opportunities to go out, follow hobbies and interests and help with gardening. We also observed that there was limited engagement for some people who could not communicate verbally, apart from when staff were providing direct assistance. This meant that some people spent long periods of time without doing anything or having any interactions with others.

The above evidence shows a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's representatives and the manager had already identified the need for care planning to improve. They showed us evidence of audits they had undertaken and explained they had worked alongside the staff to help them improve these plans.
- We saw some examples of good care and engagement. Some people spent their time holding dolls and the staff spoke with people in a way that showed they respected the person's relationship with their doll. We overheard staff sharing jokes with people and having relaxed conversations led by the person. The staff were also attentive to people's needs when they requested assistance.

- People told us that their personal care needs were being met. They said that staff offered them choices. Some of their comments included, "They help me be as independent as possible" and "They come and discuss with me and do a review, I'm always involved."

- People told us there were no restrictions on visitors and that their visitors were made welcome. Some of the comments we received included, "I have a friend here and [my family] come and visit. I can use my mobile to speak to my old neighbour" and "My [family] came to visit and they brought the dog to visit, which was lovely." One visitor told us, "It's my [relative's] birthday next week and they are arranging a special Caribbean meal for us with friends and family."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were taken seriously and used to help improve the service. People told us they knew who to speak with if they had any concerns and they felt confident these would be responded to. One person told us, "If I needed to complain I would go to the nurse first." Another person said, "I would go to the manager if I needed to make a complaint, but I haven't needed to."

- The provider kept a record of all complaints, how these had been investigated and responded to. There was evidence of thorough investigations, apologies and details of the investigations sent to the complainant and action taken to improve the service to prevent reoccurrence of incidents.

End of life care and support

- People who were being cared for at the end of their lives received the right support and treatment. The staff worked closely with other healthcare professionals to make sure medicines people may need were available.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the inspection of 12 June 2018, we found that the provider's systems and processes for monitoring and improving quality had not always been operated effectively. At this inspection of 18 February 2019, we found this was still the case.
- There had not always been improvements to the quality of people's experience. For example, further improvements were needed for meeting people's leisure needs.
- The provider's systems for assessing and mitigating risk had not always been operated effectively. We found that medicines were not always managed in a safe way and strategies for mitigating harm had not always been identified or recorded when people were at risk.
- Records in respect of people using the service were not always accurate or up to date. This meant there was a risk that people would receive care and treatment which was not appropriate.

The above evidence shows a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified areas which needed improvement and had plans which showed how they would make the necessary changes. These included updating and reviewing care plans and using an electronic system for recording care plans and care provided. The provider's representatives worked closely with the manager and spent time working alongside the staff, so they could help them understand why changes were important. There was good communication with the staff team and they spoke positively about the improvements at the service.
- The manager had been in post for three months at the time of our inspection. They were a registered nurse and had a qualification in health and social care management. They had previously managed other care homes. People using the service, visitors and staff said that they thought the manager did a good job. They said that they would speak with them whenever they needed, and they felt supported by them. Comments from people using the service and their families included, "I've met the manager and she is very

nice", "The manager is a lovely girl and it is much better run now" and "It seems more orderly now."

- Some of the comments from the staff included, "It is a good place to work. I've worked in different homes and this could be one of the best but not if they reduce staff", "The manager is very good. I have always wanted to care for older people and this is a great place to work", "Communication is very good, the manager is very friendly and very good", "We have had a lot of changes, different managers and deputies but the new manager seems very good. She asks us what we think and seems to listen", "I've been here two years and I think I've had five different managers, it doesn't help but hopefully the new manager will stay, she seems very good", "[The manager] is easy to talk to, very approachable."

- The staff, manager and provider carried out a range of audits and checks on the service. These were recorded, and action had been taken where problems were identified. The provider had a range of policies and procedures, including a contingency plan for different emergency situations and in the event of a no deal Brexit.

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

- The provider held regular meetings for people using the service, staff and other stakeholders to keep them informed and allow them to contribute their ideas. Some of the comments from people using the service included, "We have had a couple of meetings with the manager and she seems to want to change things", "They do have residents' meetings and relatives can go as well" and "I know there are residents' meetings." The provider had also asked people using the service, their relatives and staff to complete surveys about their experience. These indicated that people were generally happy. Where people had made suggestions for improvements the provider had listened to these.

Working in partnership with others

- The manager took part in regular multi-disciplinary meetings with other local professionals to share information and keep up to date with best practice.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<p>The registered person had not always ensured that care and treatment of service users was appropriate, met their needs and reflected their preferences.</p> <p>The registered person had not always designed care with a view to achieving service users' preferences and ensuring their needs were met.</p> <p>Regulation 9(1) and (3)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered person had not always ensured that care and treatment was provided in a safe way for service users because they had not always:</p> <p>assessed the risks to the health and safety of service users receiving care</p> <p>ensured the proper and safe management of medicines.</p> <p>Regulation 12(1) and (2)(a) and (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person's systems and processes

were not always operated effectively to:

assess, monitor and improve the quality of the service

assess, monitor and mitigate risks relating to the health, safety and welfare of service users

maintained securely accurate, complete and contemporaneous records in respect of service users.

Regulation 17(1) and (2)(a), (b) and (c)